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A Message from the Director’s Desk

Happy spring! This time of year, we celebrate new beginnings. This is an exciting time at the PA program. In this issue, we will celebrate our preceptors, alumni, faculty and students.

The class of 2018 is busily preparing for commencement, finishing required clerkships and preparing for electives and their capstone projects. The class gathered on campus for a week in mid-March for a board prep and the issues and trends class. We welcomed Felecia Wright from the Maryland Board of Physicians to ensure those students who are planning to practice in Maryland are prepared to apply for licensure.

Students in the class of 2019 are also getting ready for transition to the clinical year as they complete the second half of the spring semester. It is an exciting time for them, and they love being in the clinics for their patient evaluation class. We are looking forward to meeting our class of 2020 who will join us May 4th for orientation and then will start classes later in May.

The faculty are busy preparing for the ER Inter-professional Education (IPE) simulation event on April 7th titled “Stopping the Cycle of Opioid Addiction.” This is the third time this event will be offered at UMB, in collaboration with all of the graduate professional schools and the Baltimore AHEC. Thanks to grant funds through the UMB IPE Center, over 50 students representing health and law professionals at UMB will discuss the challenges we face with opioid addiction and how we can work better together to improve our communities. The event is inspiring, presented as a case discussion examined through the lens of each discipline, followed by Narcan training and certification.

In addition, faculty continue to ensure everything is on track to set our students up for success. We are excited about the new NCCPA blueprint and happy to see the work we have been doing for the collaborative MSHS-PA program curriculum is on point and will prepare our students for success in practice.
We have great news that Dr. Cheri Hendrix will return to the PA program as PA Program Director starting in early April. We are thrilled to have Dr. Hendrix with the AACC/UMB program, as she is a graduate and prior faculty member. Her clinical expertise, scholarly work in critical thinking and commitment to teaching excellence make her a perfect fit for this position.

It has been a pleasure to serve the AACC/UMB collaborative PA program in the role of interim director. I look forward to continued service as I return to my role as faculty member and Assistant Dean at UMB. I wish you all the best.

MJ Bondy, D.H.Ed, PA-C

Dr. Hendrix is the New Program Director of the AACC/UMB PA Program

Early years from AACC to PA Practice

Dr. Hendrix is a 2003 PA graduate of the AACC PA Program, and colleagues remember her as aspiring to work in PA education. After graduation, she completed a postgraduate PA residency in general surgery at Duke University Medical Center in 2004. Her practice as a certified PA spans a multitude of specialties including general, vascular, and thoracic surgery, emergency medicine, and inpatient hospitalist medicine, and she practiced at institutions such as the Duke University Medical Center in Durham, North Carolina; North Orlando Surgical Group and Florida Hospital Fish Memorial in Orange City, Florida; Baltimore Washington Medical Center in Glen Burnie, Maryland; Aloma Urgent Care in Winter Park, Florida; and Florida Hospital Orlando.

Leadership and roots at AACC

Cheri Hendrix, DHEd, Academic Director for the Adventist University of Health Sciences PA Program, will leave Florida to re-join the AACC/UMB Collaborative PA Program as the Program Director. Her appointment begins April 2, 2018, a role in which she be responsible for the overall coordination, management and leadership of PA education at AACC/UMB. She will work closely with Dr. Mary Jo Bondy, outgoing Interim Program Director and Assistant Dean of Graduate Academic Programs at UMB, for a seamless and smooth transition of programmatic leadership.

Dr. Hendrix’s valuable longstanding relationship as an alumna and former faculty member with AACC will serve to build and enhance health-related partnerships with internal and external stakeholders in education, research, and patient care. From her years in higher education and PA practice, she brings a deep understanding and commitment to the underserved, educating and focusing on the preparation of the next generation of physician assistants. Dr. Bondy has stated, “Dr. Hendrix brings a broad skill set in educating health professionals, scholarship in the development of critical thinking skills, and in simulation-based learning. She has dedicated years of service to our practice and education community in Maryland and is accomplished as a researcher, innovator, clinician, professor, and academician.”
### Calendar of Events

**Class of 2020 Orientation Day**  
Friday, May 4, 2018

**Clinical Starts:**  
May 21, 2018

**Summer Semester**  
**AACC:** May 23rd to August 10, 2018  
**UMB:** May 31st to July 13, 2018

**Class of 2018 Graduation**  
Thursday, July 19, 2018

**Fall Semester**  
August 27th to December 14, 2018

**MAPA Conference**  
September 5th – 9, 2018

**PA week**  
October 8 – 12, 2018

**PAEA Conference**  
October 24 -27, 2018

**Thanksgiving break**  
November 22-23, 2018

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**Merging practice with higher education and research**

Dr. Hendrix has spent the last 10 years in higher education, is a highly sought-after CME Resources board certification and recertification lecturer on the national stage, and has excelled in her roles of PA program Academic Director/Associate Professor, Research Coordinator, Clinical Coordinator, and faculty member.

Dr. Hendrix’s academic career was set in motion when she was first appointed as the Clinical Coordinator at the AACC PA Program; she soon advanced to Research Coordinator/faculty member. During her tenure at AACC, she pursued and completed her initial research on critical thinking in PA education at the graduate level and was awarded a doctorate in health education from AT Still University.

Dr. Hendrix’s experience as a PA and in academia led to her publishing simulation case studies in pulmonology and a series of core competency improvements in PA education in more than 15 peer-reviewed publications.

*It is with great pride that we welcome Dr. Hendrix’s return to lead the AACC/UMB Collaborative PA Program.*

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**Faculty News**

**Professor Tiffany Maxwell**

Dr. Maxwell participated in the Questionmark Conference 2018: Assess for Success – Better Assessments, Defensible Results, and Informed Decisions, on March 6-9, 2018, in Savannah, Georgia. Dr. Maxwell benefitted from the sessions on testing and assessment best practices, networking and introduction to new solutions and features of the Questionmark examination platform.

**Professor Craig Cook**

Dr. Cook participated in the Temple Underwater Medicine Conference on January 31, 2018, at Cayman Brac, Cayman Islands. This conference brought together academics and physicians with interests in diving medicine. Dr. Cook presented “Science in Paradise: Remote Diving Operations and Medical Support,” describing his last expedition to the Phoenix Islands in the Pacific.

**Professor Mary Jo Bondy**

Dr. Bondy co-authored with Sara Fletcher and Steven Lane the “PAEA Accreditation Task Force Briefing Paper: Moving Toward Profession-Defined, Outcomes-Based Accreditation,” which has been published by the *Journal of Physician Assistant Education* (December 2017).
Meet Our Student Success Coach, Ms. Lorraine Girandola

The AACC/UMB Collaborative PA Program continues to improve its mentoring and advising program to ensure student success. **Ms. Lorraine Girandola** is AACC’s School of Health Sciences Student Success Coach. In this role, Lorraine works closely with the PA Department to offer comprehensive coaching and advising for students’ success and meeting educational goals. This includes time and stress management, referrals, counseling and organizational tips for students.

Lorraine’s unique experience spans over 20 years of practice in the health care profession and over 14 years in higher education. Students and faculty members who cross paths with Lorraine instantly recognize her genuine commitment for students to succeed and her infectious lively and positive attitude. The PA Department is fortunate to have an ongoing collaboration with Ms. Girandola in several programmatic areas, including the Selection Committee for Admissions and PA Program Advising.

Prior to joining AACC, Lorraine was the director of nursing in a rehabilitation and skilled nursing facility, manager, assistant administrator and consultant. She earned a Master of Arts in Health Services Administration, a Master of Science in Nursing and a Bachelor of Science in Nursing, all from St. Joseph’s College, and a Registered Nursing Degree from St. Vincent’s School of Nursing.

For more information or how to contact Lorraine Girandola, please visit: https://www.aacc.edu/about/schools-of-study/health-sciences/student-success/

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Q&A Hub: Preceptors

Jeff Russell, PA-C, MMS

*Jeff, a 2013 AACC PA program graduate, received a Master of Medical Science from St. Francis University. He has practiced with Vituity at St. Agnes Hospital Emergency Department in Baltimore since graduation and has been precepting PA students since 2015. Jeff has also been a lecturer in the PA Program since 2016 and looks forward to expanding his mentorship roles at AACC in the future.*

**Why precepting?**

**A:** Notwithstanding the constant evolution of medicine, the interactions I have had with the many generations of PAs whom I have had the privilege of calling colleagues have shown one constant across all of our stories: the *irreplaceable value of mentorship*. Think for a moment about your own training and you’ll undoubtedly recall that the majority of the pearls of wisdom you’ve internalized into your own practice, whether clinical skills,
bedside manner, navigating healthcare systems, or even career resilience, have come from your clinical mentors. With this in mind, it should be self-evident why I choose to mentor and teach PA school hopefuls, PA students, and less tenured physician assistants. Whether I’m instructing in the laboratory, guest lecturing in the classroom, or precepting students clinically in the emergency department, I remind myself that no deserving candidate (especially reflecting upon myself in that position) can succeed in their professional goals without empathetic and engaging mentorship.

What challenges do preceptors face?

**A:** I am currently preparing for my first recertification cycle in an NCCPA system that has completely overhauled the recertification process several times since my graduation, and if the old adage of medicine is true, 50 percent of the medicine I learned in school is now revised or obsolete. Much sooner than expected, many of my experiences are relics of an era which the PA students I now instruct might already be referring to as the dark ages for physician assistants.

What advice would you give a potential preceptor?

**A:** As the future of the physician assistant career is dependent on continuously graduating capable PAs, we are all responsible for providing the opportunities and support that were afforded to us. If that’s not enough, living vicariously through your students as they fall in love with medicine and break through conceptual roadblocks might just remind you why you got into this gig in the first place, giving you a boost to face the endless changes we’ll have for the rest of our careers!

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**Guatemala Medical Mission – Two AACC Alumnae Reflect (excerpt)**

“I want to go back!” That’s how the two AACC alumnae summed up a week-long medical mission in Guatemala, an experience “that was challenging, uplifting, grueling at times, and oh so fulfilling.” Mary Udseth, a primary care provider in Carroll County, and Kathy Gauthier, a neurosurgery hospitalist in Baltimore, traced their 6-year friendship to their first encounter at AACC’s PA candidate interview day; their ties only deepened through the shared challenges of school, life events, and collaboration as PA colleagues.

**Travel, team and host family – July 2017**

They flew to Guatemala via Houston and met the rest of their medical team: three other PAs (including former AACC clinical coordinator Elizabeth Cox), one medical technician, two physical therapists, and two non-medical assistants. As in previous years, they were met by their host family in Guatemala City and driven by van 3 ½ hours to Jalapa, their base of operations for the week. The host family, an American couple, David and Julie, has lived in Guatemala for 17 years, dedicating their lives to helping abandoned/abused children and facilitating such types of medical trips.
Remote villages and process to access care

They said that each day’s destination was a different remote village. “One of the many highlights of the day was absorbing the breathtaking scenery along the way. Mountains beyond mountains!” They knew when they had arrived at the day’s worksite by the line of villagers extending around the local school. They explained that these were patients who had earned a triage “papelito,” a form with a number ranging from 1 to 125, based on a prior assessment by a village leader. Those without numbers were advised to return later in the day, but the team always stayed to accommodate additional patients. Patients were triaged by Guatemalan government health personnel, since the presence of the team was sponsored by that nation’s First Lady.

Medical team and diagnosis

As vital signs were procured, the medical team went to work in the school rooms transformed into a “clinic,” with tiny desks and benches becoming the work space for the day. They reported that:

• Their patients ranged in age from a few weeks to more than 80 years! Many were remarkably fit, a testament to a lifetime of hard work, with musculoskeletal complaints abounding.
• They waded through a combination of acute and chronic issues, including respiratory and parasite infections, rashes, gastritis, STIs, poor vision, poor hearing, and much more. Headaches were ubiquitous, mostly secondary to dehydration, as water is a precious resource fetched and carried long distances each day.
• After the history and physical exam, depending on the symptoms, they could provide medications and/or refer the patient to our “lab” for urinalysis, pregnancy testing, B-12 injections, ear-cleaning, and neb treatments. Nearsighted vision problems were resolved on-the-spot with the stash of reading glasses they had brought. They also had a limited number of prescription lenses that, through trial and error, brought much joy to the faces of patients.
• Additionally, from having seen so many unnecessarily damaged eyes last year (particularly pterygiums due to the population’s constant exposure to sun, wind, and dust), they distributed hundreds of colorful sunglasses in child and adult sizes. Each patient also received toothpaste and brush, while small toys and stickers brightened many a child’s day.

Treatment/follow-up for patients

• Their “pharmacy” was simple yet effective, ranging from antibiotics and antifungals to anti-parasitic, NSAIDS and Tylenol, antacids, H2 blockers/PPIs, anti-hypertensives, steroids, eye drops, and prenatal vitamins, among others.
• They highlighted that the “real treat for their patients was a referral to the physical therapists, who had traveled with portable tables, KT tape, analgesic lotions, and their decades of experience to offer both relief and education to countless patients.”
• For patients presenting with concerning symptoms, they registered them with the onsite government health officials for follow-up imaging and specialist care.

As in the US, often the best “prescription” they could provide was patient education about hydration, nutrition, stretching, etc. They shared that “for us providers, the best feedback was the sincere ‘gracias’, a smile, and at times a warm hug. We worked under no illusion that we were creating lasting ‘fixes’ for every ailment, but we knew that for many of these isolated, simple people, our presence was therapeutic in and of itself.” They noted that “many obtained instant relief through what are, for them, impossible-to-procure medications. Many had their vision restored, or protected, for less than one US dollar. ALL received our care and compassion.”

By Kathy Gauthier & Mary Udseth, AACC Alumnae

To read the full story on the Guatemala Medical Mission by Mary Udseth and Kathy Gauthier, AACC Alumnae, please email: ssousman@aacc.edu

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