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# The Physician Assistant Profession: A Handbook for Students

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Jami Cynecki, having been admitted to the Carl and Winifred Lee Honors College in the fall of 2008, successfully completed the Lee Honors College Thesis on August 13, 2012.

The title of the thesis is:

*The Physician Assistant Profession: A Handbook for Students*

A handwritten signature in black ink, appearing to read "Michele L. McGrady", written over a horizontal line.

Ms. Michele L. McGrady, Physician Assistant/SPADA

A handwritten signature in black ink, appearing to read "Denise J. Bowen", written over a horizontal line.

Ms. Denise J. Bowen, Physician Assistant/SPADA

The Physician Assistant Profession: A Handbook for Students

Jami Cynecki

Western Michigan University

Lee Honors College: Undergraduate Thesis

August 13, 2012

This document extensively covers the physician assistant career and can be used as a handbook for students who are interested in learning more about the career. This thesis explores the question, what is the process of becoming a physician assistant? More specifically, I will cover the progression from a student to a fully licensed PA. Topics that are discussed include: how to prepare for a career as a PA (including the pathway to being admitted to an accredited program), the training received in an accredited program and information on certification maintenance required as a licensed physician assistant. Furthermore, this document differentiates a physician assistant from other health care professions and offers discussion around some of the PA areas of practice. The areas of practice subsections discuss qualifications and training. Finally, there are two appendices found at the end of the document. Appendix A provides resource information for those who wish to learn more and Appendix B offers interview transcripts from four PAs working in the field in four different areas of practice.

### What is a Physician Assistant?

A physician assistant (PA) is an interdependent semi autonomous clinician practicing medicine collaboratively with a physician ("What is a Physician," 2012). Licensed PAs are qualified by graduation from an accredited program and certification by the National Commission of Certification of PAs. Physician assistants work in over 60 different areas of medicine performing similar tasks as their supervising physician such as examination, diagnosis, assisting in surgery, diagnostic testing, setting fractures, treatment (including referral), counseling patients in preventative health care and writing prescriptions. In addition to these

responsibilities, physician assistants may include education, research and administrative services. Because a PA is educated in a generalist medical model, they have a very broad range of duties and can do anything within their scope of practice sanctioned by their supervising physician except having primary responsibility for a surgery. They can be found working in several different facilities such as correctional facilities, hospitals, physician office's, health maintenance organization's (HMO's), military installations, veteran affair (VA) med centers, nursing homes, public health agencies, community clinics, research centers, rural health clinics, health care educations, administration offices, industrial med clinics and can be even found in the White House ("FAQs," 2012).

Job satisfaction is extremely high for physician assistants. According to the American Academy of Physician Assistants (AAPA), 89% of currently practicing PAs would choose their profession again if they were choosing a career ("Join One of the Fastest," 2012). In addition to this, CNN Money ranked physician assistant as number two best jobs in America out of 100 ("Best Jobs in America," 2012). Why is this? For one, there is a very high demand for PAs and that demand is expected to grow 30% by 2020 according to Forbes Magazine, who ranked physician assistant as the best Master's Degree for Jobs in 2012 (Smith, 2012). With a combination of a shortage of doctors, an aging population and health care reform, the high demand for PAs continues to increase. In addition to this, Forbes states that a PAs mid career median pay is \$97,000 (Smith, 2012).

Another benefit of a career as a physician assistant is that because of their generalist medical training as well as their close relationship with their supervising

physician, there is flexibility to change specialties and practice in different areas of medicine, typically without extra training needed. The clinical flexibility within the profession allows the PA to adapt to the ever-changing needs in the health care field. According to the Journal of American Academy of Physician Assistants, half of PAs change specialties at some point in their career and at least a quarter of PAs practiced in at least two different specialties (Cawley & Hooker, 2010).

Physician assistants also help alleviate the workload put on physicians by being delegated responsibilities, allowing the medical team to work less hours and also improving access to health care, especially in underserved areas where PAs often work autonomously and provide health care where it would otherwise be non-existent. Another advantage of a physician assistant is that it allows the physician to have a colleague close at hand. A special relationship is formed between the physician and the physician assistant and makes for better health care delivery to the patients.

### Profession Comparison

The first graduating class of PA's was in 1967 from Duke University and therefore the PA profession is considered new relative to other medical professions ("Timeline," 2012). Given this fact, often times there is still some confusion differentiating a PA with other health care professionals such as nurse practitioners, medical assistants, nurses, and physicians/medical doctors in comparison with the roles of a physician assistant. This section will offer a comparison among these professions from a physician assistant.

### *Nurse Practitioner*

A nurse practitioner has very similar roles to a physician assistant and oftentimes, physician assistants and nurse practitioners work together in the same medical team. Both of these professionals can diagnose, treat and prescribe medications to patients and are known as mid-level providers. According to the American Academy of Nurse Practitioners (AANP), a nurse practitioner is defined as a licensed independent practitioner who practices in nursing from the Master's to the Doctor of Nursing Practice (DNP) by the year 2015 ("All about NPs," 2012).

The primary difference between these two professions lies in the training. PAs are educated as generalists in medicine and modeled after a medical school curriculum. Nurse practitioners are typically trained in specialties such as women's health and pediatrics (Mittman, Cawley & Fenn, 2002). In addition to this, physician assistants are devoted to working with their supervising physician and while nurse practitioners typically work with a supervising physician, they do have the option and in some cases a preference to practice independently.

### *Medical Assistant*

For someone who isn't knowledgeable about the physician assistant career, it is easy to confuse a medical assistant (MA) and a physician assistant because the titles are so similar, however the two careers are very different. According to the American Association of Medical Assistants (AAMA), a certified medical assistant is a multi-skilled practitioner who assumes both administrative and clinical duties in a physician's office ("FAQs on Medical," 2012). An MA will typically report to an office

manager, physician, nurse practitioner/physician assistant or nurse. Administrative duties range from answering telephones to updating medical records. Clinical duties can include taking medical histories, prepping patients for examinations, removing sutures and drawing blood.

There are a few different educational pathways to becoming a certified medical assistant. Some schools offer a one-year certificate while others offer a two-year associate's degree from an accredited school. According to the American Association of Medical Assistants, in a recent survey taken in 2011, the average salary of a certified medical assistant is \$24,882 ("Medical Assisting Salary," 2012).

### *Nurse*

A nurse combines science and technology with people skills like communication, problem solving, teaching and compassion. There are several different types of nurse's such as a registered nurse (RN), a licensed practiced nurse (LPN) or a licensed vocational nurse (LVN) which all have different educational requirements, average salaries and job guidelines. Again, like most health care jobs, salary is dependent on years of experience, type of community one works in and hospital policies. According to the Bureau of Labor Statistics from May 2011 an RN makes an average salary of \$69,110 ("Occupational Employment and Wages, May 2011: Registered," 2012) and an LPN and LVP makes an average of \$42,040 ("Occupational Employment and wages, May 2011: Licensed," 2012). Given the variety of positions in the nursing profession, the ability to differentiate a nurse from a PA can be difficult. However on a more basic level, PAs are trained to



diagnose and treat patients and are involved in more of the critical thinking aspect of medicine while nurses typically are more hands on and procedure driven. For examples nurses are responsible for taking and monitoring vital signs, phlebotomy and administering medications. Although nurses pass medications, they cannot prescribe them. Therefore, as compared to nurses, PAs practice more autonomy in a health care setting.

### *Physician/Medical Doctor*

Typically physicians and physician assistants work together and share the same duties; the general public often questions the difference between the two. The difference lies primarily in length of education. The content of their coursework is very similar and medical school students and physician assistant students often share the same classes. The length of education for a physician varies depending on specialty but in general a physician must earn a bachelor's degree, complete four years of medical school, and undergo three to seven years of residency. The residency requirement requires that medical schools receive professional training under the supervision of a senior physician ("Requirements for," 2012). Length of residency varies based on specialty. For example, surgeons typically spend five years in residency and primary care physicians typically spend three years in residency. After residency, a medical doctor has the option of doing a fellowship, which is one to three years of extra training usually in internal medicine or a subspecialty of internal medicine or psychiatry ("Requirements for," 2012).

Another difference between prospective physicians and prospective PAs is

the examination required to enter graduate school. While some schools require the Graduate Record Examination (GRE) for prospective physician assistants (typically not a major factor in the application process), prospective medical school students are required to take the Medical College Admission Test (MCAT). A student's admission into medical school lies heavily on their MCAT score. The MCAT is a very rigorous, 5 and a half hour exam that tests one's knowledge of general chemistry, physics, organic chemistry, molecular biology, microbiology and physiology ("What's on the MCAT," 2012).

In the workplace, PAs work closely with their supervising physician. It is hoped that a trusting and respected relationship is formed between the two. Both see patients, diagnose, order and interpret tests, conduct physical exams, counsel patients and write prescriptions. For example, if the physician or PA wants backup they can consult with one another. A common misconception is that a PA is following the physician around, when in actuality, most PAs work autonomously and collaboratively with the physician.

### History

This section will discuss the history of the PA profession in the United States and how the first midlevel providers came about. The first paramedical healthcare providers, known as feldshers, did not originate in the United States, but were introduced by the Russian Army in the 1600's (Mittman, Cawley & Fenn, 2002). They worked as army field surgeons until real military medical services were

established by Prussia in the early 18th century. Today a feldsher would be equivalent to what a physician assistant is in the United States.

The use of mid-level providers was not adopted by the United States until the 1960's. There was a shortage of medically trained personnel identified by the US surgeon general around this time. This shortage was identified because of three main reasons. The first reason was because there was a fear of rapid population growth. There was to be a disproportionate increase in the elderly and young and both statistically and historically these populations tend to have higher utilization of healthcare. The second reason there was believed to be a shortage of medically trained personal was because of an increased per capita use of health care facilities. The increase use of health care facilities was because development of transportation made it easier to people to seek medical help. Also, the public was more educated on medical issues and as a result recognized signs and symptoms of problems and sought help for them. In addition to this, there was an increase in the number of people having medical insurance, which increased access to health care. Mortality rates were decreasing and life expectancy was increasing. The third reason for a shortage of medically trained personal was that the number of primary care physicians had decreased. At this point in time, primary care providers engaged in other aspects of medicine such as subspecialties, research and industry (Hansen, 1999).

In response to the shortage, Dr. Henry McIntosh, Cardiologist at Duke University, trained local firemen in emergency procedures for the community. In exchange, the off duty firemen helped to staff the cardiac catherization laboratory.

Former navy corpsmen were hired for similar roles and were labeled as physician assistants by Duke's payroll department. It was after this that Dr. Eugene Stead Jr, medical educator and researcher, founded the first physician assistant training program. He decided that ex military corpsmen with previous training and expertise would be suitable candidates for his two-year experimental program. A year later, the academic committee approved Dr. Stead's proposal of the PA curriculum in an effort to relieve the nation wide shortage of physicians. Consequently, in 1967, the first physician assistant class, comprised of four ex military corpsman, graduated from Duke University.

Since this time, the PA profession has grown tremendously, reducing physician hours and simultaneously spreading and increasing healthcare nationwide. Here are a just a couple significant events of many that have contributed to the growth of the PA career in the last 35 years: In 1977 the American Academy of Physician Assistant's (AAPA) education and research foundation was incorporated to obtain private and public funds to support student scholarships and research about the PA profession ("Timeline," 2011). In 1987, the National PA Day was established on Oct 6th which coincided with the anniversary of the first graduating class of Physician Assistants from Duke University PA program just twenty years prior ("Timeline," 2011). In 2000, Mississippi was the last state to enact legislation authorizing PAs to practice in the state, which ended 25 years of effort by local and national organizations ("Timeline," 2011). In 2001, CASPA was launched to offer PA applicants a convenient, state of the art web-based application service that allows an applicant to apply to as many programs as he or she desires in

one single application (“Timeline,” 2011). Again, these are just a few of the achievements made by those working to expand and develop the physician assistant career. As cited earlier, the demand continues to grow for PAs and the profession is continuing to evolve.

### Admissions

Admissions acceptance into an accredited physician assistant (PA) program is highly competitive. According to CASPA Cycle 10 Report, of 16,569 applicants, only 4,731 matriculated in 2011. In addition to this, CASPA reported that there were 3.5 applicants per spot available (2011). The ideal candidate looking to be accepted into an accredited PA program will have hands-on, direct patient care experience, a good academic standing, character (to demonstrate good character try to be personable in an interview), extra-curricular activities such as volunteering, sports, or something that shows qualities one has passion and leadership. Schools also like to see an applicant that fully understands the roles and responsibilities of a PA as well as the limitations of the physician assistant profession. In addition to this, an ideal candidate should be committed to embracing and learning more about cultural diversity, for it is a necessity for the development of the physician assistant career.

As previously stated, many physician assistant schools are looking for candidates with work experience in the healthcare field. Many schools require hours and for work experience to count towards these hours they must be patient contact. Some schools don’t require any, but highly recommend for applicants to have experience. For programs that do require experience programs may require 200 hours to 2,000 hours. Patient contact experience can fall under jobs such as a

certified nurse's aide (CNA), emergency medical technician (EMT), patient care assistant (PCA), phlebotomist, medical assistant (MA), nurse, physical therapist, pharmacy technician dentist, occupational therapist (OT), athletic trainer, respiratory therapist, pharmacist, dietician and more. Many programs try to fill their available spots with students with a diverse background in healthcare experience. Shadowing is highly recommended by programs, required by some so that an applicant fully understands the role of a physician assistant, however, typically shadowing hours will not count as patient contact hours. Volunteering is often favored, but once again does not usually count as patient contact hours. Programs like to see that you are being paid for your patient contact hours and many require that you are for these hours to count because paid experience typically includes more responsibility and direct patient care.

87.8% of PA programs are master's level programs and thus require a bachelor's degree as a prerequisite ("Twenty-Sixth Annual," 2010). Applicants must complete college courses in chemical, biological and behavioral sciences as prerequisites and majority of programs have a minimum GPA requirement of 3.0 on a 4.0 scale. However, prerequisite courses vary from program to program. For this reason, it is very important to research possible schools you may be interested in attending early on in your undergraduate career to be aware of additional classes you may need to incorporate before graduation to be eligible to apply to a specific program. According to the Physician Assistant Education Association's Twenty-Sixth Annual Report on Physician Assistant Programs in the United States, 89% of training programs require a physiology course, 88% require a general chemistry

course, 86% require an anatomy course, 76% require a microbiology course, 71% require a biology course, 63% require a statistics course, 54% require an organic chemistry course, 43% require an advanced algebra/calculus course, 39% require a biochemistry course and 19% require a genetics course (2012).

Many programs have adopted what is known as The Central Application Service for Physician Assistants (CASPA) as the portal for prospective students to upload all of their information. This includes a personal narrative, letters of recommendations (most schools require three), official transcripts, course information, grade point averages, personal information, work and volunteer experience, undergraduate institution information and test information for the Graduate Record Examination (GRE) or the Medical College Admission Test (MCAT). Most schools that require a standardized test only accept the GRE. Few will accept the MCAT as substitution for the GRE. All of this information is to be entered into one single and convenient application to be sent out to as many programs as you wish. It is always best to apply early. Under rolling admissions, programs give potential candidates a large window to apply. Qualified, stellar applicants are often offered spots in a program prior to completion of the institutions interview process.

The interview is a very important part of the application process. Everything you have done up to this point pales in comparison to the interview. The interview is a critical part of the admissions process and it is important for applicants to sell themselves as a good fit for the program. This is your chance to show the admissions committee that you understand the PA profession, that you are likable, compassionate, mature and that you understand their program. At this point in the

game, it is no longer about facts and figures but making an emotional connection with the admission committee by communicating effectively.

A typical PA school interview may last six or seven hours. Some schools will have you write an essay, responding to a given prompt, and may also test one's anatomy and/or medical terminology skills. According to Andrew J. Rodican, there are typically three different interviews that you will go through. One will be a student interview, conducted usually by a first and second year PA student in the program (2010). The purpose of this interview is to find if you would fit well into the program and if you have a good grasp on what a PA actually is. The second interview is the group interview, which is conducted by three or more committee members, usually PAs or MDs, and will want to find out what kind of person you are, how you handle stress and if you can academically fit in with their program. The final interview typically the individual interview. The purpose of this interview is to verify what you say in this interview is consistent with the answers you gave in the other interviews and to get to know more about you on a personal level (Rodican, 2010).

### Training and Education of a PA

The training for a physician assistant student is rigorous and difficult and generally takes 22-36 months to complete. There are 164 programs in 45 states. The majority (55%) of these programs are located in New York, Florida, Pennsylvania and California, which according to the American Academy of Physician Assistants (AAPA) are also the states with the largest number of clinically practicing PAs ("Data and Statistics," 2012). Programs are located at medical schools, four-year



institutions, two-year institutions, research universities, and in the military. This section will discuss the education and training involved in becoming a PA.

Education in PA school is very similar to medical school education except physician assistant school is shorter in length. Medical students generally go through four years of schooling after undergraduate plus a residency. Like medical school, education in a PA program has an emphasis on the following core sciences: anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical lab science, behavioral science and medical ethics. During this didactic year, which is the first 12 months of PA school where students learn in the classroom, PAs are educated as generalists in medicine on a primary care foundation.

Physician assistant students complete more than 2,000 hours of clinical rotations in their second year of school ("What is a PA?," 2012). Of these hours, there is an emphasis on primary care in ambulatory clinics, hospitals, physician offices and long-term care facilities. Rotations include family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine and psychiatry. Typically, majority of programs have elective rotations in specialty areas.

The majority of PA schools practice lecture-based learning combined with hands-on learning. Their hands-on-learning takes place in laboratories where students will practice physical exam skills, anatomy, procedures and diagnostics, etc. Problem based learning (PBL) is another type of teaching method that is being incorporated more and more into medical curricula and has been adopted by some

PA programs across the country such as Northwestern University and Southern Illinois University-Carbondale. According to Srinivasan et al., (2007), facilitators typically play a minimal role and do not guide discussion. In PBL, students engage in self directed learning by being first presented a problem or case study and then are expected to define the problem, explore the related issues, and then come up with a problem resolution (Srinivasan et al., 2007). This promotes and stimulates problem solving, independent learning and teamwork.

Whether a program is utilizing problem-based learning or lecture-based learning, both will teach from an organ-based approach. An organ-based approach takes a certain part of the body such as ears nose and throat, circulatory system, digestive system etc. and integrates the physiology, anatomy, pharmacology, biochemistry, genetics and more around a single organ system of focus. These approaches offer students different ways of learning; the most used approach currently is lecture-based learning.

To make sure physician assistant programs are maximizing educational effectiveness and constantly improving the quality of the education for PA students and future PA's, ARC-PA evaluates each entry level PA program every seven years to make sure they are in compliance with these standards ("Continuing Education," 2012). If an institution is under provisional accreditation, which is accreditation to a new program that demonstrates promise to initiate the program in accordance to the accreditation standards, they will be evaluated every five years ("Provisional Accreditation," 2012). To be eligible to take the Physician Assistant National

Certifying Exam (PANCE) the program attended by the student must be accredited. Passing this exam is required to be a licensed PA in any state in the United States.

There are seven categories of accreditation that the ARC-PA recognizes. The first accreditation category (as briefly discussed in the previous paragraph) is provisional accreditation. Again, provisional accreditation is granted for a limited time to a new program that demonstrates preparedness to initiate a new program with compliance to meeting to the standards of accreditation. The second accreditation category is continued accreditation. This is granted to a program that is in compliance with the standards (“Accreditation Types,” 2012).

The third accreditation standard is continued post-graduate program accreditation, which is a status of accreditation granted for a limited period of time to a newly accredited clinical post graduate institution that demonstrates compliances with the standards. The fourth accreditation standard is probation accreditation. This is a temporary status of accreditation to a program that no longer meets the standards set by the ARC-PA and when the educational experience of the students is threatened (“Accreditation Types,” 2012).

The fifth area of accreditation is administration probation accreditation. This is temporary status assigned when a program has not complied with administrative requirements, such as failure to pay fees or submit requires reports. The sixth area of accreditation is withheld accreditation. This is assigned when a program seeking provisional accreditation is not in compliance with the standards. Finally, the seventh area of accreditation is withdrawn accreditation. This is assigned when an established program is no longer in compliance with the standards or when the

program has failed to comply with the ARC-PA accreditation actions or procedures (“Accreditation Types,” 2012).

### Areas of Practice

There are over 60 different areas of medicine that physician assistants are involved in. In the article “Physician Assistants in the United States,” 55% of graduated PA’s in the past 15 years practice in primary care (Mittman, Cawley & Fenn, 2002). Some sections of primary care include family medicine, pediatrics, OB/GYN and internal medicine. PAs can be found in almost every medical environment including cardiothoracic surgery, forensic medicine, interventional neuroradiology and more (Mittman, Cawley & Fenn, 2002).

This section goes into detail about five areas of practice: emergency medicine (EM), surgery, obstetrics and gynecology (OB/GYN), internal medicine (IM) and dermatology. Each section will discuss job duties and responsibilities, work environment, typical patients seen and any information specific to that area. Furthermore, interviews were conducted with physician assistants in the following areas of practice: emergency medicine, surgery, obstetrics and gynecology and internal medicine. These professionals provided valuable perspectives into their corresponding fields. The interview dialogue can be found in Appendix B at the end of the document.

#### *Emergency Medicine*

As a Physician Assistant in emergency medicine, you may work in critical care unit, urgent care and fast track settings, observation units, chest pain centers or trauma centers. You may also work in pre-hospital situations such as ground or air

transport in patients of all settings and finally education or administration functions. To be considered to work in an emergency department (ED) one must have graduated from an accredited physician assistant program, pass the PANCE, comply with licensure within the state that one is working, and typically graduate with clinical experience in the ER. When looking for emergency medicine PAs, job sites tend to hire those who have some background in the ER in some kind of job such as a PA, nurse, technician or paramedic for example. A great way for a company to recruit an emergency room PA (ER-PA) is during a PA student's clinical rotation. This is because students are already familiar with facility policy and protocol and in addition to this the hospital has already seen firsthand the student's abilities working in the ER.

Physician assistants are utilized in all areas of the emergency department. They can be the solo provider in a rural ED to providing patient care in a trauma center. Working in an ED is typically fast paced and one should be able to adapt to new and different situations. Typically, physician assistants see the same patient population as the supervising physician; they work collaboratively to draw conclusions and makes decisions about patients.

There are no "typical" restrictions on what duties an ED PA can perform. Duties include, but are not limited to the following: membership on medical staff including hospital privileges and voting privileges, active and ongoing involvement in quality improvement activities in department of emergency medicine, patient histories and performing physical exams of putting in medical records, performing medical screening exams, performing diagnostic and therapeutic studies, ordering

medications, establishing diagnostic decision making, instructing and counseling patients regarding mental and physical health, referring patients to appropriate specialists and finally performing a number of diagnostic/therapeutic procedures ("PAs in the ED," 2012). Common procedures include suturing, splinting and casting, removing foreign objects from the eyes and wrapping sprains and strains ("Rodican," 2010).

### *Surgery*

As a physician assistant in surgery, one may work in all areas of the perioperative environment. These areas include pre admission, testing, intra-operative first assisting, post anesthesia care unit (PACU), surgical intensive care unit (SICU), step down unit, out patient clinic and office practice. Surgical PAs are involved deeply in postoperative care, lessening and preventing conditions such as fever, pulmonary embolus, respiratory distress, renal failure, infection and hemorrhage (Rodican, 2010).

In general surgery, the physician assistant will be involved in all aspects of patient care in both inpatient and outpatient settings. According to the American Association of Surgical Physician Assistants (AASPA), many PAs in general surgery are involved in a wide range of abdominal procedures ("Surgical PA," 2011). However, depending on who the general surgery PA is hired by, one may be involved with a broad range of subspecialty areas such as orthopedic, head and neck, thoracic, urological or cardiovascular surgery.

PAs entering the surgery practice may choose multiple routes. A few avenues include graduating from an accredited program that is surgically focused,

completing a surgical residency after PA school and/or on the job training after graduation from an accredited program. Surgical residencies are not required to work in a surgery practice but they offer a great opportunity to expand ones skills in the specialty.

Typical duties and responsibilities of a surgical PA in a hospital setting include, but are not limited to, assisting in surgery, performing comprehensive and problem-focused histories and physical exams, diagnosing and treating illnesses/injuries and ordering and interpreting laboratory and radiographic studies (“Surgical PA,” 2011). In addition to this, surgical PAs are responsible for educating and counseling patients, performing minor surgical procedures, performing First Assist duties in surgery, assisting with call, rendering emergency care, facilitating patient referral, conducting research and drug studies and prescribing medication in most states (“Surgical PA,” 2011).

### *OB/GYN*

As a physician assistant in obstetrics and gynecology (OB/GYN), one will work with women starting at adolescence and continuing onward. To work in an OB/GYN setting, extra training is typically not needed. Most PAs are able to manage medical issues in women’s health based on the primary care training taught in PA school.

According to the Association of Physician Assistants in Obstetrics and Gynecology (APAOG), in a survey sent to their members in 2000, most PAs in this specialty frequently encountered pap/pelvic and breast exams, gynecological complaints, family planning, menopause management and prenatal care

("Professional Practice FAQs," 2011). The most common procedures that were performed included ultrasound, colposcopy and endometrial biopsy ("Professional Practice FAQs," 2011). Other procedures include intrauterine device insertion (IUD) and Norplant insertion, artificial insemination, vulvar/cervical breast biopsy, pessary fitting, vaginal delivery, abortion, D & C, hysteroscopy, laminar inserts and circumcision. Duties depend on the type of setting and the needs of the practice ("Professional Practice FAQs," 2011)

Common legality questions regarding PAs in OB/GYN are if PAs can deliver babies, perform Cesarean deliveries and/or perform abortions. Many state rules and regulations do not address physician assistants and deliveries and the reason for this is unknown. Commonly, the ability for PAs to deliver is based on physician and patient preference, training and hospital regulations. PAs may serve as first assistant in Cesarean deliveries if they are credentialed to do so at the hospital of interest. As for abortions, majority of states have "physician only" laws with surgical abortions. A physician assistant performing medical abortions are much less standardized and are dependent on the state in which the PA works. However, PAs are often involved in pre and post counseling, ultrasound diagnosis, assisting with preventing measures and family planning.

### *Internal Medicine*

Internal medicine (IM) PAs focus on treating patients who suffer from diseases that affect internal organs. Currently, 17.2% of practicing PAs work in internal medicine (Rodican, 2010). Physician assistants may also subspecialize into various categories within internal medicine such as allergy and immunology,



cardiology, endocrinology, gastroenterology, hematology, oncology, neurology, nephrology, rheumatology, urology and finally infectious diseases. This wide range of subspecialties offers a great foundation for future practice, making it a great area to enter upon graduating from an accredited institution.

Earning a median salary of \$87,200 (“Data and Statistics,” 2012), internal medicine PAs provide basic medical services such as record keeping, diagnosing, managing chronic and acute illness, prescription-writing and counseling patients on medical issues related to their disease, including diet and lifestyle changes. Internal medicine PAs should be proficient in diagnostic and therapeutic procedures such as obtaining blood gases, performing lumbar punctures, starting IV’s, drawing blood, central line placement and thoracentesis. IM PAs can be found working in group clinics or private physician practices.

Practicing with an internal medicine background, another area PAs can be found is working in a hospital as a hospitalist PA. According to the Journal of American Academy of Physician Assistants, a hospitalist is a physician who practices exclusively in the hospital, specializing in the general medical care of inpatients (Hartsell, 2007). With the growth of hospitalist programs across the country along with a workforce gap created by resident work hour restrictions, the demand for hospital-based clinicians has grown (Hartsell, 2007). PAs are helping to fill this gap. A hospitalist PA-C and author of the article “The Emerging Role of PAs in the Hospitalist Movement,” Zachary Hartsell describes the PA hospitalist role as a job that blends aspects such as high acuity, a fast pace and a diverse patient population.

He further explains that what you see one day will be completely different than what you saw the day before (2007).

### *Dermatology*

Most dermatological PAs are trained on the job by a supervising dermatologist. There are also two residency programs for dermatology for post-graduate physician assistant students from an accredited program. Also, in many cases an elective dermatology rotation is offered to PA students during their clinical year.

Dermatological PAs work with their supervising physicians and their work can assist in decreasing waiting time for an appointment, decreasing workload for the dermatologist and freeing up the dermatologist to spend more time with complex patients. Dermatology PAs possess a wide variety of skills in general dermatology and surgery. They may specialize in certain areas of the practice such as acne, psoriasis, phototherapy and HIV ("The Dermatologist," 2012). Others may specialize more in cosmetics by performing sclerotherapy, operating lasers and giving Botox injections. Finally, some dermatological PAs can specialize in surgery.

Salary for a dermatological PA varies and is dependent on demographics, scope of the practice, abilities, training and experience of the physician assistant. A practice seeing a broader range of patients will make more money. According to the Society of Dermatology Physician Assistants (DPA), in a survey they gave to their members, salary ranged from \$50,000 to \$100,000 ("The Dermatologist," 2012). Some billings generated by members ranged from \$150,000 (a new grad after one

year) to \$600,000 by more experienced dermatological PA's ("The Dermatologist," 2012).

### Salaries

There are several reasons why the physician assistant career has become popular recently and one of them is income. Physician assistant salaries vary depending on each individual PAs scope of practice including, but not limited to specialty, level of experience and environment. For example, a physician assistant in a large hospital in a bigger city would earn a higher income than a physician assistant in a smaller clinic in a rural area.

According to the American Academy of Physician Assistants (AAPA) census survey taken from October 2010 to April 2011, there were 19,830 participating PAs, representing 23.8% of individuals eligible for practice ("Data and Statistics," 2012). Of the participating PAs, the AAPA figured that the median age was 38 years and that the median number of years spent practicing was seven. Additionally, the median number of years spent in a current primary specialty was four. Of the participants, 61% were female, 38% were male and 1% was unknown ("Data and Statistics," 2012). The median income for a physician assistant who works at least 32 hours a week earns a median salary of \$90,000. In this census, it was also reported that primary care PAs earn a median salary of \$85,000, emergency medicine PAs earn a median salary of \$100,000, general surgery PAs earn a median salary of \$92,000, surgery subspecialty PAs earn a median salary of \$97,000, internal subspecialty PAs earn a median salary of \$87,200 and pediatric

subspecialty PAs earn a median salary of \$88,000 (“Data and Statistics,” 2012).

### Certification Education

To be eligible for certification by the NCCPA, one must graduate from an accredited physician assistant program, take and pass the physician assistant National Certifying Exam (PANCE). PANCE consists of 300 multiple-choice questions administered in five blocks of 60 questions with 60 minutes given per block (“What to Expect,” 2012). PANCE assess one’s medical and surgical knowledge. If one fails PANCE, he or she can retake the examination once in a 90-day period or up to three times per year. If one has never been certified before and has graduated from an accredited program on or after January 1<sup>st</sup>, 2003, he or she is eligible for up to six years to take the PANCE and the examination may be taken up to six times before he or she loses eligibility to take the PANCE (“FAQs,” 2012). If eligibility to take this examination and become certified has been lost, the individual must reenroll in an accredited education institution and graduate to be eligible to take the examination again.

After the individual passes the PANCE, he or she is issued NCCPA certification until it expires in two years. Currently, certification happens in a six-year certification maintenance cycle that consists of three, two-year periods. Every two years, a PA must earn and log 100 credits of CME and submit a \$130 CME fee to the NCCPA. Of the 100 CME credits logged, 50 of them must be category I CME credits. The remaining 50 credits can be category I or category II or a combination of both categories (“Certification Process Overview,” 2012).

According to The National Commission on Certification of Physician Assistants (NCCPA), Certification Maintenance Education (CME) consists of clinical and professional education acts that maintain, develop or increase knowledge, skills and professional performance and relationships that a physician assistant uses to provide service for patients, the public and the profession (“Continuing Medical Education,” 2012).

Category I CME credits must be preapproved by the American Academy of Physician Assistants (AAPA) as a category I CME. Some ways that category I CME credits can be earned are seminars, conferences, online, delivering lectures to PA students and more. Upon completion, the provider will issue a certification to the physician assistant. Providers are organizations that offered the seminar or the conducted training. Examples of providers are associations, hospitals, schools, pharmaceutical companies and other health care organizations. Category II CME credits are any activities that are medically related that can enhance the role of the PA. These are earned on an hourly basis and some examples include journal reading, precepting PA students and more (“Certification Process Overview,” 2012).

By the end of the sixth year of the certification maintenance cycle, the PA-C must pass the recertification exam known as the Physician Assistant National Recertifying Exam (PANRE). This examination assesses one’s general medical and surgical knowledge and costs \$350 to take. After a six-year cycle of certification is completed, the certification process starts all over again (“Certification Process Overview,” 2012).

### *Upcoming Certification Maintenance Changes*

In 2003 the NCCPA launched an initiative to define PA competencies. Between the NCCPA, AAPA, PAEA and ARC-PA, a document was created

To communicate to the PA profession and the public a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers...This document serves as a map for the individual PA, the physician-PA team and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants. (no page number)

The six categories that were described in the document are medical knowledge, patient care, interpersonal and communication skills, professionalism, systems-based practice and practice based learning and improvement.

After the documentation came out, the NCCPA began brainstorming on how they could implement these competencies in the certification process. The changes were made and beginning in 2014, the NCCPA will go from a six-year certification cycle consisting of three, two-year cycles to a ten-year certification cycle, consisting of five, two-year cycles. For the first four cycles (eight years), the PA-C needs to earn 20 category I CME credits through self-assessment CME or performance improvement CME. These twenty are not additional credits, but are apart of the 50 category I CME credits that have always been required ("New Certification Process," 2012).

Self-assessment CME activities involve more of an active process of conducting reviews of one's performance or skills. A performance-improvement CME involves active learning and application of learning to improve an individual's

practice in a three-step process. The first step involves comparing some aspect of the practice to a national benchmark, performance guideline or some other evidence-based standard. The second step calls for developing and implementing a plan for improvement in this area, based on the comparison made by the PA-C. The final step is an evaluation of the impact of improvement effort by comparing the results of the original comparison with the results of the new outcome.

The fifth and final cycle requires 100 CME credits, 50 must be category I credits followed by taking the PANRE. Because the CME cycle is now every ten years versus six years, the PANRE is now only required every ten years (“New Certification Process,” 2012). To strengthen the value and integrity of the PA-C, randomly selected PAs will be audited and expected to submit supporting documentation for at least 50 category I CME credits reported (“CME Audit Policy,” 2012).

The PA profession is a rapidly growing field in which there are numerous opportunities for training and job variety. This document highlighted the process of preparing for education and training as a PA and provided extensive information on the PA career as it pertains to healthcare now and in the future. In addition, the rise of the profession was shared as well as various specialties in the PA field. To clear up misperceptions between health care fields, the document compared professions commonly confused with PAs. Furthermore, certification maintenance requirement guidelines for licensed PAs graduated from an accredited institution were discussed as well as an overview of salary information per specialty. Also provided, are two

appendices. Appendix A provides educational resources for those who would like to learn more and appendix B offers four PA interviews that provide more insight into a specific subspecialty.



## Appendix A: Resource Information

### General Information

- Accreditation Review Commission on Education for the Physician Assistant  
<http://www.arc-pa.org/>
- American Academy of Physician Assistants (AAPA)  
<http://www.aapa.org>
- National Commission on Certification of Physician Assistants (NCCPA)  
<http://www.nccpa.net/certificationprocess.aspx>
- Physician Assistant Education Association (PAEA)  
<http://paeaonline.org>
- Physician Assistant History Society (PAHx)  
<http://www.pahx.org/>
- Physician Assistants in United States (Journal)  
<Http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1124003/pdf/485.pdf>

### Specialties

- American Association of Surgical Physician Assistants (AASPA)  
<http://www.aaspa.com/>
- Association of Physician Assistants in Obstetrics and Gynecology (APAOG)  
<http://www.paobgyn.org/>
- Society of Dermatology Physician Assistants  
<http://www.dermpa.org/>
- Society of Emergency Medicine Physician Assistants (SEMPA)

<http://www.sempa.org/>

## **Appendix B: PA Specialty Interviews**

The answers provided below are not verbatim, but offer the essence of what each individual PA shared. There are some direct quotes as well.

### *Interview with Emergency Medicine Physician Assistant*

1.) Why did you choose this specialty in comparison to others you went through during your clinical rotations during PA schools?

Answer: I worked as a medical assistant before PA school and I kept an open mind in family practice. I loved the continuity of care and getting to know families. During my ER rotation, I really enjoyed it. It is very fast paced and you can learn a lot because there is such a variety of case and patient presentations from pediatric patients to geriatric patients. It is very exciting.

2.) Did you need extra training outside of PA school to be in ER medicine?

Answer: No I didn't. There are no residency programs for a PA in ER medicine. There are some for oncology, but there is no extra training required normally. Typically, it's on the job training and learning. There is talk about requiring a residency, but that would be later on down the road.

3.) What are your typical day-to-day duties/responsibilities as an ER PA?

Answer: I come in and take care of the patients in progress and pick up new patients that come in. I take histories and do physical exams and put orders in, like lab orders for example. There is a lot of autonomy in the ER. I am managing seven to

eight patients at once sometimes. An example of autonomy would be a reevaluation. Do you admit or discharge? Some physicians want you to discuss every patient you see, while others are little less conservative and will allow you to make more decisions on your own.

4.) What kind of hours do you work?

Answer: I typically work 7 A.M. to 7 P.M. but it can vary hospital to hospital. There are some shifts that are 9 A.M. to 9 P.M., 10 A.M. to 10 P.M. or 5 P.M.-3 A.M. I work 36 hours a week, which are three 12-hour shifts a week. I often do overtime though.

5.) What type of patients do you normally see?

Answer: I am not supposed to see anyone younger than six months, so I see patients who are six months old to geriatrics. I do see critical patients.

6.) Describe your relationship with your supervising physician.

Answer: Working with my supervising physician, I have a lot of autonomy. I like the doctors that I work with. Some are conservative and want to know every detail and others are minimalists. They are great to go to if I ever have questions or opinions. You never feel alone.

7.) How would you describe your work environment as a emergency room PA?

Answer: It is very fast paced. There is no scheduled time to eat. You have to eat your lunch when you have time. But because it is so fast paced, the 12 hours go

by very fast. I work well with the nurses and physicians. Our environment is very team-focused.

8.) Who makes up the “emergency medicine team?”

Answer: The ER team consists of one or more physicians, mid-level providers such as NPs or PAs, nurses, paramedics, transporters and secretaries for admission orders and answering phone calls.

9.) What are your favorite aspects of the job?

Answer: I like the opportunity to learn so much because of the wide variety of presentations and patients. It is always stimulating and never boring. It pushes you to keep updated on your skills and knowledge. You can kind of work anywhere after that.

10.) What are you least favorite aspects of the job?

Answer: My least favorite aspects of the job are working on holidays, working on weekends and working late night shifts. It can be difficult to see significant others and family.

11.) What are important qualities to have to make it as an emergency medicine PA?

Answer: It is important to be efficient and being able to multitask because you will need to manage multiple patients at once and the status of a patient can continuously change. You will have to be able to know how to manage that.

12.) Is there anything else a new PA would need to know that we haven't already discussed?

Answer: Make sure you are comfortable with your skills before trying to work in the ER. Suture as much as you can. Do a lot of abscess. Take advantage of opportunities to work on these procedures in school. I always did a lot of practice whenever I could and it really paid off.

13.) What advice can you give to prospective PA students who are still doing their undergrad?

Answer: Grades are important, but most applicants have very solid GPA's. What really is going to separate you from others is your experience, community service, extra curricular activities and any other medical related activities.

*Interview with General Surgery Physician Assistant*

1.) Why did you choose surgery in comparison with others you went through during clinical rotations in PA schools?

Answer: I job shadowed a lot and had an idea that I liked surgery early on. Also, my favorite subject has always been Anatomy.

2.) Did you need extra training outside of PA school to be in surgical medicine?

Answer: No I didn't. There are fellowship programs available for surgical physician assistants. So far, I have not been asked to do one. When you work trauma, oftentimes they will ask you to take a trauma course. In ICU, there is also training.

But the only training I have undergone is on the job training.

3.) What are your typical day-to-day duties/responsibilities as a surgical PA?

Answer: First, I get rounds on all of the patients. I evaluate them for possible surgery. I also evaluate patients for elective surgery. I take care of the patients until they go home. I am involved in consults and discharging patients as well. I take care of all dictation for discharge.

4.) What kind of hours do you work as a surgical PA?

Answer: I work at least 7 A.M. to 5 P.M. but often times I stay later. I work ten days in a row and then have four days off.

5.) What type of patients do you normally see?

Answer: This is an interesting part of the job. The patients I see vary. We see common cases such as patients with ruptured appendices, we see 95 or 96 year olds, we see patients that are a medical mess with just about everything wrong with them and we also see patients that are perfectly healthy.

6.) Describe your relationship with your supervising physician.

Answer: There are a group of seven surgeons. My supervising physician is the head of everything, but I seldom work with him. The rounding doctor will come through and round every two weeks. If they do really big surgeries they will come in and talk to patients. I interact with several different surgeons throughout the day and get a good variety of interaction.

7.) How would you describe your work environment as a surgical PA?

Answer: I am primarily at the hospital. I spend two days a week seeing post-operative patients in the office. I see six to eight patients normally. I spend a lot of time on the surgical floor, the cardiac unit or if someone is sick, in the ICU. It can be extremely hectic. For example, you could just be coming off call and then you get six new patients.

8.) Who makes up the “surgical medicine team?”

Answer: There are seven surgeons, a nurse practitioner and physician assistant. Certain surgeons will focus on certain surgeries. There may be a surgeon that is best at gastric surgeries and he will perform those or there may be a surgeon that will do more hernia surgeries, for example. There is another guy that is really good with laparoscopic things and he tends to do those.

9.) What are your favorite aspects of the job?

Answer: One week we had five gall bladders and with that you are able to get really comfortable with a certain part, then the next time you will see something very different and new. It is very interesting to work with different things. The best part is trying to learn and keep up with what you are dealing with and working with. If I have a case with something I haven't worked on or seen in forever, I will go home and research up on it to find as much information as I can to get more comfortable with it.



10.) What are you least favorite aspects of the job?

Answer: My least favorite aspect would be that I work a lot. Some days I am just absolutely dead around 4 o'clock and I will get four new consults at once and will have to stay late. I also dislike the paperwork and documenting. There is a lot of that.

11.) What are important qualities to have to make it as a general surgery PA?

Answer: You need to have personal skills and be able to understand patients and talk to them. You have some that are extremely sharp and others that are not so sharp. The surgeons are very quick with the patients so as a PA, you must be able to answer all the patient's questions after the surgeon leaves and explain to them what is happening so that they understand.

12.) Is there anything else a new PA would need to know that we haven't already discussed?

Answer: Make sure that you go into rotations during your clinical year with an open mind. When you go through school, they teach a very little amount about a lot of different things. When you get into your own situation it is up to you to go and expand on areas of medicine and become better at things you do everyday. I have found that it is nice working in the hospital because you are able to consult with other specialists such as the cardiologist if you have questions.

13.) What advice can you give to prospective PA students who are still doing their

undergrad?

Answer: Make sure you job shadow and start getting your clinical hours as early as possible.

*Interview with Obstetrics and Gynecology Physician Assistant*

1.) Why did you choose this specialty in comparison to others you went through during your clinical rotations during PA schools?

Answer: I enjoy women's health. I enjoy outpatient care more than inpatient care. I like knowing what to expect.

2.) Did you need extra training outside of PA school to be an OB/GYN PA?

Answer: No, I didn't. In any subspecialty, there is a lot of on the job training.

3.) What are your typical day-to-day duties/responsibilities as an OB/GYN PA?

Answer: I see patients in an outpatient clinic. I typically see one patient every 15-30 minutes. I see outpatient pregnant women, acute add-ons, breast lumps, vaginal irritations and more.

4.) What kind of hours do you work?

Answer: I work Mondays, Tuesdays, Thursdays and Fridays 8 A.M.-5:30 P.M.

5.) What type of patients do you normally see?

Answer: Typically I see healthy women who are pregnant that are 50 years of

age or younger.

6.) Describe your relationship with your supervising physician.

Answer: My relationship with my supervising physician is excellent. He is available whenever I have any questions and is very easy to communicate with as well.

7.) How would you describe your work environment?

Answer: I work with the medical assistant or nurse daily. There are two to three different exam rooms where I am seeing patients.

8.) Who makes up the "OB/GYN team?"

Answer: I work with four physicians who all do surgeries. I just help out with the patient setting.

9.) What are your favorite aspects of the job?

Answer: I like working with pregnant women and I like that I am able to educate them and offer them reassurance if they are nervous or have questions. I want to do what is best for them and their baby. Also, I get to spend a little more time with the patients and talk to them more than the physicians.

10.) What are your least favorite aspects of the job?

Answer: The hardest part of my job is talking to a couple after they have had a miscarriage or a pregnancy loss.

11.) What are important qualities to have to make it as an OB/GYN PA?

Answer: You must have patience and be able to listen to patients and reassure patients. It is important to have a calming quality and that you are able to make the patients feel comfortable. Make sure you make eye contact with the patients as well.

12.) Is there anything else a new PA would need to know that we haven't already discussed?

Answer: It is important to have an open mind about all areas of specialty and medicine when you do your clinical rotations. You should give every rotation a chance and an opportunity.

13.) What advice can you give to prospective PA students who are still doing their undergrad?

Answer: Make sure you form good contacts whether it is with physicians or physician assistants especially for letter of recommendations. Make sure you stand out above and beyond. Getting into PA school is very competitive; so do not be discouraged if you do not get in your first year. Keep applying if you don't get in!

*Interview with Internal Medicine Physician Assistant*

1.) Why did you choose this specialty in comparison to others you went through during your clinical rotations during PA school?

Answer: It is one of the most diverse jobs in terms of what you are

responsible for. There is definitely a lot of pressure and a large workload. But you aren't just seeing things like diabetes or hypertension. You are able to see really severe cases of something. By seeing these things in a clinical setting it becomes cemented in your brain. Also, I had a friend who told me it would be a really good idea to do two years of internal medicine after graduation.

2.) Did you need extra training outside of PA school to be in internal medicine?

Answer: No I didn't do extra training. I did three months of internal medicine, all in a hospital setting. Typically when you start a job you have orientation for a certain amount of time depending on where you are. For example, orientation in critical care is about six months, or outpatient would be a couple weeks to a month. For my internal medicine position, I went through orientation for two months.

3.) Are you involved in any research? If so, please describe

Answer: I am not involved in any research but there are very many opportunities in the hospital to be apart of some. If that is something that you are interested, it would be a good idea to work in a hospital.

4.) What are your typical day-to-day duties/responsibilities as IM PA?

Answer: Consults are the number one thing I do. I also do a lot of admissions. There are ten teams of 15 at night and pagers are off, so I am responsible for all patients. There are a lot of acute respiratory issues and a lot of heart attacks. It is important to know how to manage acute care and also understand a little bit of ER

medicine on top of everything else.

5.) What kind of hours do you work as an IM PA?

Answer: I work evenings from 7 P.M. to 7 A.M. I occasionally will work days but not very often. For a two-week period, I work seven shifts in a pay period. I work 34 hours one week and a little over 40 the next week.

6.) What type of patients do you normally see?

Answer: I see all types of patients, basically anybody as long as you are 18 or older. I do not see pediatric patients.

7.) Describe your relationship with your supervising physician.

Answer: It is interesting. There are more people working at night. I have one doctor who is the managing physician. But there are 40 doctors and 20 PA's in the group. At night there are three to four mid levels (NPs and PAs) and one attending physician. If you are confused about something or you need confirmation in something, they are always a phone call away and are always very happy to help. You work with the physician primarily during admission and consults. Some are more conservative than others. They will meet you on the floor and go through the plans for the day and go through every patient with you. Everything is written down. Other physicians are more trusting and when you give them an update on a patient they will respond "okay, that's good" and let you continue to do your work.

8.) How would you describe your work environment as an internal medicine PA?

Answer: The work environment varies. You are never in one place. You can be in every floor in the hospital. There is a smaller amount of people working at night so you can get to know people a little better.

9.) Who makes up the “internal medicine team?”

Answer: There are three to four midlevel providers, nursing staff and at least one supervising physician.

10.) What are your favorite aspects of the job?

Answer: My favorite part of the job is acute floor calls. You need to learn and work so fast that it can be challenging. But I always do better under pressure. I love the crazy patients that come in that you have no idea what’s going on with them. You can see very rare cases and I love being in consult, trying to figure out if it could be this or if it could be that.

11.) What are you least favorite aspects of the job?

Answer: My least favorite aspects of the job would be my hours. I work midnights. Also, I dislike working holidays. My hours make me very busy and I often miss my family. But its nice you can make your schedule. For example, you can work seven days on and have a week off.

12.) What are important qualities to have to make it as an internal medicine PA?

Answer: You have to be independent to a certain degree. Yes, you have backup incase you need help, but you have many floor calls and you barely see your

coworkers. You also have to have confidence and an “I can do this” type of attitude. Also, you need to be accepting of working nights and weekends because even though its difficult to maintain that schedule, eventually after two years you can get a new job or get moved to days.

13.) Is there anything else a new PA would need to know that we haven't already discussed?

Answer: Being a PA is a fun job. Oftentimes patients tend to complain more during the day. They are seeing so many different people. There are less people working at night and because of this, PAs are able to bond with patients more and can make more of an impression on them. As a result, patients tend to be more open and accepting of their mid-level provider.

14.) What advice can you give to prospective PA students who are still doing their undergrad?

Answer: Try to have as much fun doing what you are doing. Make sure when you are deciding which PA school to attend, that the group you are going in with is a good group and you will be able to mesh well with them. When you are making a decision about where you want to work after PA school, don't pick something based on good hours or money, make sure you are passionate about what area of medicine you choose to go into.



## References

Accreditation Review Commission on Education for the Physician Assistant, Inc.

*Accreditation types and review cycles.* (2012). Retrieved from

[http://www.arc-pa.com/about/acc\\_types.html](http://www.arc-pa.com/about/acc_types.html).

Accreditation Review Commission on Education for the Physician Assistant, Inc.

*Continuing education.* (2012). Retrieved from

[http://www.arc-pa.com/continuing\\_acc/](http://www.arc-pa.com/continuing_acc/)

Accreditation Review Commission on Education for the Physician Assistant, Inc.

*Provisional accreditation.* (2012). Retrieved from

[http://www.arc-pa.com/provisional\\_acc/](http://www.arc-pa.com/provisional_acc/)

American Academy of Nurse Practitioners. (2012). *All about NPs.* Retrieved from

<http://www.aanp.org/all-about-nps>

American Academy of Physician Assistants. (2012). *Data and statistics.* Retrieved

from

[http://www.aapa.org/research/data\\_and\\_statistics/resources/item.aspx?id=](http://www.aapa.org/research/data_and_statistics/resources/item.aspx?id=)

[3882](http://www.aapa.org/research/data_and_statistics/resources/item.aspx?id=3882)

American Academy of Physician Assistants. (2012). *What is PA?* Retrieved from

[http://www.aapa.org/the\\_pa\\_profession/what\\_is\\_a\\_pa.aspx](http://www.aapa.org/the_pa_profession/what_is_a_pa.aspx)

American Association of Medical Assistants. (2012). *FAQs on medical assisting and the CMA (AAMA)*. Retrieved from

<http://www.aama-ntl.org/medassisting/faqs.aspx>

American Association of Medical Assistants. (2011). *Medical assisting salary survey*.

Retrieved from

[http://www.aama-ntl.org/resources/library/salary\\_survey.pdf](http://www.aama-ntl.org/resources/library/salary_survey.pdf).

American Association of Surgical Physician Assistants. (2011). *Surgical PA*

*roles and responsibilities*. Retrieved from

<http://www.aaspa.com/page.asp?tid=97&name=Surgical-PA-Roles--Responsibilities&navid=18>

American Medical Association. (2012). *Requirements for becoming a physician*.

Retrieved from <http://www.ama-assn.org/ama/pub/education-careers/becoming-physician.page>

Association of American Medical Colleges. (2012). *What's on the MCAT exam*.

Retrieved from <http://www.aamc.org/students/applying/mcat/preparing/>

Association of Physician Assistants in Obstetrics & Gynecology. (2011).

*Professional practice FAQs*. Retrieved from

<http://www.paobgyn.org/Professional-Practice/Ask-a-Professional>

Best Jobs in America. (2012). Retrieved from

[http://money.cnn.com/magazines/moneymag/bestjobs/2010/full\\_list/](http://money.cnn.com/magazines/moneymag/bestjobs/2010/full_list/)

Bureau of Labor Statistics. (2011). *Occupational employment and wages,*

*May 2011: Registered nurses*. Retrieved from

<http://www.bls.gov/oes/current/oes291111.htm>.

Bureau of Labor Statistics. (2011). *Occupational employment and wages,*

*May 2011: Licensed practical and licensed vocational nurses*. Retrieved from

<http://www.bls.gov/oes/current/oes292061.htm>.

Cawley, J. F. & Hooker, R. S. (2010). Physician assistant role flexibility and career mobility. *Journal of the American Academy of Physician Assistants*.

Retrieved from <http://www.jaapa.com/physician-assistant-role-flexibility-and-career-mobility/article/176165/>

Hansen, J. (1999). *History of Physicians Assistant Occupation*. Retrieved from digital term papers.

Hartsell, Zachary. (2007). The emerging role of PAs in the hospitalist movement.

*Journal of the American Academy of Physician Assistants*. Retrieved from

<http://www.jaapa.com/the-emerging-role-ofpas-in-the-hospitalist-movement/article/136804>

McDaniel, Janie. (2011). *CASPA cycle 10 report (applicants and matriculants 2010-*

*2011)* (PowerPoint slides). Retrieved from

[http://www.paeaonline.org\\_index.pdf](http://www.paeaonline.org_index.pdf)

Mittman, D.E., Cawley, J.F., Fenn, W.H. (2002). Physician Assistants in the United

States. *BMJ*. 325(7362), 485-487. Retrieved from

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1124003/>

National Commission on Certification of Physician Assistants. (2012). *Certification*

*process overview*. Retrieved from

<http://www.nccpa.net/CertificationProcess.aspx>

National Commission on Certification of Physician Assistants. (2012). *CME*

*audit policy*. Retrieved from <http://www.nccpa.net/CMEAudit.aspx>

National Commission on Certification of Physician Assistants. (2012). *FAQs*.

Retrieved from <http://www.nccpa.net/Faq.aspx>

National Commission on Certification of Physician Assistants. (2012). *New*

*Certification process overview*. Retrieved from

<http://www.nccpa.net/CertMain.aspx>

National Commission on Certification of Physician Assistants. (2012). *What to expect on test day*. Retrieved from <http://www.nccpa.net/TestDay.aspx>

Physician Assistant Education Association (2012). *FAQs*. Retrieved from

<http://www.paeaonline.org/index.php?ht=display/Faqs/i/56325>

Physician Assistant Education Association. (2010). *Twenty-sixth annual report on physician assistant programs in the United States*. Retrieved from

<http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/135135>

Physician Assistant Education Association (2012). *What is a physician assistant?*

Retrieved from <http://www.paeaonline.org/>

Physician Assistant Education Association (2012). *Join one of the fastest growing*

*careers in America*. Retrieved from

<http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/105985>

Physician Assistant History Society. (2011). *Timeline*. Retrieved from

<http://www.pahx.org/timeline.html>

Rodican, A. J. (2010). *The ultimate guide to getting into physician assistant school*.

United States of America: Mcgraw-Hill Medical.

Smith, Jacquelyn. (2012, June 8). The Best and Worst Master's Degrees for Jobs.

*Forbes*. Retrieved July 5, 2012, from

<http://www.forbes.com/sites/jacquelynsmith/2012/06/08/the-best-and-worst-masters-degrees-for-jobs-2/>

Society of Dermatology Physician Assistants. (2012). *The dermatologist/PA team*.

Retrieved from <http://www.dermpa.org/>

Society of Emergency Medicine Physician Assistants. (2012). *PAs in the ed*.

Retrieved from <http://www.sempa.org/Resources/Pas-in-the-ED/>

Srinivasan, M, Wilkes, M, Stevenson, F, Nguyen, T, Slavin, S. (2007). Comparing

problem-based learning with case-based learning: Effects of a major curricular shift at two institutions. *Acad Med*. 82(1), 74-82. Doi:

10.1097/01.ACM.0000249963.93776.aa