

Transcript - Meet Joe + Discuss the JAAPA article on Esophageal Cancers

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Today we'll be speaking with our newest podcast, team member Joe Harris. We'll learn about him and his career. We'll review an article from Japan's April edition, esophageal cancer treatment advances, and need for screening authored by PA Daniel Eichner. Joe, welcome to the podcast.

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Go ahead and introduce yourself.

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And tell us a little about.

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All right. Thank you guys. I'm so excited to be part of the team. So a little bit about me. I graduated from AT still university in Mesa, AZ, have been practicing as a PA since since 2004. Since then I worked mainly in primary care, urgent care, but the majority of the the last 15 years has actually been.

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Event in the emergency in emergency medicine, I currently am also an assistant clinical professor with the Department of Physician Assistant Studies at Northern Arizona University in Phoenix, AZ. That's my current full-time role and I work as a clinical coordinator.

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There I still do work some part time in the emergency department, but mostly in a telemedicine role. I also currently Co chair our department well-being committee, which

focuses on the overall well-being of students in the PA program. I serve on multiple other PA department committees, including like our community outreach, admissions and curriculum.

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Committees. I'm also involved with our like state association Asapa and I'm a member of the CMA and Jedi committees. I'm also an alternate for the House of Delegates there.

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You know, we have to know, what's the Jedi committee?

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That's our like our DEI. So so that's that diversity equity inclusion for ASAP. So it's basically where all the other committees whenever they have some kind of question regarding diversity, equity inclusion, they come to us to make sure that they've kind of covered all their bases.

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It's good to know. So no Star Wars connection, but equally important.

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No Star Wars, no Star Wars.

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Well, you're certainly very busy. We're glad that you've joined us here on the podcast. Tell us a little bit more about your interest in what?

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You would like to bring to our listeners.

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So basically I I work with Rick Dean at Nahu. He's the founding director of the Naupa program. He's also the editor in Chief of Joppa. He approached me a few months ago with the opportunity and at.

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First I was wondering where I.

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Where I could fit in the time.

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But then I thought about it more and I realized what an amazing experience this would be to meet so many professionals in our community and be able to be a part of the conversation. As for content, I think my interests have changed as I've matured in my career and I've got no doubt that I'll continue to grow and learn more about my own interest. Currently with my academic position.

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We have an interest in the student well-being. That's the well-being committee that I'm on and obviously equity and education too. I think that given that I'm a clinical coordinator role, I'm a little sensitive to the lack of clinical preceptors that are out there and at a time when there's such a great need for more healthcare.

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And you know, honestly, I know that you guys are very busy with your own careers. I've seen that over the last couple of months being with you guys. What do you feel are some of your special interests that you have and would like to bring to the podcast, Kim?

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Joe, that's such a good question. I love how you said how you've grown in your interest of changing your careers. I feel like the same is true for me.

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I've moved from being purely clinical to having a part clinical position in the hospital leadership position within my organization and what I enjoy most about the podcast is getting to talk to the researchers and looked into our workforce, especially for workforce grows and so that we can understand some of the challenges that we face and how to overcome them like what you mentioned.

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With the lack of free sectors, we have a couple of wonderful conversations about postgraduate clinical training, peer review, all sorts of things that I think PA's need to be.

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Prepared for and preparing for as a profession develops, and then we all develop individually, Martine.

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Will pass it.

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To you, I gotta follow Kims line on this and to tell the truth, I like educating, not necessarily the medicine part like the education we get about medicine, EPA.

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So I think they do a great job at that. But I think what what is lacking in the peer profession is to know everything, all the all the space where PC's can work in the leadership. So I want to learn through other PA's with their work, their research, their publications, all the other areas where.

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Kids can work in leadership opportunities. There are a lot of things that we can do, but we don't know or we don't have enough PH's doing it.

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So every time I find something unusual appear in an unusual position, I like to highlight it because we need more PA's in the leadership space, even in government, in every area. Because when I was getting.

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Into PA school.

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I didn't know anything about the profession. I learned the few months before I applied.

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And until I graduated, when I first started working like you drove, I was really clinical specifically for many years and.

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Like starting getting interested in ordinaries. I'm like, well, I can do more than this. We can create, we can be leadership position. So I started looking more into that. So that's what I want to bring to the podcast. Really shining a light on all the other areas of practice other than clinical that PAS can really thrive. And that's what I want to do.

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I think that's so important. You know, I've no.

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Just that with my job change over the last couple of years changing into academia, which you know, seems like for a lot of people, you would think, well, you're still a PA and you're just in PA education, you know that should be an easy transition that's completely different and it's made me realize all the other avenues that are out there for PA's.

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Well, the leadership opportunities, not only within education but within, within all of our professional organizations that are out there, our institutions there, there's so much available to us as PA.

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I am one of those people that you know, I I went to work, I went to, you know, I did my job. I worked my shift and I went home for years, not realizing how important it was for my own profession to be a part of the conversation. And fortunately, I've, I've had this job change to be able to, to become more of that.

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Conversation and I and I I appreciate that so much.

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I totally understand. I stopped working shift. I stopped doing the shift work and worked more steady hours. That's when I started. I have more time not to get involved in committees and.

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Boards and all, and I'm I've been doing a lot of things and so I totally understand that. And I I felt I had to be part of the conversation. So that's why I'm like, I need to agree with Florida. So I I do a lot more. But then when you were working, you know 712 hour shifts and weeks at a time was hard but totally understand. So now unless something fun.

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You would love to learn something fun, Joe, that you didn't to work with you every day, not including your phone, hand status, scope, your white code, anything else that's that's fun. That we would not expect you to.

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Bring to work well.

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So currently I I actually bring this wonderful risk Flint to work. I know that people can't see it listening, but I've got a a wrist plant on so I sell snowboarding a couple of months ago I got a skateboard fracture. Luckily I I think it's in a good spot. It it won't cause me any issues. I've got a follow up.

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Coming up and.

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So hopefully I I will be cleared of that and won't have to do anything else for it. So I guess my fun thing is actually maybe snowboarding. I don't get to do it often and I'm obviously not.

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That it. But I do enjoy it and I'm just actually just trying to keep up with my 10 year old daughter who loves skiing. So. So that's been kind of my fun thing, trying to keep up with her. Definitely. So Kim at least once in our lives, we're asked why medicine. What is your why and why did you choose to become a PA?

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Yeah, this is such a good question.

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My why is, you know, deep down I I value caring for my family and my community. So naturally being a PA extends to all of that. But I think the longer story my mom is a nurse and you know she is my my motivation and my inspiration. She needs start thinking about healthcare and then I was very fortunate to shadow.

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A fantastic PA who did ortho hand surgery and she completely changed my life. I thought, man, I'm gonna be just like you when I grow up. So that's the.

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Hi I'm so lucky to have had that opportunity to shadow and I think this is a nice plug for everybody listening that either if you're in school, when you're done to definitely keep that door open for anyone who's thinking about becoming a PA and you're currently a PA to, you know, reach out to those perspective PA students, you could definitely change your life in amazing way.

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14 same question.

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Well, my story is a little bit different. As you guys know, I graduated, I went to medical school in my native country. So since I was a kid, I always wanted to be a pediatrician. Actually, I always said I loved kids and even in medical school, I did a whole year of internship in Belgium and Pediatrics. So I've always been dedicated to medicine.

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My father is a physician in public health. My I have an uncle was an apology.

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Just my cousin became also a physician, so I've been really surrounded by physicians and I saw my my godfather was a physician, but I've always wanted medicine. So when I moved here, that's all I need to do. And I learned about the PR profession and it was it fit perfectly without what I wanted to do. And I figured out, oh, I could do any specialty. I still could do Pediatrics.

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And started out like that, actually until I switched. But it's been all my life. I've always like, since I was a kid, I don't think I've ever wanted to.

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Do anything else?

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Show it's your turn. Same question why did you choose to become AT?

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So I grew up in Mississippi, lived in a very small rural town. I was also pretty sickly child with a lot of like respiratory issues, allergies. So I was actually pretty familiar with the local clinic, my local provider there. The town physician was a friend of the family, and I could see.

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How the community respected him and looked for like looked to him for all sorts of advice.

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Not only in medicine, but just kind of just community type questions as well. He in turn also cared so much for the community, but then Fast forward several years in Mississippi, PA's weren't licensed actually, until I think about 2000, and I believe it was actually the last state to license PA's in the US when that happened.

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No.

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I was working as an ER tech and one of those, one of the nurses told me that he was leaving his job to be a PA and it turned out that he'd actually been previously licensed as a PA in another state.

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But then due to some like family issues, he had to end up moving back to Mississippi where he couldn't practice as a PA and he had previously been an RN, so he just was starting. He was working under his RN license at that point, so thanks to him, you know, it seemed like, you know, basically just fate. Everything kind of worked out and it was kind of a.

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The crossroads in my own life where I was trying to decide my directs.

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Then I did my research about like what is this PA thing? And it just clicked for me and I just.

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Knew that this.

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Was the the right path for me at the right time?

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Wow, that's an amazing story. Thank you for sharing. I know you also mentioned that you're working on your doctorate. How has it been, and how do you fit that in with everything else you're doing all of your other activity?

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Yeah, so, so, uh, NAU, where I work, they started a doctor of medical science program last year and given my faculty position, I kind of felt like I should probably further my education, especially given that it focuses on equity and healthcare and the role of PA's and healthcare delivery operations leadership.

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It's been so challenging, but it's so worth it. I spent a lot of time reading in the evenings and weekends and working on papers discussion posts, but honestly, it's just there's been so much that I've learned. You know, I fortunately have a very supportive, significant other that's afforded me the time to complete the program, which has been super helpful.

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I feel like even though I've worked in the medical field like I've been in the medical field for probably like 30 years.

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There's been so much about healthcare and the healthcare system that I still feel that I don't know, it's really been eye opening for me. And I think that it's helped me to foster like this focus on creating more equity and healthcare for the population. It's been challenging, but I can see that it's going to be so worth it in the long run for me to have that greater amount of information.

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So I know you guys are busy too.

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I like to know what sorts of committees involvement with like. Like maybe your employee or local state national committees. I know I see you guys all over the place. So tell me a little bit about what you guys are involved with. Martine, you want to start?

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Sure. Yes. So many things. And it's only in the past year or so I am involved. So I represent it. I'm not even APA committee per say I represent AP in a national committee which I cannot disclose now until the work is done. So more to come in this in the future. I'm not allowed to say on.

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In that committee.

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I am on on the board of PA's for Women Empowerment. I am there if you want their public relations director. I'm also on the board of PA in obesity medicine. I am one of the directors.

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At large, we were.

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The NS we we inaugurated that board for piece of obesity medicine and we became the.

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PO and AP with a PA, which is wonderful.

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Also, so we became a caucus and I'm sorry with the APA.

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I am one of the delegates for Florida with HD, so I will be at APA representing Florida in HD participated. Ohh. I'm also in in the DRI committee of Obesity Medicine Association. There's that I think. I don't know if I have covered everything.

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Think about all the media.

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That's a lot.

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OK. Yes.

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Yes, I am. Yeah. So, yeah, I'm part of the DRI committee there. And actually I am go up right after API. They invited me to to be on another round table regarding OCD medicine, the cardiovascular space with ACC as well. But that's just, yeah. So yeah, that's that. That's some of the things that I've been involved with.

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So it takes all my time every month. I have at least 2-3 meetings every week at the meeting. Hopefully Martin's pretty impressive.

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You know, Marty and I have something in common and that we both have volunteered for the NC, PA and contributing some other CQ exams. So I think what it's fun is we, you know, podcasting is usually all virtual. We met each other.

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In person too. Just fun.

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I know like finally I get to meet my teeth. Pure coincidence. We didn't even know until she saw me traveling to into CPA. She's like, I'm like. Yes, she just stole my name on the list. We didn't even know that.

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Ohh.

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Ohh yeah, it was such a coincidence and we met each person that year that.

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Was so fun.

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Yeah, I do love it because once you start doing things, you start to see the same people. There must be something about our personalities type that. Just keep saying yes to things part because it's fun and enjoyable. Yeah. So I do. I've got some stuff with our state organization and also our physician state organization, our PA and our physician organization work pretty closely.

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He.

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There I think a lot of my time is spent.

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To my employer.

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And I think one opportunity or one committee, I'd like to highlight is our shared governance committee. So I have to admit it's it's, yeah, I had no idea what shared governance was because it really comes out of the nursing world. But it's just amazing concept where you know, you empower your frontline.

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Providers to be able to contribute to be the change that they want to be within the organization.

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So I think that's really what started me out on my pathway to becoming the leader in my organization was participating in this shared Governance Council.

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Committee at AP.

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So both MP's and PA's working together. You've done some really fun things like celebrating a week and we're working this.

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When we get to this hospital week, and so we're we're coordinated with our local nurse practitioner and PA programs to do a little celebration event for all of our preceptors and to build has been a lot of fun to work with the NPA's at the hospital and in the schools and the Academy.

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Missions and the administrator. It's a lot.

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Of fun. That's so interesting. I love that the sheer governance aspect, I mean, that's that's a lot. That is one that I haven't really explored a lot of so that that's good to know. So I feel like we could sit here all day and chat. But I did want to. I didn't want to take a lot of time and let's let's talk about one of the articles.

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In jappa this month was the article on the esophageal cancer by PA Eisner that you mentioned earlier. The article points out the importance of knowing risk factors and symptoms of esophageal cancer as this type of cancer is becoming more prevalent in the US.

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Yes, Joe, thank you for bringing up this important article. The article further gives an excellent review of two main types of esophageal cancers, squamous cell carcinoma and adenocarcinoma, which, according to the article, account for 95% of all cases of esophageal cancer 90%.

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Being related to squamous cell carcinoma, the author does an excellent job of reviewing epidemiology, Physiology, and risk factors of esophageal cancer.

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Yes, they discussed specifically that men over the age of 50 are three or four times more likely to develop esophageal cancer.

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And in the US, White Native American and blacks are at higher risk.

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White patients being more likely to develop adenocarcinoma and black patients being more likely to develop seeing cell carcinoma. The concern about is that esophageal cancer only accounts for 1% of all cancer in the United States.

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So overall awareness and understanding of screening is lack.

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Yeah. So I found it interesting that almost 80% of cases occur in the lower socioeconomic areas which they they discuss are ranked based on what they call the the HDI or Human Development Index, which is a score based on life expectancy, education and gross national income. They specifically note that esophageal adenocarcinoma is more predominant.

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In Western countries with a with a high HDI score.

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Yes, and the most important risk factors mentioned were separated based on adenocarcinoma versus those risk factors for spin cell carcinoma.

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The author advises that the most important risk factors for SCC, which is China cell cell carcinoma or tobacco smoking and alcohol use and for adenocarcinoma risk factors. They are obesity, Barrick esophagus and Gerd. All right, So what do they do for a patient with?

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These risk factors.

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So typically these patients will present with a complaint of dysphasia, although they may have some weight loss, night sweats, painful swallowing, chest pain or heartburn.

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They possibly even hemoptysis some persistent cough or hoarseness.

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One of the initial evaluations that was recommended is a bedside swallow evaluation where the patient sips on water and they are monitored for any issues. I did attach a link to the video from Stanford Medicine showing a process of a bedside swallow evaluation for those listeners that want.

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We see that.

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The screening test has 95% sensitivity for DYSPHASIA. Additionally, they they discussed lab testing, but ultimately this patient will need an upper endoscopy since this is considered the gold standard for screening during the endoscopy. Biopsies can be taken to further assess for esophageal cancers.

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Yes. And the article further discusses more non invasive imaging such as CT PET scan and MRI. All those CTS most commonly used to evaluate these patients. The author gives a concise review of current treatment options including the use of precision medicine or precision oncology to individualized.

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Stating that this is now considered the standard of care for the treatment of many types of cancers.

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I also read the recommendations of palliative measures, which I feel is important to note, especially given that the author mentions that at the time of diagnosis, patients usually have a poor prognosis and a low five year survival rate. So ultimately, early diagnosis and screening for esophageal cancer in these patients with risk factors heart symptoms.

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Is very important for me. Outcomes. Joe. Thank you for bringing this article to our discussion this week.

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And thank you.

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To PA, Daniel Eisner for such an important article.

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Joe, welcome to the team.

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Yes. Thank you, Joe and welcome.

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Thank you for allowing me to be a part of this team and I'm really looking forward to our future conversations here.

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Talk to you soon.