Washington Academy of Physician Assistants

NEWSLETTER

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A LETTER FROM THE WAPA PRESIDENT

Driving to work last week, the day after returning from a medical conference in Lisbon, jet-lagged, I hit a pothole on the way to work. My tire deflated, so I pulled the Volvo over and caught a taxi to my clinic for the last two miles. My life threw a curveball in the midst of a week where I was dealing with family health issues, an inbox stuffed full of patient messages, and a full clinic schedule. With my hands full -- WAPA was there for me – board members picked up the slack, covered what was needed, and it was secure. While this crisis was minor compared to the amount of work we do for physician assistants in Washington State, its outcome attested to the work WAPA has been doing to build solid leadership structures and plan for setbacks. As I reflect on the past year, it's clear that WAPA is stronger than ever.

Our success in the legislative session—passing the PA Compact and securing advancements in collaborative practice—was a huge win for physician assistants in Washington. Although we didn't achieve payment parity for insurance reimbursement this time, our efforts were not lacking, and we will see continued collaboration with ARNPs United of Washington State to pass parity in insurance reimbursement. Despite a lighter legislative year in 2025, the work WAPA does to advocate does not stop. This entails making strategic decisions - building relationships with legislators and allies, but just as critically - turning our attention inward, strengthening WAPA's structures, engaging our members, and making strategic investments to build the best WAPA ever. This is where you, our members, play an essential role in shaping the future of WAPA.

WAPA is powered by its members—by your energy, your ideas, and your commitment to the profession. We are on the cusp of even greater achievements, but to get there, we need your involvement. From engaging in our committee work to mentoring the next generation of PAs, there are countless ways to contribute to our collective success.

I want to take a moment to recognize some members who have led the way this year. Agnes Lovell, a recent MEDEX graduate, exemplifies the power of early engagement. From her work in legislative advocacy to her leadership in marketing and website design, Agnes is a shining example of what happens when we invest in our students. At my suggestion, she applied for the inaugural Michael Powe Leadership in Advocacy Scholarship, which covered her costs to attend the AAPA's Leadership and Advocacy Summit in Washington, DC. Agnes attended with our President-elect, Bridget Albright, and Tanya Ocampo, another recent MEDEX graduate. This month, I handed her over the reins of our marketing and membership committee, where she will apply the skills she gained to help WAPA get its important messaging out.

In all fifty-two states and territorial PA organizations, students are very engaged; however, many disengage after graduation – when I learned this fact last year, it became clear we need to prioritize early career engagement.

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Their energy and passion for the future of our profession are clear when I see them speak at AAPA's House of Delegates, where policy is set, and I do not believe their energy dies after graduation. Rather, the organizations must do better to involve them. To that end, I am developing a student leadership track at WAPA. I've revived the raffle we hold at our conferences in the fall and spring, and have recommended to the board that the funds be reserved to fund an emerging student leader's costs to travel to the Legislative Advocacy Summit. In exchange, the student would share the insights learned at the summit and chair or co-chair a committee after graduation. I have revived the CME conference raffle, dormant since the pandemic, to ensure this is funded and to give it a targeted focus. You may have noticed this at the Fall Conference in Spokane.

"These member leaders show what's possible when we step up despite the curveballs we experience, and they serve as an inspiring call to action for all of us. Their efforts have moved WAPA forward..."

This commitment continues as graduates mature as PAs, and we revived our annual awards to recognize and support this commitment. Maria Dalzell, a nephrology PA at Confluence Health in Wenatchee, was selected as WAPA's Rural PA of the Year. She has profoundly impacted Latino health in Central Washington and continues to contribute through our Diversity, Equity, Belonging, and Inclusion (DEBI) committee. I initiated WAPA's Trailblazer Award, recognizing an early career PA who has made strides in PA Leadership. Ted Parker, our inaugural recipient, was nominated by MEDEX's Daytheon Sturges. He has been active in DEBI efforts nationally and has engaged in PAEA to improve PA education nationally. The board recognized Paul Surette, chair of our legislative committee, who testified multiple times before the state legislature to advance our bills; despite a busy clinic schedule and an admirable commitment to his family, he has been recognized as WAPA's Physician Assistant of the Year. Despite many setbacks, these notable PAs have advocated for their profession and their patients and deserve recognition.

These member leaders show what's possible when we step up despite the curveballs we experience, and they serve as an inspiring call to action for all of us. Their efforts have moved WAPA forward, and now it's your turn to engage.

So, how can you make a difference, even with the demands of work, family, and the occasional flat tire?

- Keep your membership active: Ensure your membership is current and encourage your colleagues to join. Use your leftover CME funds, and ask your employer to consider covering membership. When we talk to legislators, the percentage of PAs WAPA represents directly correlates to our credibility and legislative power.
- **Engage online**: A simple but effective way to contribute is by interacting with our social media. Follow us and engage consistently - an extra click or two can make a difference. Every like, share, and comment helps amplify our voice.
- **Join a committee**: If you have more time, join our committees — help us get our message out in the marketing and membership committee, plan our conferences with the CME committee, shape our legislative response in the legislative committee, or ensure WAPA is as inclusive as it can be in our Diversity, Equity, Belonging and Inclusion Committee.
- **Attend our events**: Our CME conferences in the fall and spring are more than educational—they're opportunities to network, recharge, and stand united in our mission. And while there, buy a raffle ticket to help us fund the next generation of student leaders.
- **Share your ideas**: If you have thoughts on how we can improve, email us at wapa@wapa.com. I'd love to connect with you personally to get your input.

An alternative definition of crisis is "a turning point" - where intervention is key and valuable lessons can be learned. The flat tire was fixed after a call to a tow truck company, a visit to the tire shop, and an evening or two to figure it out. The board helped ensure everything I did as president was taken care of and reminded me of the importance of developing good practices and backup plans, being able to depend on others, and that many hands make light work (thank you to the past president, Laurie Witcher, who said this often as she mentored me early on). Most importantly, this crisis was a reminder of the importance of gratitude and that our interdependence makes us all stronger.

Joshua Lumsden
PA-C, MA, MCHS
President, Washington Academy of Physician Assistants

HOT TOPIC: AAPA SALARY REPORT

The American Academy of Physician Associates (AAPA) recently released its latest salary data, providing insights into compensation trends for physician assistants (PAs) across the U.S. This year's data highlights steady salary growth, reflecting both increasing demand for PAs and recognition of their essential role in healthcare. According to the report, the median annual base salary for PAs is now $127,000, up 5.8% from last year.

This data offers valuable benchmarks for PAs evaluating career moves or salary negotiations. As the PA profession grows and adapts to healthcare needs, these trends emphasize the importance of staying informed to advocate for fair compensation and career advancement.

2022 AAPA salary report. AAPA. (2024, July 26th). https://www.aapa.org/research/salary-report/

AAPA LEADERSHIP AND ADVOCACY SUMMIT SUMMARY:SEPTEMBER 10TH-12, 2024

by Bridget Albright and Agnes Lovell

Four WAPA members traveled to Washington, D.C., to take part in the Leadership and Advocacy Summit, including Agnes Lowell, Tonya Ocampo, Maggie Walker, and Bridget Albright. This event combines hands-on practice advocating to senators and congresspeople from Washington State with training in media, communications, legislative advocacy, and organizational management.

During our visit, we met with staff members representing Senator Patty Murray, Senator Maria Cantwell, and Representatives Pramila Jayapal and Adam Smith. Maggie Walker had the opportunity to meet her own representative, Derek Kilmer, in person. Representative Kilmer, who is retiring this year, assured Ms. Walker of his commitment to passing the ACOA bill.

Our primary goal during these meetings was to advocate for support of two key federal legislative measures.

1. **S. 131 /HR 618 the Improving Access to Workers' Compensation for Injured Federal Workers Act**. This legislation would modernize the Federal Employees' Compensation Act (FECA) to cover services provided to injured federal workers by physician associates/physician assistants (PAs) and nurse practitioners (NPs). This bipartisan legislation passed the House in the last Congress with an overwhelming bipartisan majority (325 to 83, RCV 233, 117th Congress), and was unanimously reported out of the Education and the Workforce Committee in June 2024. Action Requested: Cosponsor this bill.

   Background: Currently, US federal and postal workers receive workers' compensation coverage for employment-related injuries and occupational disease(s) through the Federal Employees' Compensation Act (FECA). The FECA statute defines eligible providers to include "surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law." Medical care provided by PAs and NPs is not included in FECA's definition of "medical, surgical, and hospital services and supplies," and as a result, claims signed by PAs and NPs are routinely denied. In one instance, AAPA was informed that federal workers were advised to use hospital emergency rooms for non-emergency care rather than local clinics where PAs were the only healthcare professionals on site, even though emergency care is significantly more expensive than many other options. Outdated restrictions on the ability of PAs and NPs to diagnose and treat injuries and illnesses covered by the Federal Workers' Compensation Program unnecessarily limit patient access to medical care. This legislation does not override or change state scope of practice laws. Click here to visit the link to the summary.

2. **HR 7665/S. 3939, the ACO Assignment Improvement Act.** This legislation would authorize assignment of patients treated exclusively by physician associates/physician assistants (PAs) and nurse practitioners (NPs) to Medicare shared savings accountable care organizations (ACOs). Action Requested: Cosponsor this bill

"This legislation would modernize the Federal Employees' Compensation Act (FECA) to cover services provided to injured federal workers by physician associates/physician assistants (PAs) and nurse practitioners (NPs)."

Background: Under current law, Medicare patients must have at least one primary care visit with a physician during a fixed period to be assigned to an ACO or otherwise self-select to be in an ACO. However, CMS has noted that "the vast majority of beneficiaries are assigned" under the more restrictive claims-based assignment.

Consequently, many individuals who rely on PAs and NPs, particularly those in rural and underserved communities where the PA or NP may be the only care option, are therefore often excluded from accessing the coordinated care provided by ACOs. The ACO Assignment Improvement Act will remove this barrier and allow patients receiving primary care services furnished by PAs and NPs to be more easily enrolled in ACOs. Removing this barrier will also encourage the formation of new ACOs and

increase quality, team-based, patient-centric care for Medicare beneficiaries who wish to participate but currently cannot. These changes will incentivize more efficient patient care and will not increase Medicare spending. This legislation does not override or change state scope of practice laws. Click here to view the link to the summary.

What can you do? Contact your state representatives. We were told email and letters are better than phone calls! Click here to visit the AAPA site that will send emails for you!

Or

These links will help you find your US legislator or senator if you need to know them.
https://www.house.gov/representatives/find-your-representative

https://www.senate.gov/senators/senators-contact.htm

Other Pearls from the Conference

- Access to Diabetic Shoes Action Requested: Cosponsor S. 260 / H.R.704, the Promoting Access to Diabetic Shoes Act in the 118th Congress. This bipartisan legislation would authorize PAs to certify a Medicare patient's need for diabetic shoes.
- Increasing Needed Access To Cardiac and Pulmonary Rehabilitation Action Requested: Cosponsor S. 3481/HR 2583, the Increasing Access to Quality Cardiac Rehabilitation Care Act of 2023. This bipartisan legislation would authorize PAs, NPs, and other qualified providers to order cardiovascular and pulmonary rehabilitation (CR/PR) services.
- Compact legislation: Fourteen states have currently signed on to the compact legislation. The wording will include either physician assistant or physician associate. The next step is to work out the implementation logistics, which could take at least 18 months.

CLINICAL DAY OF AN OCCUPATIONAL MEDICINE PA: FRIDAY, OCTOBER 18TH, 2024

by Jonathan Clemens, PA-C

Twelve years into my PA career, I have all the autonomy I could ever hope for, and yet the work-life balance remains challenging. After treating Labor and Industries patients since 2015, I opened ErgoCare clinic in 2021. Over the past three years, what started as a side gig while I worked other part-time PA jobs has eclipsed everything else. I started ErgoCare because every time I switched practices, I had to go through re-credentialing with L&I, which interrupted patient care for 3 months or so each time. Now, in late 2024, I am booking new patients for two months in the future. I hate to say "no," but more patients keep calling...

9:00AM
It's a half-and-half day, as my Fridays typically are: morning in the clinic and afternoon telemedicine from home. As Terri and I pull up, our first patient is already waiting for his quarterly pain medication visit. His claim is closed, but his pension settlement allows opioid care for life. He doesn't get out much, and visiting with him takes up the whole appointment slot. I can't bill for most of it, but I don't mind. He hates what opioids are doing to his small community and never pushes back against accountability. I can think of a hundred less uplifting ways to start my morning.

9:30AM
A phone call rings to voicemail as we wrap up, and then a text to the clinic pleads, "I have an emergency. Will you please call me ASAP, please?". There are no emergencies in occupational medicine, but there are certainly urgent concerns. In this case, the patient assured me he could do a job beyond his estimated physical capabilities. But I can't just say, "You can do this job"; instead, I document global capacities. I told him this, but now he is worried the increased capacities I agreed to at his request will derail his claim.

10:30AM
My patient with cancer and his entourage gather: a nurse case manager, a Spanish interpreter, and a driver/friend join us. We discuss his upcoming visit to Fred Hutch Cancer Center, where a musculoskeletal oncologist will assist Labor and Industries in distinguishing between cancer treatment and workplace injury care. He is in good spirits because the oncologist had good news for him. He is two years older than my eldest child.

11:10AM
The nurse case manager hangs back to discuss our other shared patient, who finally tried to leave the domestic abuse he has talked about for years. It apparently did not go well, but I won't see him to hear the story in person for another two weeks, assuming his mobility problems don't interfere this time.

11:15AM
I join my patient diagnosed with chronic regional pain syndrome, apologizing profusely for running late. He is normally allotted an hour-long visit every month. Over the years, I have followed him, and the VA and UW have tried to help him with limited results. Within the past year, he has been making gains in function, although regrettably without a reduction in his felt pain. He denies suicidality for the third visit in a row.

12:10PM
Terri and I close the clinic and rush home during lunchtime. The post office box holds political fliers and redundant copies of notices I already received electronically.

"He is in good spirits because the oncologist had good news for him. He is two years older than my eldest child."

14:30PM
Telemedicine visit with a patient from Tri-Cities. He had an MI since our last visit involving the LAD and a diagonal artery; both are now stented. While that's not related to his claim, we discuss how it will impact his life, ranging into topics of depression, pharmacology, and marital intimacy. He is two years older than me.

16:35PM
My last patient doesn't show. Time to relax a bit, then start charting.

GET INVOLVED IN YOUR CONSTITUENT ORGANIZATIONAL INSIGHTS FROM AN ENDOCRINE PA LEADER

by Stephen Willis, PA-C

The American Society of Endocrine Physician Assistants (ASEPA) is a professional medical organization dedicated to endocrine education and the advancement of PAs in endocrinology to provide increased access to quality patient care. The American Academy of Physician Associates (AAPA) recognized ASEPA as a specialty constituent organization in 2000. In 2005, ASEPA gained recognition from the American Association of Clinical Endocrinologists (AACE) as an endocrine-related sister society. With the current and future projected nationwide shortages of board-certified endocrinologists, ASEPA will continue to partner with endocrine-related organizations to help resolve these concerning projections.

ASEPA currently has 158 members and has grown by 10–15% over the last three years. ASEPA is an active constituent organization, and members regularly gather at national and regional meetings to share knowledge and socialize. While socializing is good for the soul, ASEPA is more than a social group. We host a monthly virtual CME program, typically led by an ASEPA member on a specific endocrine health topic. I am always impressed by the depth of knowledge and the pearls I glean from the webinars. We welcome all PAs to join our monthly webinars, as the CME topics align with current medical concerns and therapies. Aside from the webinars, ASEPA has an active Facebook page that members can use to pose clinical questions about specific cases and receive feedback. The Facebook page has also helped members share information about practice agreements for endocrine PAs and hosts job postings. ASEPA supports student engagement and mentoring for PA students and early-career PAs in endocrinology.

In 2021, I was recruited by then ASEPA President CJ Chun to represent ASEPA as the AAPA House of Delegates as "Chief Delegate." I accepted with little knowledge of how the AAPA House of Delegates functions and the exact duties of my role. The first two years were virtual, and I can tell you that I felt lost! I wasn't sure how to contribute, but at my first in-person AAPA House of Delegates in Indianapolis, I sat next to a seasoned delegate from New York who guided and encouraged me to speak up when appropriate to represent my specialty on policy and bylaws being discussed. I found the AAPA HOD to be a well-organized process. I thoroughly enjoy the professional drive of PAs from around the country who are passionate about ensuring our profession has a seat at the table and we are properly represented at the national level as key contributors to US healthcare.

ASEPA has been actively advancing healthcare policy and guidelines, particularly in areas like diabetes technology and gender-fluid and transgender care. Last year, ASEPA submitted a policy asking AAPA to support the use of diabetes technology per Centers for Medicare & Medicaid Services (CMS) and American Diabetes Association guidelines. This policy was accepted. ASPEA members are highly involved in providing gender-fluid and transgender care. Over the last few years, we have been involved in word-smithing policy and guidelines on this type of care delivery.

I wish I had been involved in AAPA HOD earlier in my career. The process of having a seat at the table guiding the profession of physician associates is an honor, and I would encourage all of you to consider this at some time in your career.

STUDENT PERSPECTIVE: DOES IT FEEL REAL YET?

By Terah Lara, PA-S

"Did you see the sunrise? It's beautiful!" Says the president of my cohort to the few of us who are in class as she pulls her phone out to take a picture.

I glance to my left to see the enormous eastern-facing windows that span the entirety of that side of our classroom from floor to ceiling. I have gotten used to seeing the sunrise from those windows, painting a beautiful scene for us lucky MEDEX students who were selected in the fall of 2023 and anticipating graduation in 2026. The windows overlook the University of Washington Tacoma campus. Our beautiful classroom is located in the Walsh Gardner building. It was built in 1911 with old-world brick and overlooks Union Station, another large, charming building with unique architecture, topped with a copper dome. To my right, three heavy wood doors lead to three small rooms, each with an exam table, a rolling stool, a metal sink, and a small desk. It resembles a very small medical exam room, although, on one wall, there is a one-way window so our proctors can grade our assessments. But for now, the professors are in the rooms with us, sitting at the tiny desk with their grading rubric and a pen - hurriedly putting little check marks in the boxes when we've asked the patient actor the right question.

When I walk on campus, I feel like I'm channeling Rory Gilmore attending Yale. I imagine our campus has that same old charm - minus the huge part. Our campus is small and is plopped in downtown Tacoma, Washington. One side faces Puget Sound, while the other side contains steep concrete hills lined with busy streets and an occasional ambulance whirling by, headed to St. Joe's Hospital. The smell of coffee mixes with the smell of rain, and the college students unanimously wear beanies, REI sweaters, and short rubber boots, which fit the Pacific Northwest theme.

I have situated myself between Geriatrics, Pediatrics, Physical Therapy and Radiology. In front of me, Paramedic has a picture of his fiancée taped to the podium in front of him. At approximately 9:03 a.m., the lights are dimmed, and the rolling shade system that displays our third-floor view of Tacoma closes in order for us to start another PowerPoint lecture. Today's lectures include the gastrointestinal examination, cardiac rhythms, and, if we're lucky, we'll hear again the importance of RAAS. Adult Medicine is also bound to raise their hand, and our teacher will undoubtedly say, "What! What's your question?!" Unapologetically joke-yelling at the student who has gotten to know this as our professor's way of saying he likes us. I think.

I think we're all trauma bonding now. During the first week of this quarter, Paramedic brought us a Costco run of food, and now she brings us cookies every week. They were little circles of heaven after our cardiopulmonary pathophysiology exam this week. In case anyone wants to know, it was the worst. It was decided by one student that if anyone did well we should "push them off a cliff so they don't mess up the curve for the rest of us." That's love. Our day-to-day, from person to person, I imagine, is pretty similar. We get to class shortly after sunrise; we pull out our iPads and laptops, take notes, pray that the information sticks in our brains, race home to study more, and cram for the next exam until it's dark. This week we had three exams. Most of us admit we don't have time to look at next week's schedule. We're too busy trying to make it through this week. Like all of the PAs who have come before us, we're making sacrifices to be here. Paramedic lives in a travel trailer away from her wife, who lives in Portland. Army Medic spends the week in the area without his family and travels home on the weekends.

Gastrointestinal's fiancee lives in Florida. Firefighter Paramedic and his wife quit their jobs and moved their entire lives across the country from Atlanta with their infant. Some of us do hear of occasional soirees of fun - after yesterday's exam, a few even went to a comedy show! In the beginning, the imposter syndrome was palpable for everyone - we were worried we were all one failed test away from getting kicked out of the program. But with the encouragement of the cohort, we constantly remind each other, "You were meant to be here."

To my dear cohort, you are amazing! "Nobody gets left behind."

To Respiratory, Dermatology, Military Medic, Radiology, Geriatrics, Gastrointestinal, Emergency, Adult Medicine, Geriatrics, Military Medic, Dermatology, Military Medic, Emergency, Emergency, Phlebotomy, Oncology, Pediatrics, Phlebotomy, Firefighter Paramedic, Emergency, Dermatology, Urgent Care, Orthopedics, Military Medic, Military Medic, Family Medicine, Urgent Care, and Urgent Care.

Love, Midwife

Terah Lara is a PA-S1 student in the MEDEX program at the University of Washington Tacoma. She has been a midwife for 12 years and was a medical assistant for 10 years prior to that, working in obstetrics and podiatry. She has degrees in midwifery, Latin American studies and a minor in psychology. She raises five children with her husband in Enumclaw, Washington.

MASTERING EMOTIONAL INTELLIGENCE

By Bridgett Albright and Agnes Lovell

Below is an interview with Amy Mohelnitzky, PA-C, and Nina Willow, MD, co-creators of a workshop sponsored by the Washington State Medical Association (WSMA) on mastering emotional intelligence. This workshop, part of the Transcending Clinical Excellence series, will take place over eight sessions from January 31, 2025, to March 28, 2025, with a virtual format and an onsite option for the final session. Dr. Nina Willow, a family physician, coaches healthcare professionals at all levels on enhancing patient satisfaction, clinical efficiency, and provider well-being. PA-C Amy Mohelnitzky leads the Clinician-Patient Communication Program at Kaiser Permanente Washington. Both Dr. Willow and PA Mohelnitzky have worked extensively with the Washington Permanente Medical Group (WPMG) to promote provider wellness.

The WSMA invited Dr. Willow to join their Wellness Work Group. When a grant became available, she was asked to develop a curriculum focusing on Emotional Quotient (EQ) and Emotional Intelligence (EI). Dr. Willow reached out to PA Mohelnitzky, her colleague from previous courses and EI work at WPMG, to collaborate. PA Mohelnitzky saw this as an ideal opportunity to create a program that incorporated the perspectives of both physician and PA leaders, allowing them to represent the full spectrum of healthcare providers.

This course dives deep into topics like family of origin and its effects on current communication styles. The facilitators are dedicated to creating safe spaces where participants can explore emotional intelligence, communication, and authenticity—even for those who may be skeptical about these topics. For them, accessibility means making the conversation meaningful for anyone, including those who might not think they need or want this information.

I asked, “How do you share this with people who think they already know everything about emotional intelligence?” PA Mohelnitzky points out that about 90% of people believe they know all they need to about EI. She suggests that humor can help. “Can we laugh at ourselves as we realize where we excel and where we may fall short?” Part of the learning process involves sharing their own experiences, like “putting their foot in their mouth” or having humbling moments when things didn’t go as planned.

PA Mohelnitzky emphasizes that people don’t have to discuss their emotions if they’re uncomfortable doing so; she admits it isn’t always easy for her. However, she highlights the importance of identifying emotions—understanding why they might hold someone back or how they can help people move forward. Participants can also contribute by helping others identify their emotions.

The workshop will encourage participants to keep workbooks for reflection and writing. They’ll be asked to seek feedback on their progress and to record their feelings. Both facilitators believe that people often avoid discussing emotions because they may not fully understand them. Dr. Willow discovered during the course development that we are “co-regulating each other all the time, whether we’re conscious of it or not.” Recognizing your emotions helps you use them effectively in interactions with patients and colleagues, allowing emotions to inform interactions rather than control them. Although designed for medical providers, the lessons in this course can extend to relationships with partners, family, children, and friends. In an age where electronic communication is widespread, we gain certain efficiencies but may also experience shifts in how we connect and communicate.

Dr. Willow views developing emotional intelligence as a key factor in creating a culture of deep respect among clinicians and, ideally, among leaders as well. She envisions a future where people act with respect and kindness and feel they are treated similarly, regardless of agreement. A key concept in this course is balancing internal and external emotional intelligence. “Are we aware of ourselves but not of others?” PA Mohelnitzky offers an example: if you’re on the street talking on your cell phone, you may have strong internal EI but lack external EI. “Are you blocking the sidewalk or disrupting others with a conversation they’d rather not hear?” “You can’t get ahead if you don’t know your impact on others,” she says.

“This course dives deep into topics like family of origin and its effects on current communication styles. The facilitators are dedicated to creating safe spaces where participants can explore emotional intelligence, communication, and authenticity…”

Dr. Willow explained that as clinicians, we’re often “diagnosers,” which can cause us to overlook other important information in the room. She finds that tuning into emotional cues doesn’t drain a provider’s energy; rather, it can enhance diagnostic skills and create a more fulfilling experience for both the provider and the patient. EI improves communication and can increase efficiency.

When I asked them both, “What concrete skill could we learn from this workshop?” they responded that their goal is to help people find more joy in their work, to help them feel that their job “sucks a little less.” “You will learn to connect with your patients in a way that will bring you joy and increase your efficiency.”

Their goal is that your interactions with your patients will not deplete you but rather rejuvenate you through deep connection. Connecting with patients can take 30 seconds or 3 minutes through respect and listening to what is bringing them in. Both say, “You need to slow down to speed up!” By listening to the patient, you can learn the “right problem” that needs solving in your interaction with them during that visit.

This workshop is designed to develop leadership skills, empower clinicians, and promote an equitable work environment. It aims to reduce silos based on licensure and foster a shared vision of providing patient care through mutual support. Whether you are eager to deepen your emotional intelligence or just open to new insights, this course can be highly personalized and may resonate more than you expect—potentially enhancing your experiences with patients and colleagues.

Transcending Clinical Excellence: Mastering Emotional Intelligence (wsma.org)
January 31st – March 28th, 2025

Questions?
Contact WSMA at 206.441.9762 or wsma@wsma.org

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Contact wapa@wapa.com

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