

# Acceptance/Collaboration with Health Professionals

- ✓ White GL Jr; Davis AM. Physician assistants as partners in physician-directed care. *South Med J* 1999 Oct;92(10):956-60.

1998 marked the acceptance of physician assistants (PAs) as members in the Southern Medical Association. We review the history of the PA profession and, more importantly, the physician/PA relationship. We also provide an overview of PA education and certification requirements. Variations in state law regarding PA utilization, including the delegation of prescribing privileges, are discussed. Current American Medical Association guidelines regarding physician-PA practice are provided.

Preparing your practice for a new PA or NP. *The Physician's Advisory* Aug 1999. p.5.

Welcoming a new PA or nurse practitioner (NP) into a practice involves many of the same steps as welcoming a new physician; this checklist enumerates steps to insure a smooth adjustment. Issues include a written job description, medical protocols, standard operating procedures, scheduling, credentialing and licensure, payor contracts, malpractice insurance coverage and staff/co-worker introduction and orientation.

Cejka S. You and midlevel providers—a good fit? *Med Econ* 1999 Feb 8;76(3):159, 163.

Outlines the benefits of using a PA, NP, or nurse midwife and the questions to ask before adding a physician extender to a practice. Benefits to the physician include expanded practice, cost-effectiveness, freedom from routine care, improved patient access.

Beisel MJ. Alaska nurse practitioners' and physician assistants' perceptions of the collaboration process. *J Am Acad Nurse Pract* 1998 Nov;10(11):509-14.

Abstract: In summary, the findings suggest that NPs and PAs have a common perception of the collaboration process, and most participants engaged in more collaborative behaviors rather than less. The results can serve as an introduction to studying collaborative interactions between NPs and PAs. Such collaborative efforts have the potential to optimize patient care and increase respect, trust, and communication between the two professions.

- ✓ Blessing, JD; Askins DG Jr; Cook PA; Diamond MA; Huntington CG; Kaplan ME. Physician views on the PA profession. *Phys Assist* 1998 June;22(6):100-116.

Forum participants discuss the drawbacks and advantages of managed care for PAs. They also discuss PA salaries, the oversupply of physicians, and PA specialization. Participants vote unanimously for GME funding of PA education and discuss an internship year in PA education. Lastly, they discuss the ideal PA-physician relationship.

Ford VH; Kish CP. Family physician perceptions of nurse practitioners and physician assistants in a family practice setting. *J Am Acad Nurse Pract* 1998 Apr;10(4):167-71.

Physicians were surveyed on their attitudes towards PAs and NPs.

Howard FM; Leppert PC. Reaction of residents to a teaching collaborative practice. *J Nurse Midwifery* 1998 Jan-Feb;43(1):38-40.

Abstract: Using the team concept, certified nurse-midwives, nurse practitioners, and physician assistants help educate physicians in an obstetrics and gynecology residency program and help to create a balance between education and service. This program is well received by the physicians in graduate medical education, and the majority indicate they will work within a collaborative model of practice.

- ✓ McMahon C. Iowa physicians, PAs see evolving relationship. *Iowa Med* 1996 May-Jun;86(5):198-200.

Abstract: No matter what side of the professional fence you're on, it's obvious that physicians' relationships with allied health practitioners are changing. This article examines the general condition of the physician/PA relationship in Iowa.

DeAngelo L. Collaborative practice. *Med Group Manage J* 1994 Nov-Dec;41(6):12, 14, 16 passim.

Abstract: Linda DeAngelo, RNC, MSA, MBA, of the Carle Clinic, relates how midlevel providers and physicians collaborate to offer cost-effective, quality care while returning a high level of patient satisfaction. She highlights the history of midlevel providers at Carle and describes the efficiencies and indirect benefits permitted by their inclusion in the care team.

Singleton RW; Kilburn N. Adding a midlevel provider to a group practice. A step-by-step guide. *Med Group Manage J* 1994 Nov-Dec;41(6):30-2, 48.

Abstract: The demand for midlevel providers, especially physician's assistants, is on the rise, according to authors Robin W. Singleton and Norman Kilburn, PA, of Tyler and Co. They offer tips on determining need, finding and screening candidates, interviewing, and extending the offer.

Montague J. MDs acknowledging value of physician extenders. *Hosp Health Netw* 1994 Apr 5;68(7):62.

The director of a health services consulting firm notes that physicians should look at their practices to identify gaps in care to determine what type of physician extender is best for the practice. Physician extenders can improve access to care in areas where adding another physician may be too costly.

Fowkes VK; Mentink J. Nurses and physician assistants: issues and challenges. In: *Current issues in nursing*. McCloskey JC et al. St. Louis: Mosby-Year Book, Inc. 4<sup>th</sup> edition, 1994. ■