

Rocky Mountain Health Enquirer

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RMSSAMT

Rocky Mountain State Society of American Medical
Technologists

Email: Info@rmssamt.org

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Don't forget:

- AMT Annual Meeting—July 19-23, 2021 in Norfolk, Virginia
- You can network with other members in AMT's online communities
- CE's are available in the AMT Learning Center



AMT
American Medical Technologists
Certifying Excellence in Allied Health

Western District Councillor Information Update

It is hard to believe I have been your Western District Councilor for six years! The time has just flown by. I am sure you have heard the results of the election by now but if not, here are the results.

Elected to the board are:

- Cherry-Ann Da Costa Carter, MT – re-elected to her second term
- Ken Hawker, MT – re-elected to his third term
- Deb Westervelt, RMA – re-elected to her third term
- Jill Carlson, RMA – elected to her first term

Your new Officers and Board of Directors are as follows:

- President – Jeannie Hobson, RMA
- Vice President – Ken Hawker, MT
- Secretary – Marty Hinkel, MT
- Treasurer – Deborah Westervelt, RMA
- Immediate Past President – vacant

Board of Directors:

- Christopher Seay, MT
- Cherry-Ann Da Costa-Carter, MT
- Kathy Sutton, MT
- Harry Narine, MT
- Fran Oran, RMA
- Jill Carlson, RMA
- Jackie Harris - Public Member
- Executive Councillor – Kaye Tschop, MT
- Judiciary Councillor – Kim Cheuvront, MT
- Legal Counsel – Michael McCarty
- Non-voting Observer – Amanda Rich, MT
- Non-voting Observer - Rebeca Teves, RMA



1. AMT's 82nd Educational Program and National Meeting in Albuquerque, New Mexico at the Hyatt Regency Albuquerque 330 Tijeras NW Albuquerque, New Mexico 87102 July 13-16, 2020 **was cancelled** due to the Coronavirus Covid-19 pandemic.
2. AMT's 83rd Educational Program and National Meeting will be held Monday July 19-23, 2021 in Norfolk, Virginia at the Norfolk Waterside Marriott 235 E. Main Street, Norfolk, Virginia 2351. More information will be provided as it becomes available.
3. After much discussion, the board made the following decisions and guidelines to assist state societies with their scientific, business and board meetings, audit, proposed budget, and elections for those states that are in an election year.

The health and welfare of our members are paramount.

Due to the Covid-19 pandemic and many states in various phases of reopening, and have strict guidelines as to meeting size, social distancing, mask wearing etc., The board made the following decisions:

- a. Fall scientific meetings are not mandatory. If a state society wishes to hold their scientific meeting and can be safely planned following state and local laws put in place with the Covid-19 meeting, please proceed. Most states are currently in a restriction as to the group size allowed.
- b. State societies shall hold their fall 2020 board of director meeting electronically.
- c. Audit has been deferred until the spring 2021 board of directors meeting with no penalty.
- d. Proposed budgets can be presented at the spring 2021 board of directors meeting with no penalty.
- e. State societies that are to elect new officers and board of directors have been given a one-time approval to postpone their election until the next business meeting in 2021.
- f. Publications due November 15th are not mandatory. If a state would like to submit their publication, you may certainly do so. Publications will not be scored. Please submit to PEMC Chair Sanda Jones first. Again, a fall publication ***is not*** required, and there will be no penalty or loss of rebate monies.
- g. National committee members will remain the same for 2021 except for the Nominating Committee. Many committees did not meet in 2020 as the national meeting was cancelled due to the Coronavirus Covid-19 pandemic. Committee members did not get a chance to serve in 2020 through no fault of their own and the board made the decision to keep the same membership for 2021 and allowing members to serve. Members will not be able to switch committees in 2021. The next available time members can choose their national committee they wish to serve on will in Norfolk at the Western District meeting when I send around the volunteer sheets for committee sign-up for 2022 national committees.

Western District Councillor Information Update cont.

- h. There will be no Honor Roll certificates in 2020.
- i. There will be no National Awards given in 2020.
- j. There will be no Publication Awards given in 2020.
- k. Outstanding Student and Outstanding Writing Awards **will** be given.

Basically 2020 has been so severely impacted by this Covid-19 virus, we have not been able to meet face-to-face for anything. Please keep one thing in the forefront of your mind when making decisions about your fall meeting, **the health and welfare of our members are paramount. Please do not put anyone in danger!** You will have to have masks, hand sanitizer, perhaps gloves and keep a 6-foot minimum social distancing in each room you plan to hold a meeting in. Also think about food and beverage requirements in these Covid-19 times.

- 4. State Societies can now request AMT setup a link to pay state meeting registration online. Send registration information including cutoff date to AMT at least 45 days in advance of your meeting. You will receive a spreadsheet with a registration list. Name tags can be printed from this excel spreadsheet.
- 5. **Annual Renewal Fees Increased**
AMT increased its annual renewal fees. **The new fees went into effect March 1, 2020.** RMA, RPT, RDA, CMLA, CMAS and COLT certifications will increase from \$50 to \$60. MT, MLT and MDT annual renewal fees will increase from \$90 to \$95. AMT's last renewal fee increase was in 2009.
- 6. State society Officers and Board of Directors must have internet access. No exceptions!
- 7. State societies must prepare and present a proposed budget. This must follow AMT's fiscal year which is October 1 thru September 30. A Proposed Budget Form is being created for all states to use. It will be available later this year. State society proposed budgets will be sent to the District Councillor for review,
- 8. Please make sure you are using the most current version of any form by always going to the AMT website and downloading. If you submit your information on an old form, you will be asked to resubmit your information on the current form.
- 9. Western District Councillor will meet with state society Officer and Board of Director's at their meeting in the fall 2020.
- 10. Contact AMT - If you have any questions about your application, renewal, certification, CCP points, etc., please contact AMT at 847-823-5169 between 8 a.m. and 4 p.m. Central Time. You can also reach AMT by email at mail@americanmedtech.org or send a fax to 847-823-0458. They are happy to help you with any issues you may have!

Scam Alert!!! **Scam Alert!!!** Everyone please be cautious!! There are all kinds of people preying on unsuspecting people. If you receive an email from anyone on your state society board wanting you to purchase gift cards, do not purchase. **Call the sender and ask if they sent this email.** Click on the sender's name and look at the email address. You will see it does not match the email they always use. **IT IS A SCAM!!** Do not reply to the sender, just delete. If you have any question stemming from the request, call the person and verify with them.

Thank you for your time and the opportunity to share with you, your Board of Directors and your state members, the most current AMT information. It is a pleasure to serve as your Western District Councillor. If you have any question, please do not hesitate to contact me.

AMT is the choice for allied health professional certification.

Respectfully submitted.

Sheryl Rounsivill RMA(AMT)RPT(AMT)CMAS(AMT)AHI(AMT) CPT-1 (CA)
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President's Message

Greetings to all! I hope this message finds you and your family healthy.

It is hard to believe that we are almost at the end of 2020. It has certainly been an interesting year for all of us in our personal lives, work lives and even within our professional organizations. We have had to learn to adapt and grow personally and professional so that we could continue with our lives. Even though it is great that we can have meetings and work right from the comfort of our own homes I am looking forward to the time that we can all meet again in person.

The AMT National Board of Directors decided early on after the initial COVID-19 pandemic started that the state societies will not be required to hold the usual business meetings or have newsletters. The decision was also made that all officers would remain the same unless there was a need for a change. In the Rocky Mountain State Society, we did have a couple of resignation that lead to vacant seats on the executive board. With the help and direction of the whole BOD I appointed Laurenz Gallegos, RMA as Vice President and Mark Gardner, RMA as Secretary. I am thankful for their work and dedication to the society.

As for those of you on state or national committees, those committees will also be unchanged this year. If you have an interest on serving on a state or national committee, please do not hesitate to contact me and I will make sure your information is submitted.

Speaking of committees, I would like to thank Celeste Grande, MT for serving on the Audit and Budget Committee at the national level. This position is appointed to two different members each year and can be quite intense. I have seen the work the committee did,

and they did a great job and were very thorough.

We have a save the date for July 19-23, 2021 for the AMT National Conference in Norfolk, VA with a leadership forum scheduled for July 24, 2021. Currently the national BOD is moving forward with an in-person meeting. Obviously, this will be adjusted if needed as we are also exploring virtual options in the even that we are unable to meet in person. Watch your email for links to the meeting coming soon.

The RMSSAMT BOD will start planning the spring 2021 state society meeting with the hopes that we will meet in April 2021. We will certainly keep you posted as we work through the planning process. I know I speak for all of us when I say that we really miss everyone and were bummed that not only did we have to cancel our Western District meeting in April and the conference in July bit also our own state meeting that was to take place in November. Some of us really like the in-person interaction with each other. Fingers crosses for next year!

Please do not hessite to contact us at info@rmssamt.org with any questions, comments or suggestions.

Stay well,
Jill Carlson, RMA(AMT)
RMSSAMT President

Hello! I hope you are all doing and staying well during these crazy times! I just wanted to write a few sentences to introduce myself as the new editor for the Rocky Mountain Health Enquirer! Please email me any articles or pictures that you may have! I look forward to seeing you all soon!

Best Wishes,

Karrie Stanfill, RMA

RMSSAMT Newsletter Editor

Board of Directors & Committee Chairs

President:

Jill Carlson

Vice President:

Laurenz Gallegos

Secretary:

Mark Gardner

Treasurer:

Mindy Brown

Editor/BOD:

Karrie Stanfill

BOD:

Laura Benedetto

BOD:

Lucy Leyva

Legislative Chair/Government Affairs:

Colleen Hutchins

MARW Coordinator:

Colleen Schwanz

MLPW Coordinator:

vacant

Student Activities Chair:

Barbara Lafferty



The Process of Mohs Surgery

By: Tasha Hopkins RMA; Pueblo Community College

As children we do not think about the harm sun exposure can do to our skin, but, as we get age, sun damage accumulates within skin cells, creating DNA mutations that can ultimately result in skin cancer. Sun exposed areas like the scalp, shoulders, arms, cheeks, ears, and nose are more likely to be affected than covered areas and are therefore at higher risk. In individuals with a family history of skin cancer or multiple blistering sunburns, seeing a dermatologist on a regular basis is a proven way to detect skin cancer early and obtain timely treatment. Once a skin lesion suspicious for skin cancer is identified it is biopsied and sent for histologic confirmation. Afterward, the patient is often referred for treatment with Mohs surgery.

Types of Skin Cancer

There exists a wide variety of skin cancers, but in the United States, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are the most common forms where Mohs surgery is utilized. The clinical and histologic behavior of BCC tends toward more local spread with rare metastasizes to other organ systems. Conversely, SCC has less local expansion, but has a 4% chance of distant metastasis, which can be deadly. Other less common tumors treated with Mohs surgery include sebaceous carcinoma, lentigo maligna, extramammary pagets disease and atypical fibroxanthoma. All the above tumors are contiguous, meaning they do not break off into small pieces or "skip around", which make them amendable to treatment with Mohs surgery. For tumors that are characterized by skip lesions Mohs surgery is a less suitable treatment modality.

Mohs: Beginning to the End

Mohs surgery begins with identification of the lesion, patient consent, verification of medications, allergies and obtaining pertinent past medical history. The treatment area is then marked and anesthetized with lidocaine with epinephrine 50 ml, bicarbonate 0.5 ml, and clindamycin 0.1 ml. The area is meticulously removed with specific beveled angles to facilitate with pathologic processing. The specimen is inked using blue, red, green, and yellow inks all corresponding to different quadrants on the specimen and then a Mohs map is made with the corresponding colored reference marks for cross reference. The specimen and map are then transported to the histotechnician who is responsible for fixing, freezing, and cutting the tissue into sections 6-9 microns thick. These sections are then placed onto microscopic glass slides and run through a slide-stainer, where they are subjected to a variety of dyes and clarifiers, to obtain the final slides for the surgeon to review. If the microscopic slides demonstrate tumor in a particular quadrant, the surgeon will mark the area on the map and return to the patient where additional tissue can be removed in the affected area. This process allows the surgeon to concentrate on removing only skin affected by the tumor and helps to spare the normal healthy tissue.

Mohs is special because it utilizes a special processing technique called horizontal sectioning. Horizontal sections are used to cut the tissue sample therefore, the surgeon can determine if he removed all the affected tissue sample. This type of cut also lets the surgeon know where the non-cancerous tissue is so none of that is

removed. Horizontal sections play an important part of Mohs surgery due to it guarantees less recurrences following Mohs surgery. If the surgeon removed all the affected tissue sample, we will then we go back into the room advise the patient that all cancerous tissue was removed, therefore, the prepping process for closing can started. However, if all the cancerous tissue was not removed, we will have to advise the patient that another layer of tissue must be removed. The medical assistant (MA) will inject some more lidocaine around the area so another layer of affected tissue can be removed and repeat the same steps as the first. When removing layers this process can be repeated numerous of times until all the infected tissue is completely removed.

After all the affected tissue is remove, we will get the patient ready to close the open area that was being worked on. There are several different types of ways to close the wound, such as, complex, flaps, or a skin graft. A complex closure is the most common closure, due to it requiring retention sutures. A flap closure can be a little more complicated and time consuming. Flaps are when you use the skin that is attached to the patient to close the wound. Being that skin can be rotated, advanced, or transposed into defects over the area; therefor, closing the wounded area with stitches. Finally, a skin graft is used when closing areas like the nose, fingers, and ears. The reason for this, is because there is not enough skin to manipulate or because the area is used a lot, so a skin graft is necessary for functioning movement. With a skin graft skin from another area of the body is removed and placed on the wounded area stitched to the area and then there is three other layers that are placed on top of the skin and stitched into place. A skin graft takes two weeks for skin graft to attach to the area, so the stitches will not be removed from the patient until then. The surgeon then proceeds to go back to the area that the skin was taken from and stitch that area.

During this whole process there are three photos taken, picture one - is taken before the surgery begins which is labeled Pre-Op, picture two - is taken right before we close the open wounded which is labeled Post-Op, and picture three - is taken at the end of surgery which is labeled Final. Documentation is extremely important, and all three photos need to be as accurate and exactly alike. The reason for this is when sending the surgery notes to the referring doctors' pictures can be included. The referring doctor will include that note into the patient's chart for future reference.

Before closing the open wound the doctor will look over the area to see what kind of closure needs to be done. If there is hair that needs to be cut or shaved due to type of closure the MA will complete that before closing surgery gets started. It is also especially important to prepare the closing tray such as instruments that will be used for closing surgery. **Continued on page 6**

The Process of Mohs Surgery cont.

The healing process is no more than a month maybe a little longer depending on the size of wound. Please take into consideration to see a dermatologist every year, as well as wear sunscreen and a wide brim hat to protect your body when your outside. Keep in mind that as our earth changes so does UV light from the sun, therefore, protect yourself when going out.

References:

- Dr. James V Twede, M.D., Asarch Mohs Surgery Center
- Being a part of Mohs surgery's on Fridays

The Process of Mohs Surgery Questions By: Tasha Hopkins

Answers can be found on the next page.

1. Sun exposed areas include?
 - A. Legs
 - B. Arms
 - C. Scalp
 - D. Nose
2. Which one is the less common tumor associated with Mohs surgery?
 - A. Basal Cell Carcinoma
 - B. Squamous Cell Carcinoma
 - C. Lentigo Maligna
 - D. Melanoma
3. Mohs surgery begins with?
 - A. Identification of lesion
 - B. Patient consent
 - C. Verification of medication and allergies
 - D. Obtain pertinent past medical history
 - E. All of the above.
4. A complex closure is the most common closure, due to it _____.
5. Skin grafts are used on areas?
 - A. scalp
 - B. nose.
 - C. fingers
 - D. Legs
6. How many pictures are taken during mohs surgery?
 - A. 2
 - B. 5
 - C. 3
 - D. 1
7. Hibiclens is used to prevent?
 - A. Bleeding
 - B. Infection
 - C. Stitches from staying in place
 - D. None of the above.
8. How is the size of the wound determined?
 - A. Beginning of surgery
 - B. End of surgery
 - C. Middle of surgery
 - D. All of the above.
9. The healing process is?
 - A. One month
 - B. Two months
 - C. Three months
 - D. Four months
10. What should be used to protect your body when outside?
 - A. Wide brim hat and sunscreen
 - B. Umbrella
 - C. Nothing
 - D. Full clothing



I Could Live Without the Stress

By Summer Berg

Stress. The body's reaction to emotional or mental strain or tension due to stressors. The body's response to a normal amount of stress helps one to survive whatever fearful crisis they experience. This can be from overwhelming situations such as inability to control expectations and workload, not being emotionally suited for the position one holds, difficult coworkers, or traumatic events on the job.

Prolonged stress can create burnout. This is a psychological term that was created for the experience of prolonged physical, emotional, and mental exhaustion that is accompanied by a diminished interest and motivation that affects job performances. There are four stages to burnout. The first is the honeymoon stage where one loves their job and has unrealistic expectations placed on oneself. The second stage is reality. This is where one begins to have doubts on if one can meet the expectations placed. Dissatisfaction is the third stage where there is a loss of eagerness and a person tries to avoid frustration by binges of some sort. The last stage of burnout is the sad state. This is where depression can creep in and makes work seem pointless.

Answers to The Process of Mohs Surgery:

1. B,C
2. C
3. E
4. Requiring retention sutures
5. B,C
6. C
7. B
8. B
9. A
10. A

EDITORIAL POLICY :

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