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SEMPA & The Role of Physician Assistants in Emergency Medicine

Announcer:

This is a special edition of *The Pulse of Emergency Medicine* on ReachMD. The following episode is brought to you by the Society of Emergency Medicine Physician Assistants. Your host is Dr. Shira Johnson.

Dr. Johnson:

The Society of Emergency Medicine Physician Assistants, or SEMPA, was established in 1990 to represent the nation's PAs in emergency medicine. Their mission is to advance, protect and promote the role of emergency medicine PAs through education, advocacy, networking and research. Now SEMPA has become a highly respected and dedicated organization whose members provide care in all practice settings.

I'm Dr. Shira Johnson, and joining me today is Fred Wu, President of SEMPA. He's joining me to discuss the origins of the Society and the roles for PAs in emergency medicine.

Fred, welcome to the program.

Mr. Wu:

Hi, Shira, pleasure to be here. Thanks for having me.

Dr. Johnson:

So, let's start with some background. When did PAs start getting integrated into emergency department teams, and what roles have they subsequently taken on?

Mr. Wu:

So that's a great first question. The PA profession started in about 1965 at Duke University, and it started with four Navy corpsmen; and soon after they graduated, PAs have become utilized in the emergency department, or ED. And as you mentioned, SEMPA was founded in 1990 by a group of emergency medicine PAs who were from the Los Angeles County University of Southern California program. And, to give you some background, some data from 2016 from the National Commission on Certification of Physician Assistants, or the NCCPA, they track PA demographic data, and their data has shown that about 13% of all PAs practice emergency medicine now, and that comes out to be about roughly 12,000 PAs. And from 1997 to 2006, ED use of PAs and nurse practitioners went from about 28% to nearly 80%, so up to about 77%, and the roles have been changing drastically over the past probably 7 to 10 years, where you might find PAs working in an ED Fast Track or seeing lower-acuity patients to now working in all aspects of the ED from triage, observation units, the main ED, Fast Track, high-acuity. And PAs have also become involved in many aspects of emergency medicine including leadership, operations, education, EMS, wilderness medicine, ultrasound, and global health.

Dr. Johnson:

Can you give us an overview of emergency medicine PA education from initial schooling to onboarding in the ED?

Mr. Wu:

Absolutely. Many PA schools—or actually, all of them—require prerequisite courses and patient care experience before even applying, and the prerequisite courses are very similar to the premed courses that physicians take for medical school, and include courses such as anatomy, physiology, biochemistry, microbiology and so on. And patient care experience can range from folks who were paramedics, EMTs, nurses, phlebotomists, physical therapists, so there can actually be quite a long list of what can qualify as patient care experience.

There are currently 229 accredited PA programs across the country, and on average, the training is about 26 months, and it's usually a year of didactic education followed by a year of clinical training, and then the last few months are spent in graduate courses that cover things such as research, statistics, health policy, and nearly all PA programs now confer a master's degree, which is the terminal degree for PAs. And during their clinical training, the core rotations include family practice, OB/GYN, pediatrics, surgery, emergency medicine, psychiatry. So, all PAs coming out of PA school have some emergency medicine training, and many programs also allow you to take elective rotations, so students can actually receive additional training in emergency medicine.

Over the past five to seven years, roughly, we've seen significant growth and interest in PA residencies and fellowships, so this is postgraduate training after you graduate PA school where folks can go and do additional, intense training in emergency medicine. These programs are usually 12 to 18 months, and while most of the time is spent in the ED, they also go off-service to train in trauma, anesthesia, critical care, ultrasound—just to name a few other specialties that involve emergency medicine. And the onboarding in the ED, so when a group or hospital system hires a PA, it's a long-term investment for groups to hire these folks and to train them up, and that it really is a structured orientation program focused on education with the emphasis for getting folks up and running in a safe, productive manner. And this may include a type of preceptorship where you're assigned to a senior PA or a physician—either group will need to keep or take into account the scheduling. Obviously, we wouldn't schedule someone who's new by themselves, but put them where there's plenty of help. And really, it's all about just adding or increasing gradual responsibilities as the PA gains more and more education, knowledge and experience.

Dr. Johnson:

What would you think is the general percentage of EDs in the country that are utilizing emergency medicine PAs, and is there a difference, or what are the known differences in how departments function with and without PAs?

Mr. Wu:

So, the CDC puts out a survey called the National Hospital Ambulatory Medical Care Survey where they track some of these statistics, and in 2008, it's estimated that 8.7—nearly 9%—of ED patients are seen by a PA, and in 2014, that number went to 14%. And what they have also found is between 2006 to 2009, about two-thirds of EDs used advanced practice providers—PAs and nurse practitioners—with most of them being seen by PAs. And there's actually another group out there called the ED Benchmarking Alliance, and they collect data from various EDs on staffing and other metrics, and they have actually found that advanced practice provider staffing has the greatest impact on the relative productivity of emergency physicians in EDs with over 20,000 visits per year, and that APPs, advanced practice providers, allow a reduction in time to provider and also allow the staff to implement programs that reduce the "left without being seen" rate in EDs. And PAs also work in areas that cannot recruit emergency physicians, such as more rural parts of the country.

Dr. Johnson:

Could you say a few words about the relationships between PAs and the rest of the ED team—nursing, techs, physicians—because I've seen enormous growth in that area as the PA is starting to be accepted into this dynamic arena, much more so than I think they were in the beginning.

Mr. Wu:

Yes, I completely agree. I think that, as you know, because of our dynamic, very intense environment, the ED team has always had a strong relationship, and it's no different when you add in the PAs. Nurses, techs, EMS and unit clerks view us as valuable members of the team, and so do we. We view them as valuable members of the team. And many of them are also interested in becoming PAs themselves. I think what also really contributes to the physician collegiality is that over the past, probably, 10 to 15 years or so, physicians in training have worked with PAs and have sometimes even learned from them during residency, so I think that's really increased their exposure to us.

Dr. Johnson:

If you're just joining us, this is The Pulse of Emergency Medicine on ReachMD, and I'm Dr. Shira Johnson. With me is Fred Wu from the Society of Emergency Medicine Physician Assistants, or SEMPA. We're talking about the roles of PAs in emergency care.

So, let's turn to the role of SEMPA, specifically. What does this organization do?

Mr. Wu:

So, Shira, as you mentioned earlier, our mission is to advance, protect and promote the role of emergency medicine PAs. We also support the professional and personal growth of PAs through education, research, networking and advocacy. We offer a National Emergency Medicine Conference. We offer an ultrasound course and other CME products, often at a discount, to our membership. And for the past several years, we've partnered with the Emergency Medicine Foundation to offer a research grant to promote research. We also advocate for emergency medicine PAs and our patients at a local and national level. Last, we're a resource for emergency

medicine PAs and for the physicians that we work with.

Dr. Johnson:

How does SEMPA educate and build awareness around the benefits of utilizing PAs in emergency departments?

Mr. Wu:

Well, I think one way we build awareness is by working with all of the major stakeholders within emergency medicine and the PA profession, and this includes the American Academy of PAs, the National Commission on Certification of Physician Assistants, the American College of Emergency Physicians, along with various state organizations. The benefits to using PAs have been noted. We've been found to decrease wait times, decrease length of stay in the ED and also offer a lower operational cost. In a survey of 1,000 emergency physicians, most felt that PA staffing may actually increase patient satisfaction, decrease wait times and improve patient communication, thus decreasing the overall malpractice risk. Because of these benefits, PAs can be valuable to both physician groups and hospital systems.

Dr. Johnson:

From my experience, I 100% agree with you; I really do. But swinging back to the topic of team integrations, what aspects of physician and PA teamwork do your members advocate to put the PAs in the best positions to help?

Mr. Wu:

You know, I think one of the biggest things is really the background and our training. Given that PAs are trained in the medical model like physicians, we bring a like-minded approach when evaluating and treating patients. PAs value the PA-physician team approach to patient care, so the ability to collaborate makes the partnership very successful.

Dr. Johnson:

What have you seen in terms of PAs assuming leadership roles as their position in the ED evolves? In one hospital here in Chicago, our lead PA has taken a position as Codirector of the PA-NP Council for the company's Midwest operations.

Mr. Wu:

Yes, Shira, I completely agree with that also. We've seen tremendous growth in this area. Many sites now have lead PAs that help oversee the ED/PA program with the medical director. From there, there's also regional lead PAs where those folks oversee multiple EDs, or even multiple states. And some groups even have a designated Director of PA Services where they oversee all the PAs in a group. Many medical directors have realized that they can't do it alone and rely on other members of the ED administrative team to assist, including PAs. I think that's one thing I would highly encourage, is that if you have a PA program in your ED, to definitely have a lead PA that you can work with to help oversee the operations.

Dr. Johnson:

So, are there any other takeaway comments that you want our listeners to keep in mind? I think we agree that PAs are very well integrated in ERs now, and they get on well with paramedics, firemen, doctors, nurses. They are really well respected. Are there any other takeaway comments you'd like our listeners to keep in mind?

Mr. Wu:

You know, I think the biggest takeaway that I'd like to emphasize is that, when utilized appropriately, we can be a valuable resource to help optimize ED operations and to provide high-quality care. And, obviously, if anyone has any emergency medicine PA questions, SEMPA is always happy to help.

Dr. Johnson:

Thank you very much. With that, I'd like to thank my guest, Fred Wu, for joining me to talk about SEMPA and the roles of the physician assistants in emergency medicine.

Fred, it was great having you on the program.

Mr. Wu:

Thanks, Shira.

Announcer:

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