

APP Roles in the ED

- Main ED
- Provider at Triage
- Fast-Track
- Observation Unit
- EMS
- Administrative
- Academics
- Proceduralist



29

Hiring

- Where to look?
 - SEMPA, AAPA, AAENP, AANP
 - Social media
 - Internet based sites
 - Schools and residency/fellowship programs
- Prior experience?
 - EMS, nursing, scribe, prior PA/NP experience
- Interview
 - Co-interview with Lead PA/NP
 - Clinical questions
 - Expectations



30

Emergency physician evaluation of PA and NP practice patterns

Andrew W. Phillips, MD, MED, FAAEM; Kevin M. Klauer, DO, EJD, FACEP; Chad S. Kessler, MD, MHPE, FACEP

Procedure	N	%
Laceration repair	144	96.6
Incision and drainage	143	96
Splinting without reduction	139	93.3
Reductions (excluding digits)	41	27.5
Electrical cardioversion	3	2
Chest tube (including pigtails)	9	6
Endotracheal intubation	7	4.7
Procedural sedation	6	4
Central line	9	6
Paracentesis	10	6.7
Lumbar puncture (any age)	40	26.8
Gastrostomy tube replacement	45	30.2
ECG interpretation	45	30.2
Radiographic interpretation (any kind)	90	60.4
Thoracentesis	3	2

Phillips AW et al. Emergency physician evaluation of PA and NP practice patterns. JAAPA. 2018;31(5):38-43.

31

Departmental Guidelines

- Scope of practice
- Patients seen by APPs / co-seen with physicians
 - Medicare
 - Extremes of age, abnormal vital signs, admission, consult, advanced imaging, intractable pain, unscheduled return visits
- Co-signature requirements
 - Physicians should not be required to co-sign charts when not involved with their care
- “Doctor” title



32

Supervision Definition

- Emergency physicians have the right to be involved with any patient
- Direct supervision
 - Physician evaluates all patients for which he is the supervisor
- Indirect supervision
 - Reviews management of patients as the supervising physician but does not examine the patient
- Onsite supervision
 - Physically present and available in the department
- Offsite supervision
 - Not onsite but available for real-time consultation

33

Integration of Advanced Practice Providers in Academic Emergency Departments: Best Practices and Considerations

Sharon A. Chekijian, MD, MPH, Tala R. Elia, MD, James E. Monti, MD, and Elizabeth S. Temin, MD, MPH

- **Supervision**
 1. All patients seen by attending physician
 2. All patients seen by attending, except ESI 4/5 (available as needed)
 3. PAs/NPs allowed to see and treat independently a subset of patients with low-acuity complaints

Chekijian SA et al. Integration of Advanced Practice Providers in Academic Emergency Departments: Best Practices and Considerations. *AEM Educ Train*. 2018;2(Suppl Suppl 1):S48-S55. Published 2018 Nov 27.

34



TIER CLASSIFICATION OF PHYSICIAN ASSISTANTS		
Classification	Time with MEP	Educational Activities
Junior PA	Hire to 1 year	<ul style="list-style-type: none"> • 3 to 6 months of direct supervision of every patient encounter • Monthly didactic EM training • Monthly chart reviews and performance evaluations by senior PA mentors • Procedure simulations and hands-on training
Staff PA	1 to 5 years	<ul style="list-style-type: none"> • Ongoing lectures and CME CA based on Q curriculum • Mock codes and procedure labs • Advanced procedure training and credentialing
Senior PA	Over 5 years	<ul style="list-style-type: none"> • Ongoing CME to maintain CAQ • Mock codes and procedure labs • Maintenance of advanced procedure credentials • Participation of hospital and system projects
SUPERVISION POLICY		
ESI Triage Level	Supervision Requirements	
1-3	Requires "Time-of-care" supervision by BC/BE emergency physician	
4-5	<ul style="list-style-type: none"> • Supervision always available and by request • Required for unstable vital signs, admissions, and other "red flags" 	

STEAL THIS

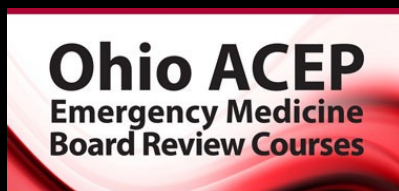
A detailed look at how MEP matriculates physician assistants.

EP Monthly. PA Training and Oversight: A Model Worth Copying? 2016. Available at: <http://epmonthly.com/article/pa-training-oversight-model-worth-copying/>. Accessed August 5, 2021.


35

Onboarding / Orientation

• Education



36


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M4 Curriculum

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The original CDEM curriculum was crafted with an audience for M4 students. It was meant to capture the most common conditions a fourth-year student would encounter while rotating in the ED.


Manthey DE, Ander DS, Gordon DC, et al. Emergency medicine clerkship curriculum: an update and revision. *Acad Emerg Med.* 2010;17(6):638-643. PMID: 20624144



Approach To	Cardiovascular	Endocrine & Electrolytes
<ul style="list-style-type: none"> Abdominal Pain Altered Mental Status Cardiac Arrest Chest Pain GI Bleed Headache Poisonings Shortness of Breath Shock Trauma 	<ul style="list-style-type: none"> Abdominal Aortic Aneurysm Acute Coronary Syndromes Thoracic Aortic Dissection Congestive Heart Failure Pulmonary Embolus 	<ul style="list-style-type: none"> Hyperglycemia Hyperkalemia Hypoglycemia Thyroid Storm


In This Section

- [CDEM Curriculum](#)
 - [M4 Curriculum](#)
 - [M3 Curriculum](#)
 - [Peds EM Curriculum](#)
- [Clerkship Directory](#)
- [Underrepresented Minority Scholarships](#)
- [Emergency Medicine Clerkship Primer](#)
- [CDEM Faculty Podcasts](#)

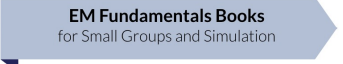
37




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Getting Started


Learners



Topic Pages
Curated content on high-yield topics for asynchronous review.




Workbook Cases
Download cases for small group sessions or independent study.




Simulation Checklists
Download procedural checklists for simulation based mastery learning.


Educators



Facilitator Guide
Interactive small group sessions, evaluations, and procedural checklists.



Small Group Deployment
Learn how to integrate EM Fundamentals small group activities into your curriculum.




Simulation Deployment
Learn how to deploy EM Fundamentals procedural simulations in your curriculum.


38


True Emergencies


Fundamental knowledge to care for common true emergencies is a top priority. This content area focuses on the approach to high-frequency high-acuity presentations.


Topic Pages


 Acute Coronary Syndromes


 Airway Management


 Cardiac Arrest


 Sepsis


 Shock


 Stroke


 Trauma


 Abdominal Pain


 Altered Mental Status


 Chest Pain


 Diabetic Ketoacidosis


 Dyspnea

 Febrile Infant

 First Trimester Bleeding

 GI Bleeding


 Headaches

 Hypertension

Common Complaints

Clinical efficiency is vital to the success of emergency medicine trainees. This content area provides context for the most common complaints in emergency medicine.

39



FOUNDATIONS
of Emergency Medicine

2023-2024 REGISTRATION
2023-2024 PROGRAM ROSTER
JOIN FOEM LEADERSHIP
SUBMIT FEEDBACK

ABOUT FOEM LEARNER RESOURCES LEADERSHIP RESOURCES MEET OUR TEAM SUPPORT FOEM

ABOUT

Foundations of Emergency Medicine was designed to create a new standard for innovative education in our profession. We provide a **learner-centric approach** with targeted content for varying level learners. Our cornerstone **Foundations I-III courses** provide a guided independent review of EM core content using our **Learning Pathways**. Classroom time is reserved for **active learning** with case-based, small group discussions and focused critical teaching points. This approach helps learners "**grow roots**" by developing a solid framework for Emergency Medicine knowledge and avoid gaps inherent in traditional curricular approaches.

[Learn More](#)

40

20

ABDOMINAL / GASTROINTESTINAL

Foundations 1 | Foundations 2

FoEM Learning Pathways provide vetted self-study resources that pair with our flipped classroom Foundations I (F1) and II (F2) course units. To ensure your learning time is as high-yield as possible, use each unit's **objective list** to guide your independent study before Foundations meetings. Learning Pathways offer a **variety of specifically paired resources** to best suit your learning preferences. For more details about specific resources and strategic use, visit our [Learning Pathways How-To](#) page.

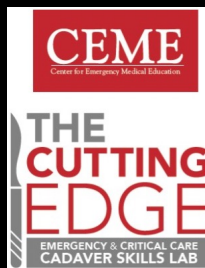
FOUNDATIONS 1

Unit & Objectives	Text-Based	Multimedia	Supplements
GI I: Upper GI Objectives: Identify clinical features, diagnosis and acute management of the following conditions: <ul style="list-style-type: none"> • GI bleed • dysphasia • foreign bodies • esophageal perforation • esophagitis • gastritis • PUD • gastric volvulus 	Rosen's Text (10th): Ch 26, 75 Tintinalli's Text (9th): Ch 75, 76, 77, 78 Tintinalli's Manual (8th): Ch 39, 40, 41	EB Medicine: <ul style="list-style-type: none"> • UGIB FOAMed: <ul style="list-style-type: none"> • emDocs: GI Bleed • emDocs: Eso Perf • Taming SRU: Gastric Volv Podcasts: <ul style="list-style-type: none"> • Core EM: Boerhaave • Core EM: BB Ingestion • CoreEM: UGIB 	Frameworks: <ul style="list-style-type: none"> • Approach to Nausea and Vomiting Pharmacy: <ul style="list-style-type: none"> • Hyperemesis • N/V Meds

41

Onboarding / Orientation

• Procedure Course



Hospital Procedures Consultants
Teachers Invested in Your Success

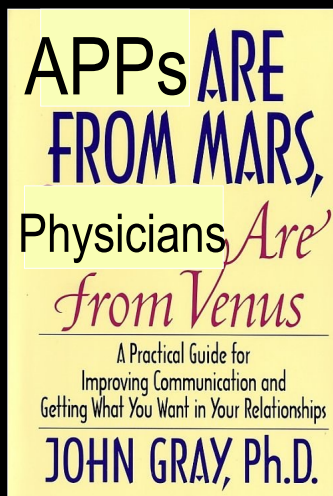


42

Onboarding / Orientation

- Orientation shifts
 - At least 2 months
 - Extra person
 - Orientate to all areas of ED
- Schedule them when plenty of help around
- Evaluations

43



44

What Makes for a Successful Physician / APP Relationship ?



MUTUAL RESPECT



MUTUAL UNDERSTANDING
OF THE APP SCOPE OF
PRACTICE



MUTUAL COMMUNICATION



MUTUAL RECOGNITION OF
EACH OTHER'S STRENGTHS
AND WEAKNESSES

45

APP Culture/ Retention

- Culture / environment
 - Culture of collegiality
 - Are APP opinions valued
 - APP advancement – clinical and administrative
- Liaisons
 - Lead PA/NP
 - Physician-APP Liaison
- Med staff issues; hospital committees
- **Based on employment data – EM is NOT the only job in town**

46

Cost Effectiveness

- Reduced cost/insurance/benefit compared to physicians
- Average EMPA salary - \$115,000
- Average Emergency Physician salary- >\$333,000
- Experienced APPs should be very cost effective
- One example: PA's working in a MI ED fast track environment expected to return a profit of \$1,032,365/yr.



47

Billing

Medicare - 85% reimbursement

- **Shared visit billing = remaining 15%**
- Physician performs **one** of the three key components (history, exam, or MDM)

OR

- More than half of the total time spent performing the shared visit

Critical care

48

DOI: 10.1002/emp2.12989

SYSTEMATIC REVIEW-META-ANALYSIS

Evidence-Based Emergency Medicine

JACEP OPEN

WILEY

The contribution of physician associates or assistants to the emergency department: A systematic scoping review

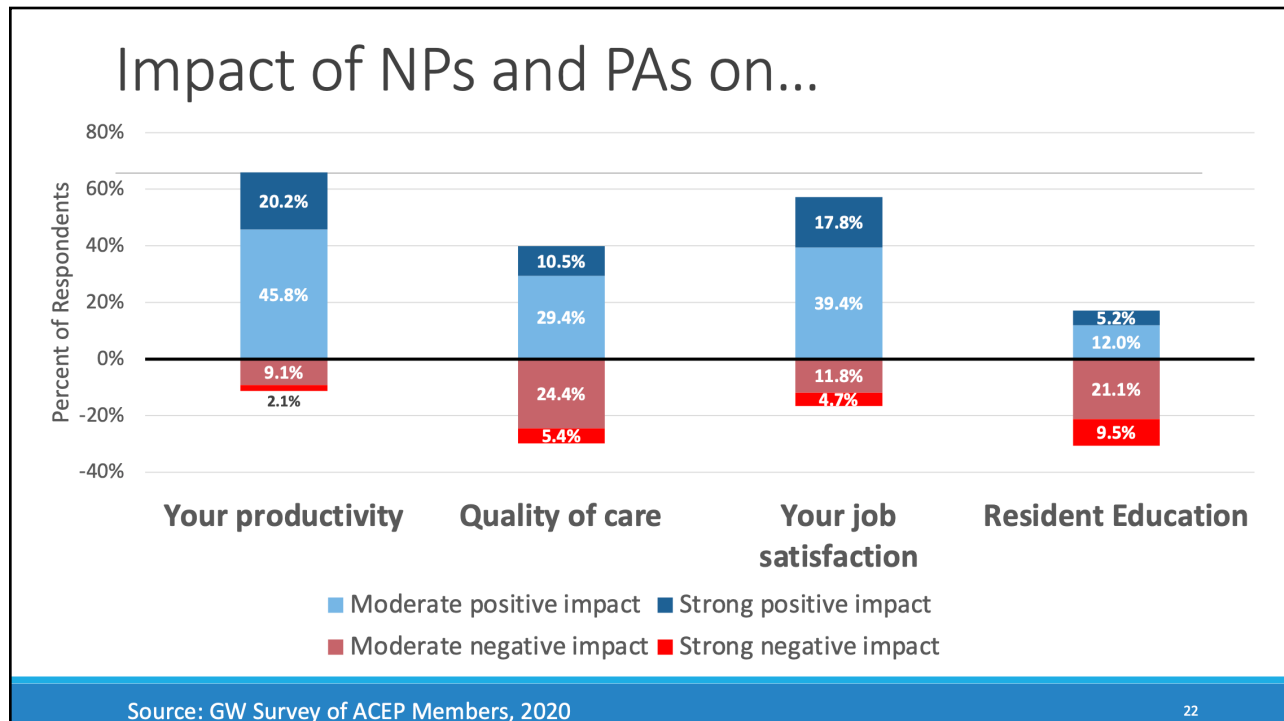
- High perception of PAs in the ED by physicians and patients
- Decreased:
 - Wait times
 - Length of stay
 - Readmission
 - Left without being seen
- Good experiences with PAs internationally
- Significant evidence of PAs being key members of the health care team

49

Final Thoughts

- Site decisions made at the local level
- Onboarding is KEY
- Continuous life-long learning for PAs/NPs
- Supervising physician education

50




51

Summary

- Emergency Department volumes are increasing
- APPs, both PAs and nurse practitioners, are cost-effective, low liability options for emergency department staffing needs
- APPs are well trained and can fill many different roles within an emergency department setting
- Solid practice guidelines, defined scope of practice and proper supervision helps to minimize risk and liability

52

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53

Additional Resources

- Society of Emergency Medicine Physician Assistants
 - <https://www.sempa.org/>
- American Academy of Emergency Nurse Practitioners
 - <http://aaenp-natl.org/>
- American Academy of PAs
 - <https://www.aapa.org/>
- American Association of Nurse Practitioners
 - <https://www.aanp.org/>
- Emergency Nurses Association
 - <https://ena.org/>
- American College of Emergency Physicians
 - <https://acep.org/>

54

- ACEP Medicare Mid-Level Provider FAQ

<https://www.acep.org/administration/reimbursement/reimbursement-faq/medicare-mid-level-provider-faq#question2>

- ACEP Advanced Practice Providers Medical-Legal Issues

https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/medical-legal/mlc_adv-prac-prov-ip_final_nov-2016.pdf

- ACEP Now

How to Document Exams Performed by Advanced Practice Providers

<https://www.acepnow.com/article/how-to-document-exams-performed-by-advanced-practice-providers/>

Tips for Collaborating with Advanced Practice Providers

<https://www.acepnow.com/article/tips-for-collaborating-with-advanced-practice-providers/?singlepage=1>

More Advanced Practice Providers Working in Emergency Departments

<https://www.acepnow.com/article/advanced-practice-providers-working-emergency-departments/?singlepage=1>

Learn to supervise your advanced practice provider

<https://www.acepnow.com/article/learn-supervise-advanced-practice-provider/?singlepage=1>

Competency Measurement Approach for Advanced Practice Providers in Emergency Medicine

<https://www.acepnow.com/article/competency-measurement-approach-advanced-practice-providers-emergency-medicine/?singlepage=1>

55

- Emergency Physicians Monthly

Legal Ease: Physician Extenders

<http://epmonthly.com/article/legal-ease-physician-extenders/>

PA Training and Oversight: A Model Worth Copying?

<http://epmonthly.com/article/pa-training-oversight-model-worth-copying/>

Myth v. Fact: The Truth Behind Common PA Misconceptions

<http://epmonthly.com/article/fact-v-fiction-the-truth-behind-a-few-common-empa-misconceptions/>

PA Training and Supervision: A Conversation with SEMPA Leadership

<http://epmonthly.com/article/pa-training-and-supervision/>

Mid-Level Providers – Who they are, what they do, and why they’re changing emergency medicine

<http://epmonthly.com/article/mid-level-providers-who-they-are-what-they-do-and-why-they-re-changing-emergency-medicine/>

Advanced Practice Clinicians (APCs) to the Rescue

<http://epmonthly.com/article/advanced-practice-clinicians-apcs-to-the-rescue/>

Is There an A.P.P. for That?

<http://epmonthly.com/article/is-there-an-app-for-that/>

The Evolution of the Mid-Level Provider

<http://epmonthly.com/article/the-evolution-of-the-mid-level-provider/>

- EMRA Cast: Advanced Practice Providers

<https://soundcloud.com/emresidents/advanced-practice-providers-app-with-dr-nic-governatori-lynn-scherer-sempa-and-dr-matt-rudy>

56