

Transcript: Career Flexibility For PAs

Transcript

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members and available to non-members for a small fee I'm going to pass it on.

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To Kim. So go online and check out the available CME at CME.AAPA.org. In this episode, we'll be exploring PA career.

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Flexibility when deciding to become PAs, I think we were all attracted by the.

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Ability to switch.

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Specialties, while career flexibility is unique to PAs, there has been little research surrounding the experience of these PAs and their employers to better understand the lived experience of PAs, who have switched specialties, we'll be discussing a study recently published in JAAPA.

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On PA career flexibility, three of the authors, Eliana, Claire and Jay, are joining us to discuss their work. Eliana, Claire, and Jay, welcome to the podcast.

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Yeah, to start, can you introduce yourself? Tell us a little bit about your journey, how you became a PA and where you work currently. And since we're talking about career flexibility, if you weren't at PA, can you tell us what profession you would be in? Leanne, I'll pass it.

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Off to you.

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Great. So I actually came a little bit on a winding road to get here.

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I originally studied physics and computer science in college and then worked as a management consultant. When I graduated college.

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After that I took a job at a public health startup that was trying to use data from thermometers to track infectious diseases spread, but really wanted to work more with people one-on-one and was kind of always interested in medicine and at some point when I was working at the startup, I discovered the existence of the PA.

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Profession which I had never been aware of previously, started looking into it.

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And really, just everyone I talked to was so happy with their career decision and it said such wonderful things about being a PA and convinced me that this was something I was interested in. So I took some prerequisite courses applied and and got into PA school. And here I am.

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So I think if I were not going to be a PA when I was deciding whether or not to go to PA school, the other thing I was really interested in, which actually relates in some ways to the paper that we wrote, was kind of organizational management. And I was really involved in onboarding at the start up that I worked at.

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And I was interested potentially in helping companies with their organizational management and onboarding more smoothly and getting things done more effectively. So I think that's probably what I would have ended up doing. That's awesome. Thank you for sharing. Jay, can you?

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Tell a little.

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Bit about your journey. So my name is Gina MOA. I graduated from my pH.

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School about 21 years ago in New York City, and I was intrigued by after I met a PA during my junior year of high school.

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And I just asked him about his profession and he allowed me to shadow him in the OR, and I felt that this was an awesome job to look into because I was thinking originally I would go through the through the physician route. But then after meeting him and seeing how his engagement with the with other nursing staff and people in the OR and then what he was able to do in the OR.

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I thought it was an awesome job to look into, so I started my career as a PA in neurosurgery and in neurocritical care.

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I actually did try two other services during my career and found myself back in the row before I am now. Currently in my my position at Stanford, I am the director of events practice for in-patient services and strategy. Really excited about my role in advancing other PAs and APPs in their different.

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Service lines and if I was, if I did not become a PA, I think there was probably 22 routes. I was always thinking about more recently. I think I would be something more like a professional development coach or something where I can actually talk to people and engage and get people to.

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Enjoy what they do and enjoy life and be able to find enjoyment in their careers. The other one I always thought of starting a business like a Sports Complex or something where kids and families can do things. That's kind of The Who knows, maybe the business side one day I'll hand it over to Claire.

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Hi everyone. My name is Claire Kiriakos. Currently, I'm the chief Advanced Practice officer at Stanford Healthcare.

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So in my current role, I helped support PAs and other APPs in our organization to some of what Eliana was saying in regards to onboarding, practice management, and providing the clinical support and resources they need for the team. I've been at PA now for 16 years from the same PA program that Jay.

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Graduated from so.

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We have a little connection back there. As a PA, you know, I started my career in clinical practice, but pretty early on, you know, I was one of the first pass on my first on the team that I was I joined. I was one of the first PAs there and so there were informal leadership opportunities to talk about the role start carving out.

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What the function would be, and those leadership opportunities has helped really just inspire my spark to continue in healthcare administration and so.

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So I just looked at different opportunities to pursue an MBA after my PA program and think about how I can continue contributing as a PA in the broader healthcare landscape. And so that's where I kind of fell into this advanced practice leadership role and really excited to be part of this publication when we learned it.

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So much about how that PA journey really is onboarding and transitioned to practice.

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This and if I guess I would say if I wasn't the PA, I would be an entrepreneur and business owner and that's actually one of the reasons I went to pay school is I have a dance school like I used to have at Bollywood dance school and that was something that I was doing very actively and I wanted a career that I could.

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And still do continue my dance school in and as a PA I was able to continue running my business for about 10 years. And that's because of the flexibility and the support that the PA profession offered. So really grateful for this.

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Oh, amazing story. Thank you all for sharing and thank you for your leadership and we can see how your past experience is aligned with your research study. So to get really into the meat of the article, we want to share some backgrounds with our listeners. PAs can change specialties without additional training. A study of PAs who graduated between 1978 and 1998.

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Down that 75% changed specialties at least once during their career. More than 90% of PAs rated this flexibility as being important, combating burnout or attrition. While thousands of pages have changed specialties, little is known about the experience. Eliana, can you tell us what inspired you to do?

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Happy to. I think when I was considering PA school and talking to people about why I should consider being a PA, the flexibility to change specialties was often top of the list of advantages of being a PA with over other healthcare professions. But there's also so much advice that as PA students or pre PAs.

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You get on. What do you need to do if you want to be able to change specialties in the future that people were telling me that I needed to do primary care or I needed to.

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Knew something that was really broad or I needed to work at a large institution academic Medical Center. If I wanted the opportunity to change specialties in.

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The future which?

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Was one of the things that interested me in the PA profession, and it really got me thinking that is there really a reason behind this advice? Is it true that if you want to be able to change?

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Specialties in the future that I needed to go into primary care or were there other ways that, as somebody who wants that option in the future, I should be approaching my career choices?

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So I figured if I had these questions, other people also probably had them and it would be helpful to answer them in a slightly more rigorous manner.

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If I can chime in after that as well, I was really excited when I heard about the research that Eliana wanted to start because once again, I think going into the PA profession was it's the flexibility that really was something that was drawing us into the profession as Ellie and I had had mentioned, I one who started in neurosurgery and went to critical care.

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Realm and then went to cardiothoracic surgery and then thoracic surgery and then back to neurosurgery. So it kind of went full circle in my career and then now as a hiring manager.

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Where I think we start to think about, you know, should we hire a new grad versus someone who has experience as a PA but now wants to change specialties. So a lot of this goes into our thought processes when we are offered before we offer our position. So I thought this was amazing thing to look at, especially since it hasn't been fully researched on.

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Where he is.

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That was very interesting and this research kind of highlighted of these three in my personal experience, it was different actually when I was going to the profession, I didn't think about switching specialties because my background, if you guys know I'm a foreign medical graduate, so I only know the physician way. And then when I.

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Went to medical school.

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My specialty was Pediatrics. I didn't the whole internship in Pediatrics, in Europe, in Belgium for a year and all that stuff. So when I went to PS, I'm like, OK, I'll just work in Pediatrics. I just knew I could choose my specialty.

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I did my first job out of the school was in Pediatrics. I did the training part, then I did and I found out. No, that's not what I want because the parents were very demanding.

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Not really accepting asking your question. I felt pressured because I had just moved to this country as well. I'm like, no, forget this. I can't do this. I went in and I did urgent care for a little bit. I there was no type. So I that was good for me. I was just practicing my skills and then I did. I think cardiology actually as one of my first full time jobs.

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And then from now on I switched to internal medicine. I did out-patient and that's when I'm like, Oh my God, I can't switch specials. I can't actually explore other things. And I found. Guess what? I never went back to Pediatrics and I did hospital medicine for seven to eight years. I loved it and I wanted to change my schedule because of my kids. My kids are getting.

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Older and all their elementary school age, I was missing practices. My husband could not handle all the.

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Taking them on time, working seven to seven. I can't be there to some of their recitals or presentations or things that are happening, doing even in the afternoon because I'm finishing at 7.

I'm like I need to switch in my schedule. So the main reason I switch back to cardiology was because of the schedule. I was able to work Monday to Friday, 7:30 to 4:00.

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Have time to pick up kids at school? I have my weekends off because I only have weekends off, so I'm like, that's wonderful. That's so great. But I didn't go into PA knowing that I was going to sweet specialty. So that was just my personal experience that.

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Jerry, you, you guys sharing your literature review that there were two studies surrounding the experience of appearance switching specialties and these studies indicated that the structured onboarding program correlated with a positive experience for the PRN. We know that education programs for PAs are different from training programs for PRN, however.

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The appearance and peers often feel the same roles, so how did the research surrounding appearance switching specialties inform?

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Your research question.

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I can start. I was really looking for, for myself, for research on the topic of PA switching specialties and what that experience looked like. And when I didn't find it, I found, as you mentioned, these two articles about APRN switching specialties. And then I did find a series of articles on onboarding new API's to new jobs.

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And I think I looked very carefully at the way that the questions that those three studies asked in informing how I made the interview got or how we made the interview guides that we were asking of our hiring managers.

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And PAs, and actually specifically pulled from those studies, some onboarding strategies that they discussed to ask people in the interviews whether that was part of their onboarding and how they thought about incorporating those strategies for this particular population.

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I think in Eliana to maybe add on, I think.

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From my experience, I do feel like even though school program education is different for APRN and PA.

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Is that transition to practice is very similar right? As far as that scope, the responsibility being a clinician when ordering provider and so I think we've all seen in the industry more transition to practice clinical fellowship programs or residency programs depending on what the organization may.

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Holy.

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Those are some other common practices that are helping with those with that initial transition to a specialty. I know some focus on that new graduate NP or new graduate PA, but there are others who focus on a new specialty. Even if you have been an experienced provider, but you're starting a new specialty.

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May qualify for a fellowship program in that specialty, so I think that's been a great resource that many apps and PA specifically can use when transitioning to specialty different specialties as well.

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That was very interesting. In your right, I'm pretty sure the experience is the same as when you got no matter what specialty, right? What, what? No matter what profession, you still need that transitioning that onboarding and I think onboarding is very important. If you miss that Mark, you miss it and I know there's a lot of institutions have been working on their onboarding program.

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To ensure that you know the process would be successful for their clinician.

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As part of your study, you contacted 225 pairs and 60 PA & APRN and team leaders and asked residents to self-identify as filling the study criteria and to volunteer for an interview. From what I understand, you then interviewed 11 PAs and seven hiring managers. Why did you select to interview both PA?

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And they're hiring managers. And what questions did you ask the PAs and NP and PA manager?

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Well, maybe I can get started 1st and then I'll hand it over to Eliana. But I think when we were doing some of the research and looking at the the publications that were already there, I think a lot of it focused on the transition to practice and the experiences of RN APPs or or or to our APRNs and to transitioning to a new role.

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But I think there hasn't been much talking about the hiring.

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Process that I think was valuable and a little bit different on our publication. So we started to focus a little bit on both and I think that is why we decided to take the approach of interviewing both PAs and hiring managers just to get both perspectives in this. For flexibility for PAs. And maybe Eliana would like to go into a little further about the exact questions.

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Asked our interviewers too.

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Happy show. I I think as Jay was saying, I was really or we were really interested.

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And in both, the perspective from the hiring managers of kind of what are you doing, how do you feel like it's going? How are you thinking about this? But then also the perspective from the the people who've gone through this process of what was your experience, what do you think what well, what do you think didn't go so well and so that's why we chose to interview both populations?

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But the questions we asked kind of centered around a couple of different buckets for the PAs. We were really asking some of the questions that Martine answered earlier. So kind of why did you choose to switch specialties? How did you go about the process of looking for a new job? What do you think contributed to your success in that process? And then?

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What was your experience starting that new job? What aspects of your onboarding were helpful versus maybe challenging hiring managers? We asked the flip side of those questions. So when you're looking at a pool of candidates, how do you think about those candidates specifically, if you're looking at somebody who's trying to switch specialties, what makes you more interested in that candidate or less?

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Interested in that candidate? And then once you hired somebody who switched specialty?

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Is how do you think about making that onboarding experience smooth? Do you think about it differently than somebody who's a new grad, or somebody who has same specialty experience? And then what kind of long term has been the outcome of those hiring of people switching specialties?

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I like to think you guys got both perspective it was.

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Eye opening for me as well. It was interesting mostly to see what the hiring managers were looking for, especially when people were switching special sales like.

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So it can give you kind of some tips if you want to be successful in that which what you should really look for or what you should how you should present yourself. And I think most of the points they made kind of make sense and I'm pretty sure if you can convince your manager that this new schedule is what really because they know.

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Schedule is one thing that's very important for providers. If you're willing to commit to that schedule, you find it perfect with your lifestyle. They're gonna be like you will go. So I find it interesting because you never know really that point of view.

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Right. And after your interviews, now we're gonna go into really how you analyze the content. You had hours of content to analyze and not many of us have experience with research, let alone qualitative research. So we are curious to know how you analyze your data and did anything surprise you?

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Doing your data analysis.

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I think one of the interesting things about this process was I did all of these interviews. So I sat through them the first time and had thoughts about what I thought I was going to find in the data. Just having participated in the interviews and then going back and looking at the transcripts. Sometimes I found what I thought I was going to find, but sometimes I didn't. And it's it was kind of an interesting reflection on.

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All of the times you have conversations with people you know, even this podcast where we're chatting that sometimes I'm sure if we went back and read the transcript, it would read a little differently than what we remember in our minds.

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One of the things not necessarily that surprised me in the analysis process, but overall that surprised me as I really went in coming from my this this position in the tech world where I've been thinking a lot about onboarding and onboarding strategies and asked a lot of these very detailed onboarding strategy questions and almost everyone I talked to was just not thinking.

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At that level that there that I think please chime in Jay and Claire because you have more experience than this, but I think.

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The AP world is still pretty nascent in its process of really thinking about onboarding in a way that the tech world, which is where I came from, has had to deal with people switching from very different jobs from much longer time. And so he's actually has thought a lot more about how do you take somebody who has a lot of past.

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Skills and experience and quickly get them to the point that they're able to contribute to a new organization where there's different knowledge required and different processes and kind of how do you streamline that?

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Process and so I was really surprised in my interviews that when I would ask these questions, I wasn't getting answers from people that, that, that a lot of people were like, oh, I've never thought about that as a specific population. That's not a question that I've I've thought about the answer to. And so I think I shifted from my initial plan was to write this.

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Paper on this is how people are onboarding this population to much more of like this is the experience and these are some of the gaps that we can fill.

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Well, as we move forward.

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Eliana, I really appreciate that. I think you're. You nailed it in that onboarding is a gap in an evolution as far as how organizations are really structuring that transition for APRNs and PAs. And it's almost a little scary, right, because as a new grad.

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You may have at least the team will understand you are a new graduate, but if you're an experienced PA, but now transitioning to a new specialty, but the expectation of you is, you know, as an experienced provider that can really create some, you know expectation.

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Expect.

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Management, performance issues and just overall burnout and lack of fulfillment. So I think that clarity and that as far as managing that.

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Onboarding and orientation to the skill level and expertise of the provider is so important.

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I think if there's anything I would add is that you know, while we were coding the the responses and we found I think the common themes is what is always interesting to hear from hiring managers even from the PC's who have switched switched specialties, but from the.

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Managers. It's multifactorial not only for orientation the bandwidth to train a newer provider, whether it's a new grad or in someone who's new to the specialty. So those are things that you have to take into consideration and then think about what process will I get to to make sure I can get this person up to speed as quickly as possible.

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To meet the needs of the service without putting them in a scenario where.

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Feeling stressed or burned out or feeling anxious about moving into this new role? So a lot of that comes into play when you're trying to hire a new individual or someone new to that specialty.

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So many important things to dive into here, question about the NPA hiring managers decision. When you talk to these hiring managers that they perceive having prior experience in a different field as a positive or negative attribute when they were looking at candidates to fill the position. I was really surprised that I talked to hiring managers on totally different places in that spectrum.

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That there were people I talked to.

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Who? Who are saying any experience is really helpful and I would far prefer to hire somebody who knows how to talk to patients. Who knows how to work on a medical team, that there are a lot of

transferable skills and that they felt they could really teach the specifics of the medicine. And then I talked to other people who said people get bad habits from other roles that honestly.

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I would take a new grad any day. I can train them exactly the way I want, and I don't have.

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To.

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Worry that somebody's going to think that they have more abilities than they do, or even.

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Fall into practices from an old role that don't apply here, so totally different sides.

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Of that spectrum.

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I think one of the other elements to that or a wild card is the hiring managers ability to invest time in that new hire rate. So maybe they have a preference of things having some experience or having zero experience. But I think it's also where is that team.

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Are they understaffed? Are we recruiting for like 4 new people today? So maybe it won't make sense to hire 4 new grads, right? So think about the complement, the team structure so.

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I can. I can.

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Imagine the preferences of the hiring manager, involving based on the current state of the team.

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As well.

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That insight is so valuable. There's definitely more to when you see the job postings and they say five years of experience too, and specialty preferred. What that actually means. It's interesting that you identified that networking professional connections were associated with hiring PAs and experience and other specialties did the PAs and hiring managers share how they met each other prior to the open position?

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And what do you think that organizations can learn?

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One thing that.

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Was interesting to me is when I asked people to reflect a little bit on how their prior experience helped them get a job at a new specialty. This was something people would come back to in almost every interview that they felt that being a PA gave them these networking opportunities to meet people who work in other specialties.

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To find out about job openings, to have those relationships with people, one thing that I think is interesting and I imagine Jay and Claire can actually speak more to, is that Stanford has a structure for AP's meeting.

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Each other and I talked to a couple of people who had met hiring managers or team members from a team that they would later work on at as some structured Stanford advanced practice provider networking events and that that allowed them to form these somewhat.

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Informal professional connections that then when there was a job opening, they remembered that they had met this person who was interested in it and that was able to develop naturally out of those opportunities.

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I think if I was gonna just to add on, I think the networking is is key and that's.

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Because you know, for our hiring managers and when we have people on our teams, we sometimes really want to know about them and feel like what can we do to make them more successful. And sometimes you might just realize that this BP is an amazing individual or this PA is doing great. But I think their passion might be in this specialty.

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And then they might actually, when they hear that there's a specialty open, I think we're all in the business of trying to make sure the patients are cared for in the best way they possibly can. And when you have an engaged provider.

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Who is able to deliver that care? We're all more than happy to say, hey, I believe this. My app right now would be great on your service and it looks like you have an open position. And then I think so that kind of networking is important. But some of that is, as Elia had mentioned, is through some of our activities where you get to meet other PAs and try to learn about each other and what.

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Maybe drives them?

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And I think through that, we're able to refer each other and I think other organizations can learn to do more activities where we're open for services to intermingle and learn from each other. And it's not about, you know, stealing from 1:00 to go to the other. It's really just where can we provide the best care and utilize the PA strength and be able to advance them in their career.

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Yeah, I love that, Jane. I think Martin, you touched a touched on this earlier and recognizing that based on where you are in your life, you're, you know you're the needs of your staff, your schedule may change, right? Young kids to older kids to taking care of parents.

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And so having that understanding or having an organization recognize that you may be a clinical expert, but just that that type of role just doesn't work well for you with your surgical ORS at 6:00 AM, type of rule may work, may not work when you have a different type of lifestyle. And so I think to Jay and Eliana's.

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Having that networking and opportunity to network internally within the organization has allowed.

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For that, but one thing we have to be mindful of is internal turnover that is unnecessary or that could be avoidable. And so I always think about how organizations should look at equitable standards across the board. So you don't have people jumping specialties for extrinsic motivating factors.

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Rather, it's truly these intrinsic motivating factors of passion and what connects well with you in that stage of life that you're.

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I love that call. On that point. You want to encourage the employers to look at the the overall setting to make sure the AP's are happy, but then also if they're looking at a different clinical area to enable that as well for.

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Their own growth.

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So a question for all of you, as someone who has switched specialties. My first job was in urology and then I moved to hospital medicine. I remember when, you know, when I first started my first job, I was told.

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One to two years to get comfortable and might have this onboarding program exactly that y'all have hinted on.

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But when I transitioned from urology to hospital medicine, I didn't get any guidance on what to expect. So when you interviewed the PAs, when did they start to indicate that they were feeling?

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More comfortable in their new world.

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I think as you mentioned, one of the things that we found in our research was people talked about not having expectations for how long it was going to take. And on both the hiring manager side and the PA side or sometimes that one person would have a very different expectation than the other person and that causing a lot of tension. Honestly, I think this is something that.

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Varied a lot on a case by case basis.

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And you know, it varied with some of the other factors we talked about in the paper that if the two specialties are more similar or the settings are more similar or even a number of the the people we interviewed stayed within an institution and they talked about the fact that understanding how the institution operated or knowing how Epic works at that particular institution really.

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Allowed them to feel more comfortable, more quickly, but one of the interesting things.

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As a new grad PA myself, starting a role soon and talking to people, is that what that line of comfort is is not a a black and white like today. I'm not comfortable today. I am comfortable and a lot of people talked about that in their first job as a new grad PA that there was this real sense of discomfort coming in day one.

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And that at some point probably one to two years down the line, they reflected and realized actually now I'm a comfortable PA.

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And that it's a little bit blurrier in the the switching of specialties and that people talked about that some patient encounters or types of things in their job that might be much more similar to things they had done previously and actually feel comfortable on week two, whereas some things might be uncomfortable for that full one to two years.

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And.

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That the most successful experiences were really where people were clear with that expectation, with their hiring manager and worked together to figure out kind of where are the opportunities for somebody to very quickly shine in this new role. And then where are places where they're going to need support for that year's.

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I'm.

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Yeah. And just to add, I think that exactly what Eliana had mentioned, I think setting expectations is probably what is key for a lot of our PAs when they start in new position for themselves, they shouldn't expect that they will become a pro at this service within the two weeks of their orientation or is it the two months of their orientation?

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We know that before someone really becomes more proficient than feeling even close to comfortable, I would say in about a year or so, it's still expectation needs to be you're not going to know everything after a year into.

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To your new position, whether it's a new grad position or in the new specialty, and you should be able to continue to learn and and want to learn and be able to do that. So set an expectation from the PA themselves as well as the hiring manager to the physicians. They're going to work with to the nursing staff, just everyone to set expectations and maybe milestones during their orientation.

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Everyone is clear as to what we're trying to get to and the ultimate goal once again to be able to care for our patients in the best way possible.

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And I think one of the theories, Patricia Benner, has the theory of novice to expert. And I feel like although that's, you know, really a nursing science theory, it does apply in this case, really going from that novice to competent, advanced beginner to competent.

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Too proficient today? What you were saying to expert and depending of course, depending on your experience and skills, that timeline may vary, but I think it is important for us to realize there's so many steps before you really become even proficient and expert thinking about the advanced novice to advanced beginner to competent before you become proficient.

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And in my experience, and at least in some of the programs that we have implemented in our institution, we've used five years as kind of our minimum expectation for proficiency and sometimes it may even take a little longer to truly be proficient little on.

00:31:57

Expertise may even.

00:31:59

Water.

00:32:00

This is very important and I guess you guys torturing this. It makes sense that PA is moving between specialties would take time to begin to feel comfortable and again, I'm going to share personal experience because I have 3 specialties, but up and being with people 14 years, I cannot have a lot of experience with this I remember so I just switched. I just realized it's two years now. I felt like yesterday when I switched.

00:32:20

We'll see in 2022 from popular medicine to cardiology. I have been a PA for 12 years already, so the expectation of the new employers was, oh, you're being paid for 12 years.

00:32:29

So just jump into it. I go to the hospital too round and they were asking me what's taking you so long? You've been working the hospital. But I was not doing cardiology. So whole specialty when I did cardiology.

00:32:40

More 10 years ago, some drugs didn't even exist. Some procedures were not even being done. The new guidelines for heart failure and stuff like that. They are in you. I never learned them. So I had to take it on on me.

00:32:54

To do webinars to do classes to buy to, I had to really train myself because the expectation is you're gonna pay for 12 years, right? You were doing hospital medicine. OK, I saw the consults from the cardiologist, but I was not invested in that. I was not really reading it. So they were all they found that I was slow. I'm like, I just started.

00:33:14

Give me time. Now you you won't even talk about it. I feel so comfortable now and I've learned so much. I can see my growth. But this is true when you.

00:33:22

OK, when you are already, they don't know what to do. The people are experience, right? When you have 1012, you are experiencing a different specialty. They don't know how to really onboard you to even though I use my skills that I had in hospital medicine. But it's not the same. Same thing I was being trained to put loops in. I did two or three. OK. Are you ready to do them on your own?

00:33:42

No, I need to do more with the position being there if something goes wrong. I'm not comfortable. I had to advocate for myself.

00:33:48

Let's say every day like, OK, how many do you need? I need to do at least 10. You're uncomfortable. I'll let you know when I'm comfortable to be on my own. I'll let you know. But not after three. I've never done this. It's a procedure. I don't want bad outcomes. So you.

00:34:02

Really have to.

00:34:02

Advocate for yourself.

00:34:04

So.

00:34:04

Anything when I was transitioning from out-patient to hospital medicine, something happened.

00:34:09

1st we also go to work in a hospital with another PA and also with self support. Ohh the physician is out. We have a problem. We have to go to the hospital. Here's the Cisco phone. Here's the pager. Good luck so.

00:34:19

You can drop.

00:34:20

Me in the hospital by myself with a Cisco phone.

00:34:23

Thankfully, I had a medical background I had, and the 10 years in medical school, pH School Masters degree. So I had a lot of things that I have done that kind of helped me in that role, but this just dropped me my first in-patient role. That was the first time I was going to work in the hospital system. I was transitioning from our patient, so I totally understand how important this is to understand.

00:34:44

To train to onboard experience.

00:34:48

APRNs and PAs. Did you find any comment on boarding practices for PAs switching specialties? And also were there any trend speaking specialties that PA is transferred between? I'm pretty sure they follow these one, some of them are so closely related and peace might feel more comfortable switching between certain specialties. Did you find those?

00:35:08

OK.

00:35:09

I can talk a.

00:35:09

Little bit about what we found, but.

00:35:11

I think you know that that these interviews were done two years ago and I think that things have changed even since then and improved. So if Jay and Claire want to give a little bit of an update after, I'm very curious to me it seemed like there was a spectrum of hiring managers from and I really, I didn't talk to any hiring managers who were at the point of.

00:35:33

It sounds like what what your your experience was, Martine of this person is experience. I don't care that it's a different specialty. Let's just throw them in. But I did talk to people who that had been there.

00:35:42

Experience when they joined 5-6 years prior. You know, I think the next step in that spectrum is saying we recognize that all PAs have some onboarding needs and that might have different time requirements, but that we're going to put everyone through an onboarding program and most of the the hiring managers that I talked to were in that.

00:36:03

Stage of thinking where they were saying, OK, you know, we'll have them do some shadowing, we'll have them do some supported shifts where they're being, you know, watched with procedures and and walked through things. To me the last stage of that is somebody who's really thinking about, you know, what skills does this person bring with their background and how do we leverage those skills in this onboarding program.

00:36:24

So again, going to your example, Martine, it sounds like when you were transitioning from.

00:36:28

Being a hospitalist back to cardiology, that there is, there was a lot of new things that you didn't know, but you had a lot of places where you were already confident or proficient and that you figured out yourself how to leverage those places and build up your your skill set in the places that you needed more help. But it would be really great if that's something where you could work together.

00:36:50

With your hiring manager and have a little bit more of a structured program to both highlight the strengths that you bring from this past.

00:36:58

For tease but then also fill up those gaps without you necessarily needing to.

00:37:04

Spend all of.

00:37:04

Your free time on doing webinars and and training yourself.

00:37:08

And and I my sense from the interviews was that people are kind of slowly moving down this continuum of of realizing that this is a a gap and something that we need.

00:37:17

To just to add for that part, and thank you, Eliana and our team for your insight there. I do think that when you mentioned common areas, I think a lot of times it's also that more recently I've noticed that it's based on acuity is a little bit.

00:37:29

More of what is a similar theme, so if there was someone who's used to in-patient work, sometimes moving the specialty, learning the medicine in that specialty is one thing. But knowing how to treat in the hospital.

00:37:43

Patients in the hospital working up different things, learning the you know, your resources is something that is actually important there as well. So maybe not necessarily the specific this service is related to this one but more the acuity and the type of patients that they're going to be used.

00:37:59

To seeing. Yeah. Thank you for that little insider knowledge about the.

00:38:03

Trends that you're noticing between phishing specialties. So one last question for your.

00:38:07

Team for everyone who is currently in PA School, and they're probably thinking, you know, I want to get my first job and then what happens after that? What advice would you tell them about preparing for a possible career switch?

00:38:19

I'll start. I think if some as a PA student, I think one of the like we all have been saying this isn't I mean being a PA is so exciting because of all the opportunity.

00:38:30

Cities that are in front of you and through a school, it's really hard to maybe identify that exact specialty that you want to spend your whole life in. And that's the beauty of this goal. But I feel like you could try your best and trying to understand where your passions align in today's state of, you know, where you are in life. As we talked about.

00:38:51

And recognize that, you know, we have that opportunity and that flexibility to change specialties if needed. And so that's always an option. But sometimes you have to take that initial risk and choose the specialty of choice based on your passion, but also the opportunities that arise in keeping your clinical skills.

00:39:12

As proficient as possible so you can continue to transition in your career.

00:39:17

As a PA.

00:39:18

Think that's great advice? And as somebody who just graduated and was going through a job search process, the part of the way that this research influenced the way I've been thinking about my job search is I didn't focus only on the way that you have to think about it as a medical student. So I'm not. I wasn't like, do I want to work in surgery or medicine?

00:39:38

Or Pediatrics or ophthalmology. Instead, I focused on what are aspects of my rotations that I really liked that I want to be part of my practice environment. So personally I realized very quickly that I liked the in-patient environment and I wanted to work in.

00:39:53

Plan. And so I focused my job search on in-patient services and it was informed by this research because my sense is that that means that later, if I say, hey, this actually isn't the medicine that I'm the most interested in, I want to do some other medicine that I will have a much easier time switching within the in-patient setting than I would.

00:40:14

Even potentially go, I mean that that sometimes it could be harder to even go from in-patient to out-patient in the same specialty as the PA than it would to kind of stay in that setting and that that having that in common between roles and really learning how to thrive in that environment will help me.

00:40:30

In my future career, assuming that that that stays the same, you know, I think things can change. And another thing that I found very comforting in this research is it I talked to people with totally different backgrounds who had done totally different things, and it didn't seem like there was only one recipe that you have to follow if you want to switch specialties and that.

00:40:50

You know, I think for almost everyone I talked to and there was some bias because I talked to people who were successful, but it worked out in.

00:40:58

And there was this sense of, you know, that if you're persistent and you pay attention to what you're interested in and you network and you are good at your job and use your reference as well, that you will end up getting that job that that you're excited about and it will work out. Just comforting.

00:41:13

And thank you, Eliana. I think that's great advice for our practicing PAs. And I think the only thing I would add is for PA programs in General, I love speaking at the PA schools just to kind of share my experience as someone who has been in the profession for quite some time and for those who are starting out. But just to keep an open mind kind of understanding that you might go into something that you felt was the.

00:41:34

Your interest.

00:41:35

During our rotations, which as we know you get four or five weeks to try to learn a specialty and then they're on to the next one and that's what a school has been like. But I think knowing that, you know, you're gonna try your best and your first position, that's what I would probably say to all of our our PhD students. Don't think that you're going to be in your final job.

00:41:55

Right away, but you should try your best because you might realize that maybe this is actually where I'll end up finishing my career. So just keeping that open mind on your first job, do everything you can learn the specialty, but keeping that open mind that, you know, maybe this isn't the end all for me and maybe I will.

00:42:12

From the ICU to an ambulatory position later on, just because for all the reasons we mentioned earlier, for work life balance and making sure that we improve our our burnout and sometimes critical care areas can be you know something that contributes to our to our stresses in life. So maybe at some point we just have to let our PAs and PA students.

00:42:32

Know that keep an open mind and be willing to take that jump if you feel that it's time to.

00:42:37

Do so well.

00:42:39

Thank you so much, Juliana. They are. And Jay, as always, please be sure that you are following JAAPA social media at JAAPA online that spelled out.

00:42:49

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00:43:09

Time.

00:43:17

Well.