Good afternoon and thanks for joining us as I'm Judy Simpson. Our focus is afternoon is on our health as we learn about the role of Physician assistants and their training and education. Joining me is John Bond; John is the president of the position academy of Vermont and a practicing Physician assistant with the Springfield Hospital emergency department. Also with us is Lisa Walker; Lisa is the director of the Physician assistant program at Franklin Pierce University in Lebanon New Hampshire. Welcome to both of you. John let's start off by talking about what is a Physician assistant or pa.

John.: A Physician assistant is the person who was trained in the medical model like doctors to practice medicine as part of a team with their Physician supervisor.

Judy.: We might clarify what is meant as a physician assistant and speak to maybe the nature of the pa?

Lisa.: Sure it often confuses people when they hear the term Physician assistant first of all because were a relatively new profession in the United States we've been around for 40 years and in the history of medicine in our country that's a relatively short period of time and because of the similarities in the name with medical assistant people sometimes get confused. Physician assistants are trained to provide direct Health Care to patients. And under the supervision of a Physician. What that actually means is that we often have our own panel of patients were caring for patients in a very autonomous manner which means we're making medical decisions in cooperation with the patient about what's right for them and the best direction to take their Health Care the best treatment for them home and if we encounter a case that's particularly difficult and challenging. If we have a patient that we have questions about or are unsure what direction to go we always have our Physician collated available to us to coordinate that care with them.

Judy.: You talked about that being a relatively new position but talk a little bit about whom the first pa's were?

John.: Actually back in the 17th century. Really goes back that far. The Felchers back in Europe and provided this type of care and back in the 1960s there were about 1.3 million barefoot doctors in China doing the same thing trying to provide increased access to care.
Judy.: A lot of the first Physician assistants were actually from the Vietnam era?

Lisa.: Exactly I always tell my students in the pa program that we really owe a huge debt of gratitude to the Vietnam medics and core men who were the first PAs in our country. Back in the 1960s and the doctor Eugene stead who was a Physician at duke university recognized that there were areas of our country that were rural and some of the inner city areas where many people were unable to access good Health Care because it's not where the Physician were going to practice. They didn't want to practice in these areas they were not attractive to work or live in. Dr. Stead saw these medics and Core men coming back from Vietnam with these fabulous skills. They been out in the field treating her ethic injuries and treating common illnesses that the soldiers would have which happens whether there in wartime or not and they had these wonderful skills and Dr. Stead thought if we take these people with some medical experience and give them additional training we could send them out to these rural and underserved communities to provide care to patients under the supervision of a Physician and that was the start of the pa profession in the mid-1960s. Since that time the profession has really grown and interestingly enough now here we are in 2011 saying we have rural areas where patients can't access good care. There are places in our country where we do not have enough Physicians and once again or in continuing in the tradition of the early pa were able to come in and fill some of those needs in the rural community's.

Judy.: Let's talk about what it takes to become a pa and what the background of what a typical pa student is and some of the training that they get?

Lisa.: Sure Physician assistants have a master's degree. So it's a graduate degree you have to come into a program. Most programs you have to come in with a bachelor's degree. There are some programs for students where they can start out in the undergrad and move right into Physician assistant education. So there are some programs that are three plus two programs but the vast majority of them are master degree programs where you come in with your bachelor's degree. Most people coming into the pa programs have some type of medical experience. This is really critical because that's the history of the profession that's how the educational process was built for pa's was by taking people with some degree of medical experience and providing them with that extra training much like the medics and Coremen back in the sixties. We have a lot of people who come into programs with Health Care to experience like EMT's paramedics respiratory therapists people have been working in the medical field. I can say I've been up pa educator since 1997 and I've had some marvelous students who had a bachelor's degree in music and had been teaching junior high music for years and they went to get their TNT license and found a passion for medicine and wanted to become a pa and they make marvelous pa's as well. I think people with a background in humanity's really often have those great people skills and that's what it's really about. We can teach a lot of people medicine but teaching people how to care for people is very very different and some of that may have to come with. Pa education is generally a two year sometimes 2 1/2 year process and when I say it's a two year process we don't take summers off in pa education we go straight through. Our program at Franklin Pierce is a 27 months program and its rice straight through all 27 months in the first year of the program is generally classroom work their learning medicine and it's very much in the medical model. What I mean by that the education is modeled after medical school so the first 12 months of pa school is much like the first two years of medical school. The second 12 months of pa school is much like the second two years of medical school which is when they're out in the clinic learning how to take care of patients doing hands on patient care under the supervision of a preceptor who could be either a pa a Physician a nurse practitioner a nurse midwife so number of people can actually teach our students in the clinical setting.
Judy.: John after graduation what happens?

John.: Interestingly just to say something to what Lisa was saying in terms of the relative amounts of educational ours or weeks I think medical school is 155 and pa education is 115 so there is a little bit difference. The pa profession long ago recognize the importance of continuing education as part of something that was essential to make this a viable profession so in that regard every two years you need to have 100 hours of continuing education and every six years because our foundation is general family medicine every six years we go back and retest in general family medicine. That means regardless of where you practice myself in the emergency room for instance I'm fortunate that I have the broad range of patients that I see which makes that test a little bit easier for me. Even if you're in cardiothoracic surgery or orthopedics you go back every six years and retest in general medicine.

Lisa.: So after a student graduates they have to pass in national certification exam in order to begin to practice and in most states they also have to be licensed. In New Hampshire people are licensed pa's through the board of medicine. I think in Vermont it's the same. We pass our national certification board right after graduation get a license to practice in the state that we're practicing that then as john was saying every six years we have to take that National Board exam all over again.

Judy.: Tell me a little bit about the work of the pa john in your setting and in other settings and some of the things that pa's do?

John.: I think you find pa's and all different settings from cardiothoracic surgery to dermatology orthopedics is very popular. You literally have or perhaps more are actually in family medicine and internal medicine. For my job in the emergency room we are fortunate enough to have been there since 1980. It's a situation where we see all comers. From heart attacks two minor lacerations bombs bruises common colds. We have the whole gamut of that and in that regard we are fairly autonomous but just like a Physician we have access to all the specialist if someone comes in with a heart attack and they need urgent care we are in close communication with Dartmouth. If they have orthopedic injuries that are beyond our resources we will transfer them to Dartmouth and other facilities. So I am fortunate that we have the full spectrum of patients in the emergency room from infants to geriatrics is really a satisfying career.

Judy.: And then you decide what happens next as far as where do they need to go what kind of treatment they need?

John.: Getting back into the care of their general Physician. We do prescribe medications but mostly what we try to do is take care of their acute problem and get them back into the care of the regular Physician.

Lisa.: To give you not a contrasting but another idea of how the role of the Physician assistants. After I graduate from pa school I worked in the family practice and as a family practice Physician assistant I was seeing newborns for their well child checks I was seeing older patients for high blood pressure to check their blood pressure and check their medications and change their medications if necessary. I was doing a lot of well women's checks. I was doing annual exams and women. In the practice that I worked in there were two male Physicians and myself so a lot of the women elected to
have me as their primary care provider because they wanted a woman as their provider and that was
very satisfying for me. To give you an example of one we talk about autonomy in our profession every
Wednesday in the office that I worked in the two Physicians were off and I was in the office by myself
seeing patients. If somebody was sick and needed to be seen that day I had openings in my schedule
and they would come in and see me I would take the history do a physical exam. If the prescription
was warranted I would write a prescription. If someone came in with the cut I could stitch it up. We
really to have a lot of flexibility in our role and a great deal of autonomy in our ability to provide care
to patients.

Judy.: So where can people go to get a pa education in our area?

Lisa.: There are several schools that offer a pa degree. There's the University of New England in
Portland Maine. The main campus is in Bedford but the pa program is in Portland. There's the
Massachusetts College of pharmacy and Health Sciences in Manchester New Hampshire and there is
the Albany College of medicine that has a pa program. Right now there is no pa program in Vermont
but several years ago when Franklin Pierce university which the main campus is in Rindge New
Hampshire. When they decided to start a pa program and hide me to help them do that they said
where should relocate the program. At the time Franklin Pierce had a center in West Lebanon New
Hampshire right on the Vermont New Hampshire border and I said if we put the program in West
Lebanon I think it would provide a real service if the people of Vermont in terms of providing a
program that would be accessible to Vermont residents. I'm very thankful that that played out quite
nicely. In our first year of the program we had 22 students and the very first cohort and 11 of them
were Vermont residents so half of the students in the class came from Vermont. There clearly was a
pent up demand for a program that would be accessible to Vermont residents. I'm happy to say that
these 11 Vermonter are going to be graduating in February of next year and coming back to
Vermont or remaining in Vermont to increase access to patients who are residents here.

Judy.: How about the job market is it good for pa's?

John.: I think it's excellent and it's growing and I think with the increasing concern about increase
access to care I think the pa profession is growing in the national statistics you'd say pa profession is
growing and in high demand. I think with the medical home model I think it's something we're
trying to promote nationally and locally I think they have a particular role in again increasing access
to care. I think the future is bright for pa's and there are jobs again in all kinds of different areas.
We're founded in the General Medical model but there are people again in all kinds of specialties.

Judy.: Quickly if you can explain the home model?

John.: The home model is basically what we're trying to do is what the family practice docs use to do
years ago and that is provide a comprehensive level of care in one place so that you can get your
General Medical Care that you have a champion for your Medical Care in that someone who is
following the cardiology or the rheumatology and coordinates all those things for the patient as well
as dental care psychiatric care they're all under one roof so the patient gets comprehensive care in
one place.

Judy.: Lisa how can people find out more information about Franklin Pierce program?
Lisa.: If somebody wanted information about the Physician assistant program they could go to the Franklin Pierce web site which is WWW.Franklin Pierce.edu/mpas or they could call our program directly in West Lebanon at (603)-298-6617.

Judy.: John and Lisa thank you so much for joining me today. That's our program for today I'm Judy Simpson we will see you again next time on across the fence.

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