

Certified **PAs Do That!** *Magazine*

NEW YEAR
SPECIAL EDITION



MEET THE BOARD **CLASS OF 2025**

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For believing in the vision of creating a publication.*

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PA's Do That!

EDITOR NOTES

The Importance of Mentorship

The path to becoming a PA is often one of ambition, determination, and overcoming challenges. While each of us inside and outside the healthcare field has our own unique story, there's a common thread that connects us. A shared understanding of the barriers we must overcome to carve out a fulfilling career. This connection is why mentorship is so profoundly impactful in the PA community and why I believe it's one of the most important tools PAs can use to support one another.

When I was a student studying journalism and communications, I had a professor whose words forever changed the trajectory of my career. He said to me, "Just get the door open, and I'll show you how to walk through it." That singular piece of advice embodied the essence of mentorship, it's not just about providing knowledge or guidance, but about opening doors and showing others the steps they can take to succeed. His encouragement, paired with a willingness to invest his time and energy, shaped the professional I've become today. Now I am forever grateful.

This idea of opening doors for others is at the heart of PAs Do That Magazine. Here, we share stories that highlight the triumphs and struggles of PAs and PA students. These stories serve as reminders that none of you are alone in the profession. Every time we tell an inspirational story from overcoming obstacles in PA school to finding success through the guidance of a mentor, we're building a sense of community. We're amplifying the message that someone out there understands your struggles and that they've walked this path before you.

But mentorship goes beyond connection, it's about creating impact. Mentorship empowers us to give back to the PA community. It's about easing a pathway that was once rocky or providing insight where there was once uncertainty. By supporting the next generation of PAs, we reduce unnecessary hurdles for those that follow in our footsteps. Imagine the wave of change we can create if each of us takes the time to mentor just one student, one peer, or one colleague.

The beauty of mentorship is in its ability to go beyond just two individuals. Your mentorship lights a spark in someone else. A spark that may inspire them to become mentors themselves. This domino effect allows the entire PA community to grow stronger, united in a spirit of support, resilience, and shared knowledge.

You are fortunate to work in a profession where relationships matter just as much as technical skills. Mentorship not only helps cultivate better PAs but also builds leaders with empathy, compassion, and generosity. These qualities, in turn, enrich the PA profession and, most importantly, improve the care you provide to patients.

At PAs Do That Magazine, we're honored to be part of this mission by sharing meaningful stories that reflect the power of mentorship. Thank you for supporting us as we continue to celebrate the journeys, hurdles, and victories within the PA profession. It has been a privilege to uplift these voices, and we're committed to maintaining this legacy of storytelling. However, this is only possible through your support and your willingness to mentor and inspire others around you.

To those currently mentoring or planning to step into that role, I encourage you to ask yourself this question today: What impact do I want to leave for those following me?

Together, let's open doors for others and show them the way forward. Matching skills and knowledge are important, but the belief in another person's potential is a gift that lasts a lifetime. The PA community becomes stronger when we lift each other up, one story and one person at a time.

Joseph Ellick
Editor-in-Chief, PAs Do That Magazine

NCCPA Highlights



NCCPA AWARDED THE 2024 I.C.E. INNOVATOR AWARD

The I.C.E. Innovator Award recognizes an individual or organization who/which created an innovative approach to a product, policy, process, or system that transforms or achieves a new level of success in a unique and innovative way.

“I am deeply honored to accept the I.C.E. Innovator Award on behalf of NCCPA. This recognition stands as a testament to the tireless efforts of our entire team, who are dedicated to championing Diversity, Equity and Inclusion. At NCCPA, our approach weaves the principles of DEI into everything we do. We have employed rigorous processes in exam development, volunteer training and psychometric analysis to ensure our exams are fair and free from bias toward underrepresented minorities.”

Dawn Morton-Rias, Ed.D, PA-C, ICE-CCP, FACHE





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A Vision For The Future

by John Bradford, MPAS, PA-C



As I conclude my tenure as the 2024 NCCPA Board Chair, I am filled with a sense of accomplishment and hope for the future of the PA profession.

Our potential is boundless, but to realize it, we must embrace a vision that extends beyond our domestic borders. On a recent visit to The Royal College of Surgeons in Ireland, NCCPA and ARC-PA leaders met with educators, students and clinicians to understand the education and practice of PAs in Ireland as well as to learn about regulations and clinical governance.

By encouraging international partnerships, we are working to advance the PA profession globally to address critical health care needs in underserved communities right here in the U.S.

This global perspective is complemented by our commitment to promoting new voices and fresh perspectives within our ranks. NCCPA is actively practicing this, and I'm proud of the diverse engagement at this year's REPRESENT! NCCPA Summit, which gave me hope for a more inclusive and equitable future. Fostering belonging only strengthens the care we provide patients.

Environmental sustainability is another critical concern that demands our attention. As providers, we have a responsibility to minimize our carbon footprint and support environmentally responsible practices. By advocating for policies that address climate change and its impact on health, we can contribute to a better planet for generations to come.

Finally, I have found it rewarding to invite state organizations to join the board and participate in discussions with the board and NCCPA staff during our quarterly dinners. It has been enjoyable to hear about practices within their respective states to ensure that our decisions align with the needs and aspirations of the entire PA community.

Throughout my career, I've seen how PAs transform patient health in both rural clinics and bustling cities. We have continually risen to meet health care disparities and access. As our profession faces increasing challenges, we must adapt and innovate to meet the changing needs of patients.

I am honored to continue to serve on the NCCPA board to support these positive initiatives and help PAs succeed.

Sincerely,

John Bradford, MPAS, PA-C
2024 NCCPA Board Chair

Starting a New Chapter At NCCPA

with Linda Delaney, DMSc, PA-C

Linda Delaney, DMSc, PA-C, a Board Certified PA with more than 40 years of clinical and volunteer leadership experience, has been elected as the 2025 NCCPA Board Chair.

"I am deeply honored and excited to serve as the NCCPA Board Chair for 2025," Delaney said. "This is a pivotal time for the PA profession, and we face a multitude of both opportunities and challenges. I am committed to working with my colleagues on the board to advance NCCPA's mission and vision through our strategic plan and advocate for all our stakeholders."

Throughout her career, Delaney has dedicated herself to serving diverse communities. At Parkland Health and Hospital System in Dallas, Texas, she specialized in adult medicine, hematology/oncology, and cardiology. She was also one of the first PAs to serve as a director at Parkland, overseeing more than 100 PAs and NPs.

"I feel privileged to be part of a dynamic team of NCCPA Board members and staff who work tirelessly and collaboratively to meet the needs of all of our stakeholders and I look forward to a full and productive year," Delaney said.

Delaney, who joined the NCCPA Board in 2018 as a PA Director at Large, brings leadership experience beyond clinical practice. She has served in various leadership roles within professional organizations, including President of the Texas Academy of PAs (TAPA) and Director at Large for the American Academy of PAs (AAPA). She has served on state and national boards, reflecting her commitment to advancing the PA profession.

Delaney holds a Bachelor of Science Degree from Baylor University and a Master's Degree in PA Studies from the University of Nebraska College of Medicine. She furthered her education by earning a Doctor of Medical Science degree from A.T. Still University of Health Sciences in 2021. A resident of Allen, Texas, Delaney currently divides her time with her husband, who is also a PA, between Texas and California.



Meet the New Board Members of 2025



Dr. Jayne Kendall: Physician Director at Large

Kendall steps into her role as a Physician Director at Large, bringing extensive experience in clinician engagement and talent management. She serves as Chief of Clinician Engagement and Talent Management for US Acute Care Solutions (USACS), where she also chairs the Diversity, Equity, and Inclusion Committee and co-chairs the Social Issues and Equity in Medicine Committee.

Since joining USACS in 2006, Kendall has held leadership positions, including Director of Emergency Services, Medical Director and Regional Vice President. She also served as President of the East Region.

Kendall holds a bachelor's degree from Indiana University-Bloomington and a medical degree from Indiana University. She completed her residency in emergency medicine at Carolinas Medical Center, where she was chief resident, and earned an Executive MBA from Queens University of Charlotte in 2012. She is a Certified Physician Executive through the American Association of Physician Leadership. Residing in Charlotte, N.C., Kendall lives with her husband, teenage twins and four cats.

Amy K. Mosman: PA Director at Large

Mosman joins the NCCPA Board as a PA Director at Large. A nephrology PA with over a decade of experience, Mosman practices in an inner-city academic setting in St. Louis, focusing on hypertension, chronic kidney disease and dialysis care.

Passionate about kidney disease awareness, Mosman has delivered numerous presentations aimed at educating both patients and clinicians, seeking to dispel misconceptions and spark enthusiasm for nephrology. She is an active member of the National Kidney Foundation, the American Academy of Nephrology PAs, and serves as Director-at-Large for the Southeastern Region of the Missouri Academy of PAs.

Outside her professional endeavors, Mosman enjoys playing in community bands and traveling with her husband and two young children.



Ilka V. Wilson Vallee: Public Director at Large

Ilka V. Wilson Vallee joins the board as a Public Director at Large, bringing 35 years of leadership experience across public, private and community sectors. As CEO of ILKA International Enterprises LLC, Wilson Vallee specializes in equipping leaders to maximize their potential, fostering organizational health and driving collective success.

Wilson Vallee has spent over 26 years in federal service, working with cabinet secretaries to implement key health care legislation and regulations. She has facilitated strategic planning and leadership retreats for organizations such as the Defense Intelligence Agency and the Agency on Aging.

A bilingual keynote speaker and executive mentor, Wilson Vallee has delivered transformational workshops globally. She holds a Master of Public Administration from Baruch College and a Bachelor of Science in Healthcare Administration from SUNY-Utica. She is also certified in emotional mastery and executive mentorship. Wilson Vallee serves as vice chair of the Northern Virginia Health Foundation. She is the mother of two adult children.





Understanding the Role of PAs in **INTERVENTIONAL RADIOLOGY**

By Janet Rippel, MSPAS, PA-C

Interventional radiology (IR) is an evolving field that offers patients less invasive alternatives to traditional surgery. As a PA practicing in IR, I have the privilege of performing procedures that can significantly benefit patients, often with fewer risks, shorter recovery times and lower costs. Let me walk you through some of the key aspects of this specialty, including the procedures I perform, patient care and the future of IR.

When considering IR, it's essential to find a provider who treats you with respect and empathy. Some patients require frequent visits for procedures like paracentesis, so building a relationship of trust and comfort with your provider is crucial.

Percutaneous Drain Placement

One of the procedures I frequently perform is the placement of a percutaneous drain, particularly when an abscess is present in the abdominal cavity. This procedure is a great example of how IR can offer a safer and more cost-effective alternative to traditional surgery.

In the IR suite, we place the drain using image guidance under local anesthesia. This approach eliminates the need for anesthesia providers, respiratory support, or invasive monitoring, making the procedure less taxing on the patient. Because the procedure is less invasive, recovery time is often faster, and the overall cost is lower compared to undergoing the same procedure in an operating room.

Who Benefits Most from IR Procedures?

IR is especially beneficial for patients who are considered high risk for traditional surgery due to conditions like cardiac or respiratory issues. For example, patients needing a port placement for chemotherapy can have it done in the IR suite with minimal risk. The use of image guidance ensures accuracy and reduces the likelihood of complications, making it an ideal option for these high-risk patients.

PAs Role Collaborating with Radiologists

In the operating room, PAs typically assist surgeons with tasks like closing incisions. However, in IR, the dynamic shifts. After extensive training and once the supervising physician is confident in your skills, PAs can perform certain procedures without direct supervision. PAs are able to take a more hands-on role in patient care, with the radiologist nearby and available for consultation if needed.

Minimizing Risks and Complications in IR

Like any medical procedure, IR comes with risks, including infection, pain and the possibility of failure. To minimize these risks, we maintain a sterile field during procedures, provide thorough wound care instructions and use image guidance to ensure accuracy. Patient education is also critical in managing risks, as it prepares them for what to expect and how to care for themselves post-procedure.

Managing Patient Anxiety

Undergoing a medical procedure can be stressful, but in IR, we prioritize patient comfort. Before the procedure, I sit down with each patient to explain the process in detail and answer any questions they may have. We offer local anesthetics, anti-anxiety medications if needed and pain relief for those who are already in pain before the procedure begins. During the procedure, I continue to explain each step in re-

al-time, helping to alleviate any anxiety the patient might feel.

Post-Procedure Recovery

In IR, patient care extends beyond the procedure itself. Whether the patient is an inpatient or outpatient, we ensure they receive the appropriate care before and after the procedure. For inpatients, post-procedure care is managed by their bedside nurse, with detailed instructions and reports provided. Outpatients are observed for a specific period depending on the procedure and are always fully informed about their recovery process before being discharged.

Recovery expectations are an essential part of patient care. For instance, after a joint injection, I inform patients that they might experience increased pain later that evening and that the steroid's full effect won't be felt until 24 to 48 hours later. This helps manage expectations and ensures that patients are not discouraged if they don't feel immediate relief.

The Future of Interventional Radiology

The rapid improvements in imaging technology have been a game-changer for IR. High-quality images, obtained quickly, allow for more precise procedures, ultimately benefiting patients by reducing the time spent under sedation and improving overall outcomes.

As more patients seek less invasive treatments with fewer risks and shorter recovery times, the demand for IR will continue to grow. This field offers innovative solutions that challenge the need for traditional surgeries, making it a crucial part of modern medicine.

Encouraging Growth in the PA Role within IR

Despite the relatively small number of PAs in interventional radiology, this is a growing field, especially as more radiologists choose to work remotely. It's a specialty that offers a unique blend of hands-on procedures and patient interaction, making it a rewarding career choice for those interested in a dynamic and evolving field of medicine. As a PA in IR, I'm excited to be part of this evolution and to contribute to the improved health and well-being of patients.



Janet Rippel, MSPAS, PA-C
Expertise in Surgical Specialties

Hometown Health Champion

USING PASSION FOR PEDIATRICS TO TRANSFORM COMMUNITIES

with Nicole Shelton, MSHS, PA-C

Nicole Shelton, MSHS, PA-C, has a love for pediatrics that extends beyond the exam room.

Alarmed by the high obesity rates in San Benito County, California, she launched “Healthy Family Home,” a program to address childhood obesity through education, community partnerships and family-centered activities.

“Obesity isn’t just about numbers on a scale,” she said. “It’s about how kids engage with their bodies, stay active and fuel themselves with a variety of foods in moderation. They’re shaped by their genetics and environment, and it all begins at home.”

The program, a true collaboration with the YMCA of San Benito County and funded by The Health Trust, offers resources like gym access, cooking demonstrations, wellness workshops and affordable family memberships. Shelton emphasized that the program would not exist without the partnership and the dedicated efforts of herself and the YMCA’s executive director at the time.

“We both grew up in this community and saw a need within it,” Shelton said. “Over lunch, we made a plan. This initiative is a testament to our dedication and pride in our hometown.”

Mayra Zendejas, Senior VP for the Central Coast YMCA, said the program is a success due to the strong partnership and the connections they have within the local community.

“We are incredibly lucky and honored to work alongside Nicole to create a long-term impact for the families in our community,” Zendejas said. “Healthy Family Home shows how collective efforts can make meaningful changes locally.”

Community-Driven Success

Shelton’s holistic approach incorporates cultural sensitivity, bilingual resources and partnerships with local organizations to ensure sustainability.

“We’ve grown to over 300 participants,” Shelton said. “We emphasize building long-term healthy habits.

“It’s not about numbers on a scale, it’s about how kids engage with their bodies and fuel themselves with a variety of foods in moderation.”

She credits the program’s success to its accessibility and community-driven approach.

“Families feel seen and supported,” she said. “These kids, these families — they inspire me every day.”

PA Journey

Shelton’s journey to becoming a PA was anything but conventional. Growing up in a small, tight-knit community, she was raised by her mother and a devoted “village” of family and friends who nurtured her compassion. By age 10, she was volunteering at a nearby living facility, setting the stage for a lifelong commitment to service. Her childhood was filled with outdoor adventures and volunteer work.

Her curiosity brought her to Pacific Union College, where meeting Jennifer Smith, a PA at the campus clinic, changed her life.



“I was on the path to becoming a doctor,” Shelton said. “But Jennifer inspired me to consider becoming a PA. She mentored me through the process and I’m so grateful for her guidance.”

Shelton, now 41, pursued her dream despite setbacks. She was denied admission to PA school on her first attempt due to insufficient clinical hours. Undeterred, she earned a Master’s in Health Education with a focus on pediatrics while gaining hands-on experience as a medical assistant.

In 2010, she graduated from the UC Davis PA Program and later completed a surgical residency at Johns Hopkins Hospital. Her early career included working in pediatric congenital heart surgery at Stanford University’s Lucile Packard Children’s Hospital and Sutter Sacramento.

But when Shelton started her own family, the pull of home in Hollister, Calif., became irresistible. In 2016, she joined Hollister Pediatrics, where she was able to combine her passion for children, public health and community service.

“Kids are resilient and fun,” Shelton said. “I sing, dance and sometimes examine their stuffed animals. They believe in magic — it might be pixie dust in an IV — and they keep you on your toes. I wouldn’t want it any other way.”

Building a Legacy

For Shelton, Healthy Family Home is not just a program — it’s a mission. She envisions expanding it to other towns.

“Every community has unique challenges,” Shelton said. “The key is meeting families where they are and building from there.”

In addition to her local efforts, Shelton also wants to instill her passion for global health with her children, having previously volunteered in countries like Haiti, Thailand and Mexico.

“Service has always been a part of my life, and my husband also shares this passion through his work with various organizations,” Shelton said. “We hope to instill this same love for service in our children, who already volunteer alongside us. Once they are older, I look forward to taking them on volunteer trips with me. My role is simple: to provide resources, education and opportunities for every child to thrive. That’s what makes it all worthwhile.”

TOP CONCERNS AND MISCONCEPTIONS FOR MEN

with Aaron Henry, MSHS, PA-C

Growing up with a passion for science and a desire to help others, Aaron Henry, MSHS, PA-C, a former Navy corpsman, found his calling in the medical field during his service in Iraq.

While deployed, Henry had the opportunity to shadow a highly skilled emergency medicine PA, an experience that solidified his decision to pursue a career as a PA.

After completing PA school, he took on various leadership roles. As a new PA graduate, he served as a clinical preceptor for both medical and PA students, sharing his knowledge and experience with the next generation of health care professionals. Midway through his career, he became an assistant medical director at a large urgent care entity. Henry currently serves as the clerkship director for family medicine, inpatient medicine and behavioral medicine for the PA Program at George Washington University.

We asked Henry, a PA Ambassador for NCCPA, if he could address men's health and common concerns and misconceptions. According to a Cleveland Clinic study, 72% of men said they would rather do household chores, like cleaning the bathroom or mowing the lawn, than their regular check-up exams.

What are the most common health concerns in male patients?

In the U.S., some of the most common health concerns for men include heart disease, prostate cancer, diabetes and mental health issues such as depression and anxiety. Unfortunately, men are disproportionately affected by many of these illnesses, which are often preventable.

How would you describe the overall health awareness among men compared to women?

In general, men's health awareness is lower than that of women. Men are less likely to seek medical advice and are more likely to avoid or delay routine preventative care. What are some of the biggest misconceptions men have about their health?

One of the biggest misconceptions men have about their health is the belief that they should only see a doctor when they have an emergency. This is dangerous because it leads to missed opportunities for the early detection, treatment and management of life-threatening diseases. A lot of men also underestimate the importance of treatment for mental health issues or think that discussing emotional or psychological problems is a sign of weakness.

How do you encourage men to prioritize preventive care and regular check-ups?

To encourage men to prioritize preventive care, I emphasize the importance of establishing routine physical check-ups with their primary care providers. I like to remind men that we should take care of our bodies in the same way we take care of our vehicles. I think most people would agree that it's better to take preventative measures for your vehicle than to wait for the 'check engine light' to come on. I believe the same concept is true for our bodies, which are more valuable.

Prostate cancer is a significant concern for men. What are the early warning signs, and how often should men undergo screenings?

Aside from skin cancer, prostate cancer is the most common cancer in men. Common signs and symptoms of prostate cancer can include difficulty urinating, a weak urine stream, blood in urine or semen and pelvic discomfort. If these symptoms develop, men should be evaluated by their health care provider. In general, men should consider screening at age 50, or earlier if they have a strong family history of prostate cancer or other risk factors.

What role does testosterone play in men's health, and how do you address issues related to low testosterone?

Testosterone is a hormone that is essential for maintaining muscle mass, bone density and sex drive. When a man has low testosterone, they can experience fatigue, depression and reduced libido. Low testosterone can be addressed through lifestyle changes like proper diet and exercise – and in some cases – hormone replacement therapy.

Mental health is often overlooked in men. What are some common mental health challenges faced by men and how can they seek help?

Common mental health challenges for men include depression, anxiety and stress-related disorders. Unfortunately, there is a stigma surrounding mental health and some men feel that seeking help is less masculine and a sign of weakness. Men can seek help by talking to a mental health professional, joining support groups and accessing other mental health services.

Heart disease is a leading cause of death in men. What lifestyle changes and preventative measures can men take to reduce their risk?

Although heart disease is the leading cause of death, there are many



ways to decrease one's risk of premature death. Healthy lifestyle modifications are one of the simplest ways to reduce your risk. Men can reduce their risk by eating healthier foods, engaging in regular physical activity, quitting smoking, managing stress and reducing alcohol intake.

What role do you see PAs playing in addressing men's health disparities?

PAs play a major role in addressing men's health disparities by providing accessible care, educating patients about health risks and prevention, and serving as trusted health advocates who can encourage men to seek regular medical attention.

How can we better engage young men in conversations about their health and well-being?

Engaging young men in health conversations requires health care providers to build authentic relationships with their patients. It's also important to reach men where they are by connecting with them through school programs, social media platforms or even mentoring.

How can men incorporate healthy habits into their busy lifestyles?

Some men think they have to go to extremes to improve their health. Actually, simple steps make a huge difference. Men can incorporate healthy habits by planning meals ahead, eating more fresh fruits and vegetables and exercising for at least 30 minutes per day. Making small, sustainable changes can lead to long-term health benefits.

What advice do you give to men about stress management and work-life balance?

For stress management and work-life balance, I advise men to take an honest look at their lives and identify their priorities. A lot of men live busy lives and end up burning themselves out because they try to fulfill too many roles. It's very important to actively set boundaries, practice mindfulness or meditation and prioritize time for personal hobbies and family.

Are there any emerging trends or research in men's health that you find particularly interesting?

Over the past 10 years, there have been some notable emerging trends in men's health. For example, advancements in telehealth have provided more health care access for men who are reluctant to visit a traditional clinic. In addition, there is increased awareness of the health disparities that disproportionately affect minority men. In fact, my personal research interest focuses on understanding and improving the low life expectancy of Black men in the U.S.

What are some of the most rewarding aspects of working in men's health?

The most rewarding aspect of working in this field is knowing that I have the potential to positively impact the health of men across generations. As a PA, I have the unique opportunity to teach healthy lifestyle habits to men who can learn to live longer, healthier and happier lives.

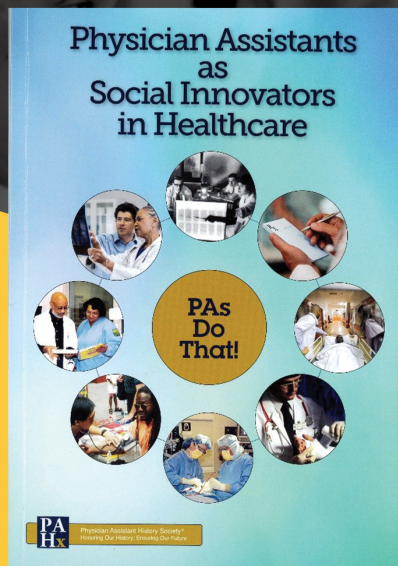
What would you like to see changed in terms of men's health awareness and care?

Historically, men have been perceived as less interested in their health care and my goal is to change that narrative. I would like to see a cultural shift where men feel more comfortable discussing their health and seeking care. This can be achieved through increased public health campaigns, better education on men's health issues and reducing the stigma surrounding men's mental health.



Aaron Henry, MSHS, PA-C
Expertise in Emergency Medicine and Men's Health

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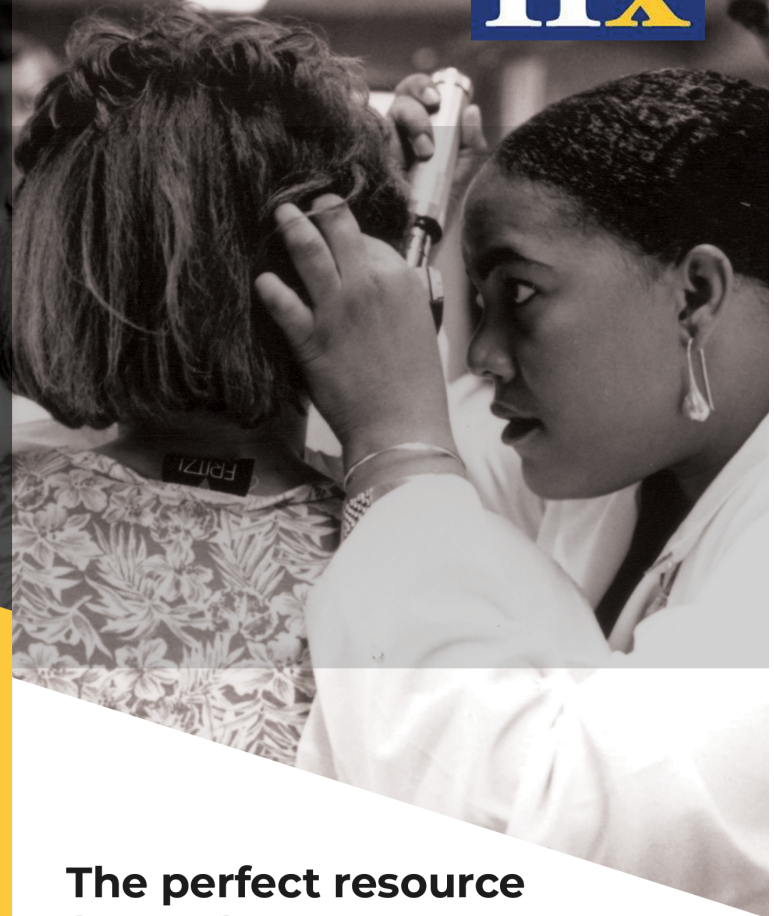
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Empowering Future PAs Through Diversity.

The PAC is a nonprofit organization on a mission to empower diverse students and practitioners on their journeys to becoming successful physician assistants with thriving careers.

To diversify medicine through support and advocacy for current and aspiring Physician Assistants of Color.



ThePAC by the Numbers:

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LEADING THE PAC

with Jasmine Cofield, MS, PA-C



Jasmine Cofield, MS, PA-C, doesn't flinch when describing her roots in Flint, Michigan.

"It was resilience training," she said, her tone neither defensive nor apologetic, but reflective. "Flint is a tough place. It has been ranked one of the worst cities to live in."

Growing up in a city more often associated with challenges than opportunity — poverty, crime and even water that couldn't be trusted — Cofield found strength in the grit of her community.

Her mother kept Cofield and her siblings focused and active in sports, especially basketball.

"Flint has hidden gems," she said, nodding to Mott Middle College, where she dual-enrolled to earn three associate degrees before her high school diploma. "It wasn't just about surviving there. It was about thriving against the odds."

That unflinching determination laid the foundation for her journey as a PA, a field where she has not only risen but also is helping to reshape.

Cofield, now 30, is a Board Certified PA, a trailblazer in psychiatry and the co-founder of Physician Assistants of Color (PAC) along with Samora Lungu, PA-C and Menerva Yole-Lobe, PA-C.

Her path wasn't linear, but it's a story of triumph in the face of rejection, isolation and the unique challenges of being a Black woman in health care.

"I started college courses at 15, PA school at 22 and became a practicing PA at 26," she said. "But being the youngest and often the only person of color, came with its own pressures. There's an unspoken expectation to be perfect because failure feels like it reflects on more than just you."

That pressure became real when she was dismissed from PA school, a rare stumble for someone who had always excelled academically.

"It was the first time I really struggled, and it shattered my confidence," Cofield said.

Yet, she returned to the University of Detroit Mercy's PA program with renewed determination, graduating in 2020.



“I started college courses at 15, PA school at 22 and became a practicing PA at 26,” she said. “But being the youngest and often the only person of color, came with its own pressures. There’s an unspoken expectation to be perfect because failure feels like it reflects on more than just you.”





“Leadership to me is about creating spaces where others can thrive,”

—— JASMINE COFIELD

“That experience taught me two things: the importance of support and the power of a second chance.”

Support was something she didn’t have enough of, so she decided to create it.

In 2021, Cofield co-founded PAC, a formal network to empower underrepresented PAs. What began as a small group of students exchanging encouragement online has grown into an organization with more than 5,000 members, partnerships with 35 PA programs and a track record of helping 346 students gain acceptance into PA schools.

PAC is more than a network; it’s a movement.

“We call ourselves ‘ThePAC’ because we move together, as a unit,” Cofield explains.

Through events, mentorship and personalized resources like mock interviews and mental health workshops, PAC

aims to address the systemic barriers that have kept diversity in the PA profession stagnant.

“Navigating health care as a person of color often feels like you’re representing an entire community,” Cofield said. “There’s an added layer of stress because you can’t show weakness.”

This is where PAC steps in, offering students a sense of community, encouragement and practical tools to succeed.

“I see so much of myself in the students we serve,” she said.

One story lingers in her mind: a student on the verge of dismissal, who, with PAC’s guidance, graduated and earned her white coat.

“Moments like that remind me why we started this.”

Cofield’s leadership isn’t limited to PAC. She’s a mentor, a guest lecturer and a key figure in diversity initiatives at the University of Michigan-Flint PA program.

“Leadership to me is about creating spaces where others can thrive,” she said.

Despite her demanding schedule, Cofield prioritizes balance. Mornings are her sanctuary, and she dedicates time to Pilates, meditation, or catching up on her favorite shows.

“It’s my way of grounding before everything else comes rushing in,” she said.

Her vision for PAC is expansive: scholarships, international outreach and deeper partnerships with organizations like the AAPA and NCCPA. But at its core, her mission remains rooted in her Flint upbringing.

“It’s about breaking stereotypes and building pathways,” Cofield said. “Representation matters, not just for the individuals but for the communities we serve.”

(Photo Below) Jasmine Cofield, MS, PA-C receiving the Distinguish Alumni Award from Mott Community College



Jasmine Cofield, MS, PA-C
Expertise in Psychiatry and Urgent Care. Founder and President of Physician Assistants of Color, Inc.





Palliative Care REDEFINED

PAs Enhancing Quality of Life in Hospice

with Ryan Baldeo, MPAS, MSPC, PA-C, FAAHPM

For Board Certified PA **Ryan Baldeo, MPAS, MSPC, PA-C, FAAHPM**, the goal in his clinical specialty, palliative medicine and hospice care (PMHC), is to help patients live life to the fullest despite illness or suffering.

While PMHC can often be misunderstood, these specialized areas of compassionate care provide comfort and guidance during challenging times.

“Embracing the PMHC approach can improve quality of life and outcomes for people living with serious illnesses,” Baldeo said. “Live life in spite of death or suffering, rather than in fear of it.”

We asked Baldeo, an NCCPA PA Ambassador, how he addresses end-of-life conversations, differentiating hospice and palliative care, as well as navigating emotional and spiritual challenges with patients and their families.

Can you talk about key aspects of comfort care that PAs working in PMHC provide?

In PMHC, the guiding light is to improve quality of life across the serious illness spectrum. Hospice care’s focus is to optimize comfort and quality of life while allowing for a natural dying process in a terminally ill patient who is in their last chapter of life. Palliative medicine (PM) collaborates with other specialists to improve quality of life through symptom management, complex medical decision-making, advance care planning and value-based goals of care discussions irrespective of prognosis.

How do you approach conversations with patients and families about end-of-life wishes and goals of care?

While there are many communication techniques and styles that can guide serious illness conversations, it requires a blend of genuine communication and empathy. I strive to meet patients and their loved ones where they are emotionally, fostering open and honest conversations. While communication techniques can be helpful, the foundation of these discussions is built on trust and understanding.

Can you explain the difference between hospice and palliative care and when each might be appropriate?

PMHC focuses on improving the quality of life for the patient living with serious illness and their loved ones. PM can be provided at any stage of a serious illness and works alongside other medical care teams and specialists, not limited to terminally ill patients. In contrast, hos-



pice care (HC) is designed for patients who are in the terminal phase of their journey, with a life expectancy of six months or less. The primary goal of HC is to ensure comfort and enhance the quality of life during this critical time.

What are some common emotional and spiritual challenges?

Psychosocial, emotional and spiritual components are common across all people irrespective of age, race, gender, culture or otherwise. The PMHC team is a multidisciplinary team that often includes physicians, physician assistants/associates, advanced practice nurses, registered nurses, clinical social workers and chaplains. Each team member brings expertise from their discipline, ensuring holistic care tailored to the needs of the patient and their loved ones.

How do you ensure quality care for patients across different settings?

HC can be delivered in various settings, including homes, nursing homes and hospitals. Despite the location, the focus remains on providing high-quality end-of-life care through hospice. As such, working with whomever the caregivers and whatever infrastructures are to make sure the delivery is there.

As a PA, how do you collaborate with the hospice team?

PAs are generally unable to practice in HC settings due to legislative barriers, except for those practicing in VA hospitals. However, there is hope this will change in the coming years to best meet the needs of our aging population. In the meantime, the hospice care team collaborates closely with various health care professionals to provide the best possible care. Regular multidisciplinary team meetings occur to facilitate comprehensive discussions about patient needs and how we can work together to provide any solution to gaps identified in care delivery strategies.

What are some of the most rewarding aspects of working in PMHC?

Working in PMHC has been deeply rewarding. It involves supporting patients of all walks of life in a time of heightened symptoms and complex emotions, focusing on improving their quality of life. The role of a PMHC provider is to advocate for patients, helping them navigate their journey and better empower them to live better despite their conditions.

How do you practice self-care and maintain well-being while caring for patients at such a vulnerable time?

Self-care is an essential component of PMHC training and onboarding. It is important in this field, and any health care field/specialty, to be aware of your personal biases, triggers, coping techniques and support systems. Once you are able to identify those things, you can continue to build and pivot on how you cope and process in a healthy way to allow for a more sustainable practice. Many PMHC clinicians are actively involved in psychotherapy to prevent counter-transference and maintain their well-being.

What are the future trends you see in hospice and palliative care and how might the role of PAs evolve?

The field of PMHC is continually evolving, with an emphasis on teaching “primary palliative” skills to all clinicians. This approach reduces the burden on specialized clinicians to allow focus on more complex cases. There is also potential for increased PA involvement in hospice care, providing additional support to the aging population and addressing the growing need for specialized care.

What advice would you give to families considering hospice care?

Discussing or accepting HC for yourself or a loved one is difficult. It involves facing the reality of terminal illness and mortality. Each person processes emotions and grief differently and the HC team is there to support this transition. Ensuring mental and physical health for both the patient and their loved ones is crucial. Seeking additional assistance from primary care or mental health professionals can also be beneficial, so if additional assistance is needed for loved ones, remember that support is available to help you every step of the way.



Ryan Baldeo, MPAS, MSPC, PA-C, FAAHPM is a Board Certified PA in the Division of Palliative Medicine at Mayo Clinic and an Assistant Professor in Palliative Medicine at Mayo Clinic College of Medicine.

Additionally, he serves as NCCPA's Exam Program Chair for the Palliative Medicine and Hospice Care CAQ. Baldeo is also the President-Elect of Physician Associates in Hospice & Palliative Medicine (PAHPM) and chairs the PA Special Interest Group at the American Academy of Hospice and Palliative Medicine (AAHPM). Furthermore, he is a Doctoral Candidate pursuing a PhD in Palliative Care at the University of Maryland – Baltimore and is a PA Ambassador for NCCPA.



Ryan Baldeo, MPAS, MSPC, PA-C, FAAHPM
Expertise in Hospice and Palliative Medicine (PAHPM)



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Navigating My PA Career

with Alicia Ibanez, PA-C, MBA

Like many PA professionals navigating complex career landscapes, *Alicia Ibanez, PA-C, MBA*, faced moments of self-doubt, but she did not let them hold her back.

Like many PA professionals navigating complex career landscapes, **Alicia Ibanez, PA-C, MBA**, faced moments of self-doubt, but she did not let them hold her back.

"Have you ever stood on the edge of something big, ready to leap?" Ibanez reflects. "I questioned myself for a moment, wondering if I could really do it. But I soon realized, this feeling is part of the journey we all experience, no matter how accomplished we are."

At 37, Ibanez is a clinically practicing Board Certified PA, a health care executive, an advocate for equity and a busy single mother who works to embody what it means to be a servant leader.

"Servant leadership emphasizes empathy, listening, collaboration and empowering others to succeed," she said.

Her goal is to uplift others.

"Find your passion," she said. "Then get involved, use your voice and go the extra mile before you're asked to."

BALANCING ACT

Whether in scrubs or a suit, she has focused her efforts on revising traditional health care systems to promote equity and change.

"Time management and prioritizing tasks are essential," she said. "I write down clear goals and integrate education into my daily routine to stay adaptable and aligned with my long-term vision."



Ibanez holds an MBA in health care administration, a Six Sigma Black Belt and is actively pursuing both her FACHE credential and a Certified Diversity Professional certification. She also serves as VP of the Society of Hospital Medicine Charlotte Metro chapter and as Director of Operations for the Healthcare Businesswomen's Association Charlotte chapter.

INNOVATING FOR EQUITY

As chief operating officer of OptiMed Hospitalists PLLC, she balances executive oversight with a clinician's touch to ensure quality patient care.

"I'm helping a nonprofit develop mobile health initiatives to access underserved neighborhoods and also working on integrating a behavioral health line into my company to service



acute care hospitals without adequate psychiatry coverage,” she said. “Additionally, I analyze health equity research and data within my community to help tailor care, focusing on social determinants of health like housing inequities and food insecurities.”

Ibanez’s advocacy extends beyond professional roles. She volunteers at community-based health education events, supports nonprofits like Ada Jenkins and is a board member for Youth Development Initiatives. In addition, she serves on the DEI committee of the American College of Healthcare Executives.

“DEI is essential in the PA profession because it enhances patient care and fosters a more equitable health care system,” she said. “My experiences with bias as a woman have heightened my ability to recognize biases in various systems. Through community advocacy, I’ve learned how policies can promote equity and inclusion, motivating me to work towards fairer systems.”

ADVICE FOR ASPIRING PAs

She draws inspiration from Simon Sinek’s concept of “knowing your why” and Brené Brown’s work on the courage of imperfection. Her leadership is built on the willingness to admit flaws.

She advises her fellow PAs to proactively seek opportunities for mentorship, embrace continuous education and align personal passions with profes-

sional goals.

“Becoming a mentor or preceptor is not only an opportunity to shape the next generation of PAs but also a chance to grow as a leader and educator,” she said. “Having a holistic understanding of the system will improve the impact you are able to have on it.”

She urges PAs to stay at the forefront of clinical and technological advancements while mastering the business side of health care.

“Always demonstrate leadership, whether or not you hold an official title,” Ibanez said. “I focus on being an active listener, modeling with integrity and cultivating a positive work culture.”

LOOKING AHEAD

Ibanez’s aspirations reflect her relentless drive. She aims to redefine what it means to lead in health care, inspiring others to follow not because of her position but because they believe in her vision.

“My long-term goal is to be a CEO of meaningful and impactful work that provides financial security and control over my time,” she said.

Leadership is about creating change, Ibanez said.

“By leading with vulnerability, we create cultures of innovation and psychological safety.”





INTRODUCE THE PA PROFESSION TO ALL AGES

NCCPA's Back 2 School program is an on-going initiative that encourages Board Certified PAs to speak to elementary, middle, high school and pre-PA students about the PA profession as a potential career path.

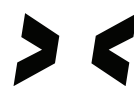
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Emergency Department



Urgent Care

What Are Key Differences in Resources and Patient Management?

By Chin Rodgers, MS, PA-C

I often remind patients in the Emergency Department (ED) that a Board Certified PAs role is to offer reassurance and resources during their most fearful moments.

We focus on quickly and accurately identifying life-threatening conditions or situations requiring immediate surgery or hospitalization. Even when we send someone home without a definite diagnosis, we do so knowing that ongoing care with their primary provider is the best course of action.

What Are Key Differences Between Emergency Medicine and Urgent Care

The most significant difference between working in emergency medicine (EM) and Urgent Care (UC) is the availability of resources. In our freestanding UC facilities, all PAs are trained in EM and can manage medically complex patients.

Typically, in an urgent care setting, medical providers may lack access to certain labs, advanced imaging, specialty physicians and support staff needed for more complicated cases. Despite these limitations, our training allows us to quickly assess patients, determine if a more extensive workup is needed and transfer them to the ED when necessary.

Choosing Between the ED and UC

If you're unsure but suspect you might have a serious illness, it's better to go to the ED.

Conditions like chest pain, abdominal pain, shortness of breath, weakness or dizziness warrant an emergency visit.

For simpler issues, such as cuts, minor broken bones, or persistent coughs, the UC is appropriate. Some people choose the UC over the ED to avoid perceived wait times or costs. The UC, however, may not always be equipped for a full workup, which could result in a transfer to the ED, sometimes by ambulance, leading to delays in treatment and additional costs.

Prioritizing Patients in a Fast-Paced Environment

In both the ER and UC settings, getting a thorough patient history is essential for providing the care patients need. Having a great team and ancillary support staff helps eliminate delays in care. When a critically ill patient checks in, the front desk staff often alerts the nurse immediately, bringing the patient to the provider's attention. I've seen many situations where a nurse has pulled me out of a room to attend to a very sick patient, which

ultimately changed the outcome of their stay. I thrive on working with a team that makes such a difference.

Balancing Immediate Needs with Ongoing Care

As EM providers, we often enjoy the immediate gratification of resolving urgent issues, such as suturing lacerations or reducing dislocations. However, there are times when a patient's needs go beyond what can be addressed in the ED or UC setting. In such cases, I explain to patients that while I might not be able to diagnose their condition fully during the visit, my priority is to rule out life-threatening or surgical issues. For ongoing care, I ensure patients are referred appropriately to continue their treatment.

The Role of PAs

Patient education is a top priority for me. I summarize the visit and aftercare instructions before leaving the room and I ask patients to repeat the information to check for gaps in their understanding. It's crucial that they know when to return to the ED if their condition worsens. I also provide personalized instructions on their After Visit Summary (AVS), which the nurse highlights and reiterates. This process, which I've honed over 19 years, only takes a couple of extra minutes but is appreciated by patients and their families.



In health care, teamwork is vital and every member plays an essential role. I strive to be open and approachable with nurses and support staff, encouraging them to collaborate and ask questions during urgent situations. After critical incidents, we debrief as a team to ensure everyone understands what happened and to identify areas for improvement. Sometimes, we simply need to vent and that's okay too — it's part of being a cohesive team.

PAs play an integral role in emergency medicine. We are flexible, well-trained medical professionals integrated into the ED team, managing “bread and butter” conditions to keep patient flow efficient and free up resources for more challenging cases. Many of us have developed specialty skills, such as suturing, where we assist our physician colleagues in managing time-consuming or complex cases.

Managing Personal Stress

To manage work-related stress, I practice yoga and go on outdoor walks regularly. Yoga serves as a moving meditation and helps build the mental fortitude needed to handle stressful situations. Additionally, having a supportive team at work is invaluable. The camaraderie among colleagues allows us to share laughter and relieve stress, which is crucial in a challenging ED environment.

ABOUT THE AUTHOR:

Chin Rodgers, MS, PA-C, is a Board Certified PA who holds a Master of Science in Physician Assistant Studies and a Bachelor of Science in Biomedical Sciences from Marquette University. In addition, her background is rooted in both emergency medicine (EM) and urgent care (UC), where she has cultivated a broad skill set to manage a range of medical situations. In addition, Rodgers is an NCCPA PA Ambassador.

Chin Rodgers, MS, PA-C
Expertise in Emergency Medicine
and Urgent Care





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LAYING THE FOUNDATION

with Daytheon Sturges, PhD, MPAS, PA-C, DFAAPA, MCHES

When it comes to trail-blazing PAs who inspire and advocate, Daytheon Sturges is at the forefront. With a career spanning multiple disciplines, impressive academic achievements, and a deep commitment to mentorship, he's not just shaping the future of PA education, he's changing it for the better.

From his humble beginnings in rural North Louisiana to his current role as Vice Chair and Associate Professor at the University of Washington's MEDEX Northwest PA Program, Sturges embodies resilience, passion, and purpose. This is his story! One that not only highlights his own success but also opens the door for aspiring PAs to follow.

Daytheon's path to becoming a PA was fueled by two life-long loves: science and service. Growing up, he experienced firsthand the challenges of healthcare inequities in underserved communities. Supporting his mother by attending her medical appointments introduced him to the complexities of health literacy long before he understood the term.

Despite initially being unfamiliar with the PA profession, a friend's acceptance into the LSU Health Sciences Center PA program became a turning point. For Daytheon, the role of a PA represented an achievable way to provide high-quality care while addressing systemic disparities, all without the heavy financial burden of becoming a physician.

Sixteen years later, his decision to pursue the PA path remains one of the best of his life.

"Choosing to become a PA allowed me to focus on what matters most, serving patients and improving lives. It's a decision I've never regretted," he shares with a smile.

His success is not random but calculated and built on strategy.

Like many first-generation healthcare professionals, Daytheon's PA student journey wasn't without challenges. Fortunately, his background in biology prepared him for rigorous academic demands. From creating practice quizzes to collaborative study sessions with peers, he was intentional about his learning process.

"I found that teaching the material to others made me an expert," he explains. "But it was equally important to set boundaries and prioritize self-care. That balance kept me grounded."

With professional experience spanning family medicine, internal medicine, orthopedics, and rheumatology, Daytheon's diverse background informs his patient-centered approach. This exposure to varying medical disciplines taught him adaptability, critical thinking, and above all, empathy.

"I've learned to treat every patient holistically, considering not just their symptoms, but the broader factors that impact their health, like socioeconomic challenges or access to care," he says. "This perspective allows me to create more effective and meaningful treatment plans."

His experiences have also shaped his teaching philosophy, reinforcing the importance of lifelong learning and cultural humility.

Daytheon's commitment to mentorship stems from a personal place, the recognition of the gaps he wished he'd had filled as a PA student. "I didn't have a mentor to guide me. It made my

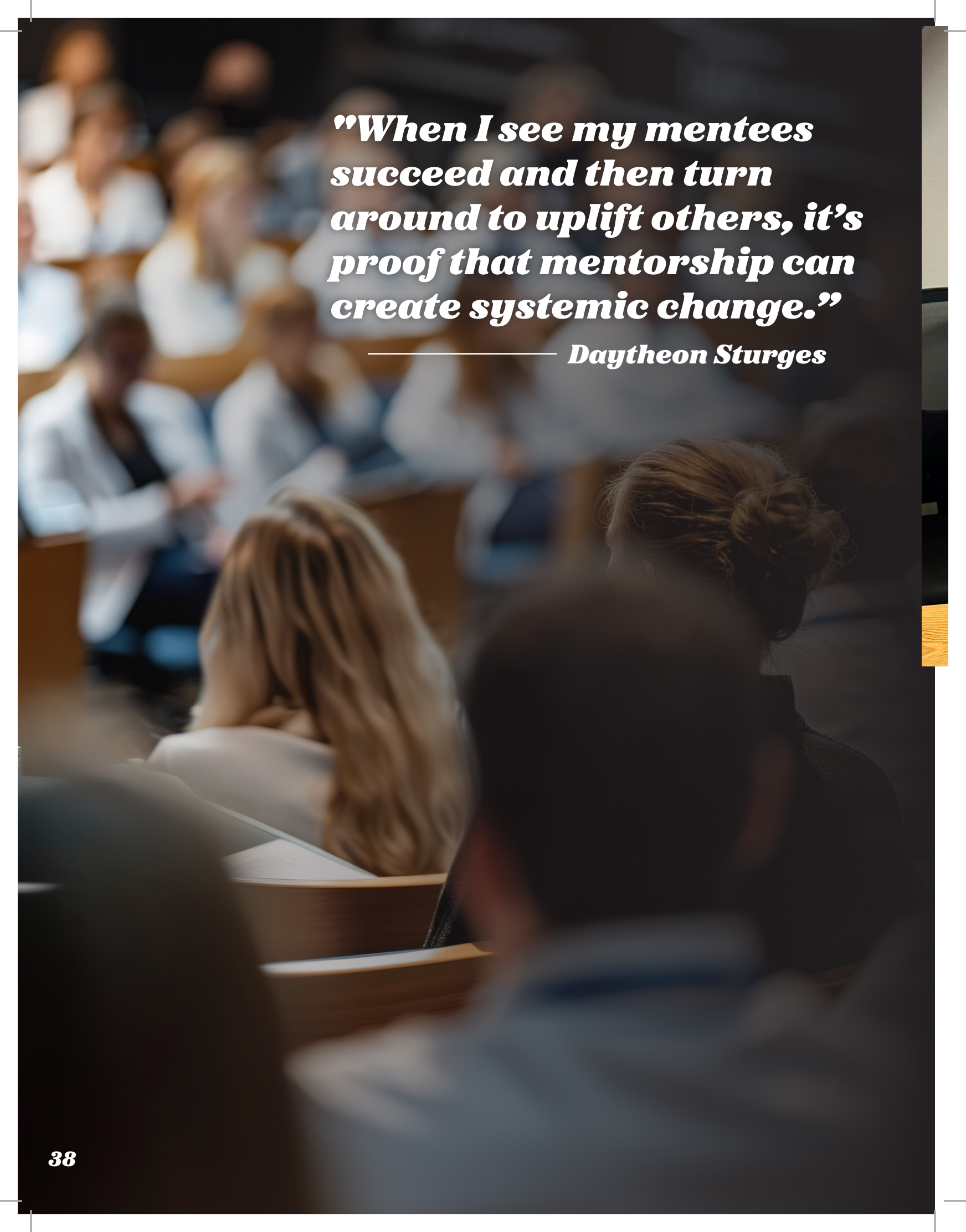
"Choosing to become a PA allowed me to focus on what matters most, serving patients and improving lives. It's a decision I've never regretted,"

—DAYTHEON STURGES

path more challenging, but it also inspired me to create opportunities for others."

Mentorship, to him, is not merely guidance, it's empowerment. His mentees aren't just healthcare professionals in the making; they're future leaders with the potential to address disparities and improve care in underserved areas.

An example of his mentoring success includes Ted Parker, who has flourished under Daytheon's guidance. From excelling as a student to becoming a practicing PA making strides in academia and mentorship himself, Ted's story is a testament to the ripple effects of Daytheon's dedication.



***“When I see my mentees
succeed and then turn
around to uplift others, it’s
proof that mentorship can
create systemic change.”***

Daytheon Sturges



“It’s about sending the elevator back down,” Daytheon says. “When I see my mentees succeed and then turn around to uplift others, it’s proof that mentorship can create systemic change.”

Through his role as Vice Chair of Justice, Equity, Diversity, and Inclusion, Daytheon is ensuring that the next generation of PAs reflects the diverse communities they serve. To him, mentorship and advocacy go hand-in-hand in closing disparity gaps.

By prioritizing equity in PA education and addressing systemic barriers, Daytheon is helping shape a workforce that is not only clinically skilled but culturally humble.

Daytheon Sturges’s career is a masterclass in perseverance, passion, and purpose. Whether he’s mentoring future PAs, practicing family medicine, or championing equity in healthcare, his impact is undeniable.

To aspiring PAs wondering if they, too, can make a difference, Daytheon’s advice is clear and empowering: “You belong here. You’ve earned your place. And with the right mindset, boundaries, and support system, you can succeed.”

Daytheon Sturges isn’t just laying the foundation for future PAs, he’s building a bridge that will ensure no one is left behind.

When I see my mentees succeed and then turn around to uplift others, it’s proof that mentorship can create systemic change.”



(Photo Above) Daytheon Sturges, PhD, MPAS, PA-C, DFAPA, MCHES - Vice Chair - Department of Family Medicine; Associate Program Director (MEDEX PA Program); Associate Professor of Family Medicine at University of Washington - School of Medicine



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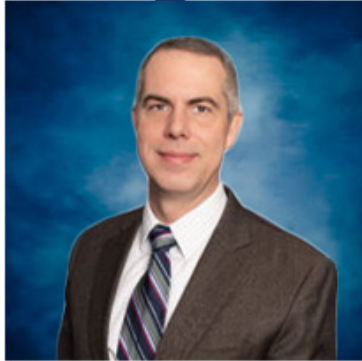


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Martha P. Rodriguez
PA-C/MD, AAHIV



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