

Transcript Details

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Changing Specialties for Physician Assistants and Nurse Practitioners

PA - NP TRANSITION FROM SPECIALTY PRACTICE

Physician assistants and nurse practitioners have a unique ability to change specialties and practice within all fields of medicine. How do they competently and safely move from one specialty to another?

You are listening to ReachMD XM 157, the channel for medical professionals. Welcome to the clinician's roundtable. I am Dr. Lisa D'Andrea your host and with me today is Dr. Candes Cain. Candes is a Physician Assistant and the Founder and CEO of Clinical Concepts, a preceptorship program to assist PAs and NPs in specialty transitioning.

Today, we are discussing the PA-NP transition from specialty practice.

Dr. D'ANDREA:

Hi Candice! Welcome to ReachMD.

Dr. CAIN:

Hi Lisa!

Dr. D'ANDREA:

Candice, could you start by explaining how physician assistants and nurse practitioners have the mobility to switch from one specialty to another?

Dr. CAIN:

Yes, actually we have the ability based on our guidelines that we can go from one specialty to another as long as we have completed an accredited program, although after we graduated, there isn't anything said in stone that we cannot obtain education or experience into a specialty from another until Clinical Concepts was developed.

Dr. D'ANDREA:

So, how does Clinical Concepts work?

Dr. CAIN:

What we do is we match someone and when I say someone, I am speaking of nurse practitioners or PAs, that are wishing to transition into another specialty, something that they do not have experience in with someone who is actually practicing in that specialty. So, if someone contacted Clinical Concepts and say for instance, they had 5-6 years in family medicine and wanted to go to a more specialized field such as cardiology, there would be some transition for them. They would have seen patients that certainly have cardiac disorders in family medicine, but they did not actually treat them specifically for those disorders by certain testing and medications. So, what they will do is they go and work with a nurse practitioner or a PA who is working in cardiology specifically and just spend the time with them learning the perils that they have learned over the years, learning certain tests and they do rounding on hospital patients, seeing patients in clinic, learning specific exam techniques and also obtaining the knowledge that they learned of what works for that patient.

Dr. D'ANDREA:

How is this different from PA or NP clinical rotations?

Dr. CAIN:

Not very different honestly. In school, we do have to obtain rotations. I would say the main difference is that this is a more specialized rotation in the fact that you know exactly this specialty is the one you are going into. Many times, the students were mainly concerned with obtaining our hours, were not quite sure what we are going into upon graduation or getting the basics. With this type of rotation, you are learning that specialty in detail with the fact that you are taken into practice and perform those tests on patients.

Dr. D'ANDREA:

Why not enter a residency program?

Dr. CAIN:

That is a good point. They do have some residency programs available. They are more specific for surgical training, but to do a residency program, you are going to have to dedicate about a year to 12 months of your life and you are going to have to travel to that location. I am only aware of 2-3 programs that are available postgraduate for residencies and that would require you being away from your family, away from your home for that amount of time, you would make a small of salary, but many times as individuals that have become professionals in this field, we have already developed a home, a family requirements that would not allow us to be out of our type of work for that period of time.

Dr. D'ANDREA:

So, let's say about being a clinician for 5 years, but I have practiced solely in family medicine and now I want to practice orthopedic surgery. How does Clinical Concepts help me?

Dr. CAIN:

Well, I would pair you with a provider in orthopedic surgery. You would go to their normal daily practice. You would travel to their clinic and hopefully with the amount of preceptors we have in the US, I would be able to match you closely to your own home location and you would work with that individual strictly on a one-on-one basis. You would round with that person, see consult patients, go over diagnostic imaging, MRI, CT scan, x-rays, see different exam techniques on the patients and then determine which treatment protocol would best fit that patient. So, you got their attention one-on-one to ask them very specifically why didn't you choose this medication over this medication, why didn't your next step include a CT scan versus MRI? And say, you can take that knowledge and apply it to your patients in orthopedics.

Dr. D'ANDREA:

And how long is this process?

Dr. CAIN:

It is tailored for you, it's how we describe Clinical Concepts programs because you can do the preceptorship for as long as you are able to. Most people, like we said before, are already practicing professionals who are going to be spending vacation time or actually transitioning into a new specialty, so generally we see about a week to 2 weeks.

Dr. D'ANDREA:

Does anyone get hired into the practices that they rotate through?

Dr. CAIN:

Oh yes. I have many physicians and facilities that have contacted us to act as preceptors to also hire the individual. They want to make sure specifically when we are talking about specialties and people not having the experience in that specialty, the physicians would like to know that the person has the interest and that they are going to stay in that specialty. I will give you example of a pain management physician who contacted us because he had obtained a nurse practitioner through a recruiting agency. Everything went really well but one week into her position, she did not like the specialty itself and so she turned in her notice and that led to both the physician and that nurse practitioner kind of state of array because they both had to start over. Had they have been able to do the preceptorship program, then the physician would have been able to show the nurse practitioner exactly what entailed that specific specialty. They would have gotten to know each other on a longer term basis than a 2-3-hour interview and in turn that nurse practitioner did who accepted the position, they would know what they were getting into. They would know whether or not that specialty was truly for them after being in it for a

week to 2 weeks.

If you are just joining us, you are listening to the clinician's roundtable on ReachMD XM 157, the channel for medical professionals. I am Dr. Lisa D'Andrea and I am speaking with Dr. Candice Cain, founder and CEO of Clinical Concepts, a preceptorship program to assist PAs and NPs in specialty transition.

Dr. D'ANDREA:

So Candice, we have seen a trend of the advanced practice clinicians following the MDs in the specialty practice. Do you think that starting any specialty is a good idea and how hard is it for them to transition later if they want to move into primary care medicine?

Dr. CAIN:

I think it is a good idea. I think it is necessary idea. So many physicians that are specialty based are needing the assistance of midlevels or clinicians to help them with their practice. I myself went straight into a specialty from school and it would be very difficult for me to transition into family medicine without having some steps to take towards going into that. Right now, I don't practice family medicine. I am in a surgical specialty and if I had to treat hypertensive-diabetic patient, they would be a learning curve for me.

Dr. D'ANDREA:

When hiring a PA or NP into a new specialty, what should be expectations of the physician consist of?

Dr. CAIN:

That is a very good question. Many times, physicians hire PAs and nurse practitioners with the understanding that because we are who we are and we have had tottraining that we have had that we are prepared for the new specialty, although we may have practiced in something else for 4 or 5 years prior to joining their practice. I think that the physicians understand that there is a learning curve, but yet if a physician is adding on provider to the practice, ultimately they are busy and they need the help, so they don't have a lot of time to spend to get that provider up to speed within their specialty. I have found physicians that have contacted me and asked that we provide the training for the new provider in the clinic during that time that they are waiting to get the credentialing to set for them. As you know, that takes 1 to 2 months to get all the paperwork necessary to be completed so that they can actually start working in the facility and that is a really good time for them to do Clinical Concepts preceptorship because they can work with the PA or nurse practitioner learning some of the tricks of the trade to take back to that specialty.

Dr. D'ANDREA:

And have you found that in a week or 2 weeks is enough time to learn the new specialty?

Dr. CAIN:

Ultimately, I would say you need more time, however, when you consider what we are and what we are actually doing, it is sufficient. It provides a working base knowledge. It is not going to make them technically proficient in skills and have them ready to start the practice without any further training from their physician, but it will provide them a very strong working base knowledge to build upon. Remember we are all licensed individuals. We have all had the training at one point. We just need that extra brushing that revamping if you will.

Dr. D'ANDREA:

Seems a little scary that a PA or NP could be working in pediatrics today and scrub in for a bypass in the morning. I understand that they have this flexibility, but how do you feel about that in regards to patient care.

Dr. CAIN:

I find it to be scary myself and I hope that that is not really what is happening. I hope that yes someone is going from family medicine to CV surgery, that before they actually scrub in for a case to do the vein harvesting or assist in a case, they have had some bridge to gap the experience they did not have. I would hope they wouldn't go from Friday in the family medicine to Monday scrubbing into surgery. I think that it needs to be a knowledge they are based on all parties, on the providers, the physicians, and the patient expectations that we are able to do that, but it is a transition for us and there is going to be a learning curve. Some facilities have also contacted Clinical Concepts when they are credentialing a new provider for a surgical specialty in the hopes that they can attend one of the preceptorship programs just to kind of get them a little more information and help bridge that gap.

Dr. D'ANDREA:

Yeah, I know that some of the PA specialties have started some specialty recognition training as well. Do you think that is a good idea and how do you feel about specialty certification?

Dr. CAIN:

I think that it is a good idea when we are talking about going into new specialties; however, I would hope and I am a little fearful that it may come into play in the future that its requirement before we can do any type of specialty transitioning and I think that that might hurt our profession. If we had to attend a residency program, for instance there was 12 months to 24 months to change specialties that would

significantly decrease the availability of PAs and nurse practitioners for some physicians that are needing specialty trained extenders because if you have a practice that you have done for 5 or 6 years, I know it would be extremely difficult for me to quit work, move, go to a residency program for 12 to 24 months just to be able to change specialties, so I myself would probably stay in the specialty that I was in. Thereby, making our <_____> much hindered and so I hope that it does not come

ENDS ABRUPTLY.