

HOSPITAL PRACTICE

ISSUE BRIEF



PHYSICIAN ASSISTANTS IN THE ICU: A CRITICAL PRESENCE

Physician assistants (PAs) are making vital contributions to the care of patients in intensive care settings across the country. According to the Society of Critical Care Medicine, “The PA acts as a liaison between the primary physicians, attendings, house staff and nursing staff to ensure the necessary communication between these groups and the implementation of coordinated patient care,” providing essential continuity for critically ill patients.

PAs are health care professionals who practice medicine with physician supervision. They are authorized to practice by medical boards in all states, the District of Columbia and the majority of U.S. territories. Physicians may delegate to PAs those medical duties that are within the physician’s scope of practice, the PA’s training and experience and are permitted by state law. PAs’ strengths as clinically skilled providers and coordinators of compassionate medical care have special utility in the ICU, as illustrated by the clinical profiles included in this brief.

PA EDUCATION AND CERTIFICATION

PAs are trained in intensive educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant. The average PA program is 27 months and is characterized by a comprehensive, competency-based curriculum with didactic and clinical components. Programs are offered at medical schools, colleges and universities, teaching hospitals and through the U.S. Armed Forces. PA students are trained in a traditional

medical model, including rigorous study in basic medical sciences and other clinical subjects. This educational design prepares them to be effective providers of physician-directed care.

After graduation, PAs must pass a national certifying examination before they can be licensed to practice. Only graduates of accredited programs can take the exam, which is administered by the National Commission on Certification of Physician Assistants. To maintain certification, PAs complete 100 hours of continuing medical education every two years and take a recertification examination every six years.

PAs ESSENTIAL TEAM MEMBERS AT EINSTEIN-MONTEFIORE

PAs are vital to the Department of Critical Care Medicine at New York's Montefiore Medical Center, Albert Einstein College of Medicine. Lead ICU PA Danny Lizano explains, "We are oftentimes considered the glue that keeps everything together in this complex and seemingly chaotic setting called the ICU."

At four of Einstein-Montefiore's adult ICUs, the medical staff includes an intensivist, a PA, rotating critical care medicine fellows and physician and PA residents. Lizano describes the PA role:

"We are the first responders to acute situations and are expected to use proper judgment and initiate appropriate therapy. The relationship between the PA and critical care attending is heavily reliant on communication. Throughout the day and night (between formal rounds), we update our attending with progress, changes and challenges encountered and if needed, adjust plans accordingly.

When there is an admission to our unit, we are responsible to collect, analyze and assess the information and develop a plan, which we discuss with the critical care attending. We place orders and coordinate the delivery of care. We are also expected to know our limitations and ask for help from our attending, when needed."

In the surgical ICU, PAs manage acute and critically ill adult patients during the perioperative period. They are responsible for taking patient histories; providing physical exams; interpreting laboratory tests, X-rays and cardio-respiratory physiology data; making case presentations; and developing and executing care plans in coordination with surgeons. PAs perform procedures including central lines placement, Swan-Ganz catheters placement, arterial lines placement, endotracheal intubation and chest tube insertion.

PAs at Einstein-Montefiore improve the coordination and delivery of patient care, streamlining physicians' schedules and allowing them more time to synthesize data, organize and review treatment plans, and attend to emergencies.

LEADING THE ICU TEAM AT THE UNIVERSITY OF MASSACHUSETTS

PA Ryan O'Gowan leads the Critical Care Affiliate Practitioners team at the University of Massachusetts Memorial Medical Center. The team of 40 full-time PAs and nurse practitioners provides 24/7 coverage to patients in the surgical and neurotrauma ICUs. O'Gowan describes their practice as a "team sport" with a great deal of collaboration among the physicians, PAs, nurses and social workers. PAs are responsible for



coordinating the many moving parts of ICU treatment and providing expert clinical interventions.

As part of their duties, PAs perform central line placement, arterial line placement, thoracentesis and chest tube placement. Some PAs on staff are asked to share their tacit procedural knowledge with physician residents. O'Gowan describes PAs as "pivotal in the integration of care"—providing compassionate, accessible information to family members who must be guided through a complex and difficult series of care choices relating to their critically ill loved ones.

PAs' ROLE IN BETH ISRAEL'S SURGICAL CRITICAL CARE DIVISION

Nathan Boucher, chief PA in the Division of Surgical Critical Care at New York's Beth Israel Medical Center, describes a symbiotic relationship between the PAs and attending physicians in his ICU, where there is 24/7 PA coverage backed by an on-site attending physician.

Boucher's division includes three surgical intensivists and four PAs, covering a 12-bed ICU and a nine-bed surgical step-down unit. With attending oversight, the PAs see all critical care consults around the clock, perform and teach vascular access procedures, and

manage the ventilators. All of the PAs are certified in the Society of Critical Care Medicine's Fundamental Critical Care Support (FCCS) curriculum.

In a typical day, Boucher participates in morning ICU rounds with an attending and in post-op/emergency consults and ventilator management throughout the day. The on-call PA performs rounds on the step-down unit and generates notes on those patients every morning. PAs play a key role in junior resident education, providing instruction in central line placement, bedside teaching and classroom lectures.

PA staff enhance communication between providers, patients and families, managing a complex service that sees approximately 30 patients a day. PAs provide continuity for patients and clinical staff as residents come and go. The steady presence of PAs promotes adherence to ICU best practices/protocols, improves patient safety, supports families, and encourages coordination and calm in a sometimes stressful work environment.

The team practice model is "the key to our continued success," according to Boucher.

EFFECTIVE CARE FOR STROKE PATIENTS AT A BUSY NORTHEAST PRACTICE

Kent Kilbourn is a PA with Neurosurgical Associates of Southwestern Connecticut,

providing services to the neurosurgical/trauma ICU of New England's busiest stroke center. The practice specializes in management of patients with traumatic brain injury, spinal cord injury, stroke, and tumors of the brain and spine. The practice cares for patients in an 18-bed critical care unit.

Typically, Kilbourn is responsible for six to nine patients and works with a team of 16 other PAs. Six attending physicians—surgeons trained in critical care as well as fellowship-trained neurology intensivists—serve as supervisors. PAs provide full-time coverage, with three PAs working each 12-hour shift.

Kilbourn's clinical duties include ventilator and airway management; placement of central venous catheters and arterial lines; chest tube placement; nasogastric tube placement; insertion of intracranial monitoring devices; lumbar punctures; ordering and management of medications such as sedatives and paralytic agents, cardiac medications and antibiotics; and interpreting lab results, CT scans and X-rays.

A typical day starts with 6:30 a.m. rounds with all members of the ICU team. At the end of duty, patient care is transferred to the night PA, with the transferring PA summarizing the day's events, pending tests and potential patient care issues needing attention.

Kilbourn meets regularly with patients' families to discuss condition updates,

treatment options and goals of care. He reports that the team model works very well at his institution, as it provides continuity of care in a highly specialized unit and allows for the best use of clinicians' skills and time. The continuous presence of PAs facilitates communication among staff, patients and family members, and other providers.

PAs are highly skilled, valuable team players in the ICU setting. To learn more about hiring and working with a PA, please visit www.aapa.org.



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