

Geriatrics: The original optimal team practice
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Like many of us who work in geriatrics, I enjoyed positive experiences with seniors during my childhood. We lived in a community where I was the only person under 50 years of age, so needless to say, I was incredibly spoiled! But, I also learned to appreciate the wisdom, life skills, fortitude, courage and challenges faced by my neighbors. This led me to a career in medicine.

Physician Assistants are team players. We value the knowledge and skills of other health care professionals and think the best care is delivered by an interdisciplinary group. Trained in the medical model, we complete comprehensive evaluations of the older adult, including the psychosocial and spiritual aspects which are the basis of truly compassionate patient-centered care. Only about 2% of PAs self-identify as being employed in geriatrics. A study published in the December, 2019 Journal of the American Academy of Physician Assistants found that 90% of respondents care for persons over 65 years of age and are proficient in the management of diseases such as osteoarthritis, HTN, and COPD among others. Thus, the authors concluded that PAs are an under-recognized part of the geriatric team. I would like to exemplify the value AGS places on our contributions for my colleagues.

A 1979 graduate of the UT Southwestern program, I worked as a PA faculty at the Galveston campus, where I taught the Anatomy and Physiology course for the Allied Health students (PT, OT, PA, etc), as an interdisciplinary class, reviewed the first PA geriatric curriculum with Dr. Gwen Yao, and attended a Geriatric Education Center program. In 1993, I earned a Master's in Clinical Gerontology, having moved to Georgia to practice geriatrics in a Federally Qualified Health Center. While there I developed and directed a rural cooperative PA program, which has been replicated across the country. Since 1994, I have been at the Medical Center of Central Georgia, in the geriatrics division and fellowship program with Dr. Richard Ackermann. Later, as we recognized our need for more palliative skills within our system, I attended the RWJ EPEC program and collaborated with him in the development and implementation of our palliative medicine fellowship. I manage care transitions among hospitalized, subacute rehabilitation, long term care, and community older adults. My primary role at present is with Dr. Florence Baralatei in our house calls program, an integral part of our fellowships and residency program.

As the first PA board member, I would like to serve as a link between the GMPA (Geriatric Medicine Physician Assistants), AAPA, AGS, and the Physician Assistants in Hospice and Palliative Medicine, where I will complete my year as president in July, 2020. I enjoy the enthusiastic support of the palliative medicine board members, as well as that of my employer, as they recognize my unique experience in geriatrics makes me the ideal candidate for this position.

I hope you will agree that I have much to offer the AGS and I would indeed be honored to serve with such a distinguished group.