Nationwide, nearly 100,000 licensed PAs are practicing within the physician/PA model; 1,000 are located in Utah. Additionally, in Utah there are about 1,400 Advanced Practice Registered Nurses, including Nurse Practitioners (NPs) and Nurse Midwives. PAs and NPs are frequently referred to as mid-level providers or advanced practice clinicians, although they prefer their specific titles. A significant difference is that PAs remain committed to the medical model of training and working under physician supervision whereas NPs have lobbied to practice independently. Their training is under the nursing model, although they collaborate with all health care providers.

The first three academically trained PAs emerged from Duke University in 1967, under the direction of Dr. Eugene A. Stead, Jr., chairman of Duke’s Department of Medicine. Dr. Stead’s vision addressed two salient needs: relieve the physician shortage of his era, and utilize the valuable experience of corpsmen returning from Vietnam. Six years earlier, Dr. Charles L. Hudson, president of the National Board of Medical Examiners and later president of the American Medical Association (AMA), formally presented the concept of mid-level providers at an AMA conference.

The profession has evolved significantly since its bold, yet tenuous, beginning 50 years ago. Competition to get into any of the nation’s 187 PA programs is intense and Utah is no exception. Each year The Utah Physician Assistant Program (UPAP) receives about 1,000 viable applications for its 44 spots. Located in the Division of Family and Preventive Medicine in the School of Medicine at the University of Utah, graduates of the 27-month program receive a Master’s of Physician Assistant Studies (MPAS) degree. Following graduation, PAs are required to pass the Physician Assistant National Certification Examination to become certified and earn the title PA-C.

Students have the opportunity to do international training including programs in Ghana, Thailand, Guatemala and Nepal. At the same time, the school has a strong mission to train PAs to work in rural and underserved areas domestically, including participating in a student run clinic at the Maliheh Free Clinic and a required rural rotation at community health centers around the state.

Most incoming students are from Utah and have an average of five years previous experience in healthcare. The majority stay in state after receiving their degree.

For more info on what sets UPAP apart from other PA programs visit: http://medicine.utah.edu/physician-assistant-program/why-upap.php

What sets the Utah Physician Assistant Program (UPAP) Apart?

Forbes recently rated the physician assistant master’s degree as the best choice for long-term job opportunities. The UPAP master’s degree continues to be in strong demand, with 1,000+ applicants expected to contend for 44 slots next year.

UPAP has long been ranked by U.S. News and World Report as one of the top training programs in the country, garnering the #2 ranking in 2014. Utah’s master’s program is one of the oldest in the country and has developed curriculum other institutions use. UPAP faculty possess decades of clinical experience and have dedicated extensive effort to develop and hone classroom and small group teaching skills. Numerous PA programs share the strength of faculty expertise and meeting their differing missions; however, the clinical exposure Utah’s first year students receive is carefully planned, extensive, and remains one of UPAP’s more distinctive attributes.

Physician/PA model: The Time is Now

Craig Ensign, MPAS, PA-C, Jennifer Coombs, PhD, PA-C

Physician assistants (PAs) have emerged as one solution to the nation’s physician shortage dilemma. Current literature asserts that the use of PAs facilitates access to health care, improves quality of care, shortens hospital stays, and exponentially increases revenue. From a solo practice to a large hospital institution, PAs are proving invaluable in the delivery of medical care in the 21st century.

The first three academically trained PAs emerged from Duke University in 1967, under the direction of Dr. Eugene A. Stead, Jr., chairman of Duke’s Department of Medicine. Dr. Stead’s vision addressed two salient needs: relieve the physician shortage of his era, and utilize the valuable experience of corpsmen returning from Vietnam. Six years earlier, Dr. Charles L. Hudson, president of the National Board of Medical Examiners and later president of the American Medical Association (AMA), formally presented the concept of mid-level providers at an AMA conference.

The profession has evolved significantly since its bold, yet tenuous, beginning 50 years ago. Competition to get into any of the nation’s 187 PA programs is intense and Utah is no exception. Each year The Utah Physician Assistant Program (UPAP) receives about 1,000 viable applications for its 44 spots. Located in the Division of Family and Preventive Medicine in the School of Medicine at the University of Utah, graduates of the 27-month program receive a Master’s of Physician Assistant Studies (MPAS) degree. Following graduation, PAs are required to pass the Physician Assistant National Certification Examination to become certified and earn the title PA-C.

Ranked number two in 2014 by U.S. News and World Report, UPAP is one of the oldest and most respected programs in...
the country, with continuous accreditation since 1971 by the Accreditation Review Commission on Education for the Physician Assistant. Prerequisites for application to UPAP include a bachelor's degree; a GPA of 3.0 or higher (this year's average GPA is 3.52); and course work including chemistry, biology, anatomy, and physiology. Strong candidates also complete courses in writing, statistics, microbiology, and genetics. Since diversity and tolerance are essential qualities in medical providers, demonstration of cultural conscientiousness through class work and/or life experience is significant. In keeping with the roots of the profession, patient care experience is paramount; candidates are required to have completed 2,000 hours of significant direct patient care prior to application, but the average student has logged more than 4,000 hours.

The first year of training, the didactic phase, includes 64 credit hours of graduate level academic course work (the average graduate program requires 48 hours). In addition to the classroom, each week students spend one day in clinical rotations and at least half a day practicing history taking and physical exam skills in small group tutorials led by experienced and specifically trained PAs. During the second year, students work full time in clinical rotations under the direct one-on-one tutelage of physician preceptors. Finally, students produce and present a master's project during their clinical year.

As predicted by Drs. Stead and Hudson, the original concerns regarding non-physician providers, specifically patient acceptance and quality of care, have not hampered the movement. Family practice emerged as a specialty unto itself and, along with other specialties, replaced the general practitioner. Today many specialties are shorthanded. Family practice, traditionally the gateway to medical services, is disproportionally shorthanded. Although the quality of medical care has unquestionably improved, the shortage of providers has made access difficult.

Increased patient access
In 2015, physician shortages are still a concern. There is a projected shortfall of 130,000 physicians by 2025. As ominous as that number is, it may be too low because the Affordable Care Act's projected 31 million new enrollees are not included in the calculations. PAs and NPs are counted on to make up the difference. Around the country, there is an average of 44 students in each of the 187 PA programs for a total of 8,228 graduates
in 2014. By 2017 the number of PA programs is projected to reach 238 for an estimated national PA graduating class of 10,472. The profession’s rapid growth is projected to continue in the foreseeable future. The bottom line is this: there aren’t enough physicians and surgeons to go around, but their advanced training and expertise is more accessible utilizing the physician/PA model.

Patient acceptance
How are patients responding to the option of seeing a PA or NP? Most patients, when given the option of seeing the physician, or a PA or NP, are agreeable to seeing the mid-level provider, especially if it means they can be seen more quickly. After they’ve seen a PA or NP once, they are much more willing, and likely, to schedule with them in the future. In addition to increased levels of confidence in PAs and NPs from patients who have seen them before, younger patients are significantly more willing to be seen by a PA or NP on their initial visit, even when timing isn’t a qualifier. The literature indicates the physician/PA model is working very well.

Improved outcomes
A significant concern of Drs. Stead and Hudson and all the visionaries, as well as the argument against the profession from its detractors, has been concern that quality of care by non-physicians will be lower than by physicians. Studies looking specifically at quality and outcomes have consistently shown there is no difference, with few exceptions, in care rendered by a physician, PA, or NP. This is a result of the exceptional training PAs receive, and the synchronization of practice style and communication between a PA and their supervising physician. The key to maintaining high levels of patient satisfaction and quality of care is utilizing the physician/PA model effectively. That model requires the PA to work exclusively within the physician’s scope of practice, and within the confines of his or her training and experience. It also means the supervising physician may appropriately prepare and train the PA to do virtually anything he or she does, except be the primary surgeon. And finally, when the model works well, both the PA and the patient are confident of the physician’s involvement and concern, even if from a distance.

Maximizing practice revenue
Overall, approximately 35% of PAs across the country work in family practice, the remaining 65% work in every other specialty. The contribution a PA makes financially depends entirely on the type of practice he or she works in and how they are utilized. In a family practice setting, the PA salary is generally about 45% of the physician’s; in other specialty practices the PA salary is about one third. These levels are averages across the nation, and they can be significantly different based on the type of practice and how they are utilized. The tremendous advantage of utilizing PAs is that at a lower cost for employment, they can generate similar revenues to their supervising physician. In a surgical practice, for example, the PA is able to keep the surgeon in the operating room in two significant ways: reduce the surgeon’s time burden by managing pre and post op care; and generate surgeries in the clinic while the surgeon is in the operating room. In the operating room itself, because of the familiarity that develops between the surgeon and PA, set up time and operating time are both shortened. Additionally, the patient’s actual hospital stay is shorter when a PA is working in the service.

The time is right to further advance the physician/PA model. If you are ready to consider hiring a PA in your practice, or if you are considering an additional PA, here are some helpful resources:
1. The American Academy of Physician Assistants (AAPA) has a site titled How to Hire a PA. The site provides information regarding interviewing, contracts, state licensing, and malpractice/liability (http://www.aapa.org/).
2. The Utah Academy of PAs has an employment tab where potential employers can post job listings and view resumes (http://www.utahapa.org/). The Utah Medical Education Council also hosts a bulletin board with both PA and NP jobs (http://www.utahmec.org/).

3. Second year PA students need practices in which to train. To accept a student and be a preceptor for one to four months is an excellent way to get to know a potential employee, and to get to know what contributions a PA can make in your practice. Additionally, it can be extremely gratifying to mentor a student. If you would like to consider preceptoring a student, contact Amanda Moloney-Johns, MPAS, PA-C at UPAP. (http://medicine.utah.edu/physician-assistant-program/program/preceptors/index.php).

References:


This year, the 12 University of Utah Physician Assistant students traveling to developing countries in the 2015 summer semester organized a successful fundraiser based on a cherished, decades-old Utah Physician Assistant Program tradition – The Salmon Barbecue, held each year at the home of the former director of UPAP, Don Pedersen, and his wife, Kathy. Not only did they reach their goal to raise money for their voyages abroad, they also inspired faculty, friends, and honored guests of the PA community with their vision of global citizenship.

PA Student Lee Rogers said to the attendees at the September 6th Salmon Barbecue: “Tonight is a night not to focus on congratulating us or patting us on the back for our good intentions, but to think of those whom we will directly serve: the Thai children in the AIDS orphanages, Burmese refugees on the Burma-Thai border, the Ghanaian families who journey many miles to receive their care from Medical Assistants.”

The global elective gives PA students the opportunity to work in hospitals, clinics, and refugee camps in countries scattered across the world and has historically drawn a diverse group of students: some have already served on religious missions abroad, some are the children of immigrants, and some have never before left the United States. No matter their background, global elective students are driven by their commitment to help others, especially the underserved.

Until Don’s retirement as Professor Emeritus early in 2014, the annual Salmon Barbecue kicked off each academic year for students and faculty with great food, live entertainment and the opportunity to mingle outside of the classroom.

When the PA students proposed keeping the tradition alive for at least one more year by reconfiguring the event as a fundraiser, the Pedersens happily obliged. Don and Kathy, Senior Advisor and Program Manager of the School of Medicine Department of Family and Preventive Medicine Global Partners Program, credit the students with making the night a success by inspiring the attendees with their goal of being contributing citizens to the global community.

The students were able to reach their fundraising goal with a silent auction of items generously donated by the students, their families, and local businesses.

As the band played and dinner was prepared, guests were invited to walk through the Pedersen’s gardens where the students decorated oak trees with photographs and biographies of each student lending insight into the reasons they are so passionate about their global electives.

“Their backgrounds were so diverse and yet they were united in their desire to help people in far-flung communities,” remarked Dr. Michael Kalm, former President of the Utah Psychiatric Association. The students’ motivation to serve a global community especially inspired him.

PA student Chelsey Schumaker, ’15, told the audience how her class expects to graduate into a world of medicine that is radically different from that of 20 years ago. “This culturally immersive experience strengthens our appreciation of the role of culture in health and healing narratives.” The world is smaller, more interconnected, and interdependent. Forcibly displaced people worldwide exceeded 50 million in recent years and many will be future patients of physician assistants.
The global elective coincides with the University’s goal to engage more students and faculty in international study and research in an era of increasing globalization. Many students note that the elective was a deciding factor when choosing the Utah physician assistant program. UPAP is dedicated to producing not just highly trained physician assistants, but civically responsible medical professionals with a commitment to serving individuals from all backgrounds and cultures.

Students have the opportunity to get hands on experience without going abroad in the Utah physician assistant program’s service learning activities where they are exposed “to underserved, diverse, and/or cultural aspects of different communities” by providing school-aged children with annual physical examinations in Head Start programs or providing medical care to the uninsured at the student-run free clinic at Maliheh.

“When the night ends and we all go home, I’d encourage you to remember that although we think of global health as helping those who live in far off lands in dire circumstances, we are all part of the global community, and as such, it is our responsibility to help those who live close to home and who may be struggling for whatever reason.” Rogers said, concluding his speech. “While we are asking you to help us help those who do live far away, don’t forget to help those who are here.”

As the night concluded, it was clear that the students achieved far more than their initial goal of raising money for their global health electives—they raised awareness of the needs of people all over the world and helped define what it means to be a global citizen.

Last May the American Academy of Physician Assistants honored assistant professor Nadia Miniclier Cobb, PA-C with the PAragon Humanitarian Award, at its annual conference in Boston. The award recognizes a PA who has demonstrated an outstanding commitment to human rights and also exemplifies the PA profession’s philosophy of providing accessible and quality healthcare on a domestic or international level. Cobb received the award for her work in Ghana to improve the skills of local medical providers.

While assisting a team of public health students in rural Ghana, she recognized an opportunity to enhance the clinical education available to the physician assistants (PAs) of the African nation. Cobb led the way in establishing a partnership between the University of Utah PA program and the College of Health, Kintampo (CoHK), home to Ghana’s largest training program for PAs. She helped create a continuing medical education (CME) program that offered a structured experience and engaging curriculum.

Since the CME program began eight years ago, more than 2,600 Ghanaian PAs have taken its courses. As part of the program, in 2012 a team from the University of Utah and students from Kintampo provided free treatment in two rural areas of Ghana previously underserved by medical professionals. Students provided care to an average of 4,500 patients, who received neurological and dermatological evaluations, dental care, immunizations, family planning, well child checks and deworming for children.

Cobb’s work also caught the attention of the World Health Organization (WHO); she was invited to join a WHO working group to assess the medical education needs of PAs around the globe.

Cobb, who was born in Kenya, lived throughout Africa while her father worked as an Associated Press reporter. Now, as an assistant professor and director of the University of Utah’s Office for the Promotion of Global Healthcare Equity, she is working to further expand the U’s PA studies curriculum to involve more service learning so students will get a broader education as they learn from and serve a variety of communities.

Cobb also received Utah Business magazine’s Healthcare Heros Non-Physician award in October 2014.

Utah Physician Assistant Nadia Miniclier Cobb honored as Humanitarian PA of the Year

Last May the American Academy of Physician Assistants honored assistant professor Nadia Miniclier Cobb, PA-C with the PAragon Humanitarian Award, at its annual conference in Boston. The award recognizes a PA who has demonstrated an outstanding commitment to human rights and also exemplifies the PA profession’s philosophy of providing accessible and quality healthcare on a domestic or international level. Cobb received the award for her work in Ghana to improve the skills of local medical providers.

While assisting a team of public health students in rural Ghana, she recognized an opportunity to enhance the clinical education available to the physician assistants (PAs) of the African nation. Cobb led the way in establishing a partnership between the University of Utah PA program and the College of Health, Kintampo (CoHK), home to Ghana’s largest training program for PAs. She helped create a continuing medical education (CME) program that offered a structured experience and engaging curriculum.

Since the CME program began eight years ago, more than 2,600 Ghanaian PAs have taken its courses. As part of the program, in 2012 a team from the University of Utah and students from Kintampo provided free treatment in two rural areas of Ghana previously underserved by medical professionals. Students provided care to an average of 4,500 patients, who received neurological and dermatological evaluations, dental care, immunizations, family planning, well child checks and deworming for children.

Cobb’s work also caught the attention of the World Health Organization (WHO); she was invited to join a WHO working group to assess the medical education needs of PAs around the globe.

Cobb, who was born in Kenya, lived throughout Africa while her father worked as an Associated Press reporter. Now, as an assistant professor and director of the University of Utah’s Office for the Promotion of Global Healthcare Equity, she is working to further expand the U’s PA studies curriculum to involve more service learning so students will get a broader education as they learn from and serve a variety of communities.

Cobb also received Utah Business magazine’s Healthcare Heros Non-Physician award in October 2014.