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Seeking Leadership Opportunities

Even Early-Career PAs Can Find Avenues for Boosting Leadership Potential if They Look for Them

By Bonnie Darves

For physician assistants in their first year or two of surgical or specialty practice, the notion of seeking out leadership roles when they're barely staying afloat learning their jobs and expanding their skill set might seem an absurd prospect. That second year in practice, however, is an ideal time to start scouting around for "mini" leadership opportunities, say veteran PAs who have enhanced their careers by pursuing leadership paths.

One of the best ways for relatively recent graduates to identify leadership opportunities that might be manageable from a capabilities and time-commitment perspective is to simply start showing up at professional-organization meetings, notes Amanda Wright, MPAS, PA-C, Assistant in Neurological Surgery at Vanderbilt University in Nashville and has long been involved in PA leadership. "I encourage new grads to get involved with their state PA organization by going to the meetings and CME conferences, networking and just making contacts," said Ms. Wright, who is involved with the American Academy of Physician Assistants' Tennessee chapter.

"There are always opportunities for volunteer work in national and state organizations and usually a shortage of PAs to fill those roles. Eventually," Ms. Wright said, "in the context of being a little facetious in that there will be no shortage of opportunity to insert yourself into or even create leadership roles, you'll end up having to say no to leadership opportunities."

A good starting point, both in professional organizations and at the hospital or practice level, is committee work, Ms. Wright notes, because such work doesn't necessarily require experience. State and national professional organizations, for example, often have open spots on their government affairs, political advocacy and membership committees. And today, with the ever-intensifying focus on quality and safety, and patient satisfaction, most hospitals welcome even early-career clinicians who want to help drive improvements.

Tom Gocke, PA-C, president and founder of Orthopaedic Educational Services, Inc. and a longtime leader in the orthopedic surgery PA realm, concurs with Ms. Wright that committee work is a good fit for new graduates with energy and a willingness to help. "There's a lot you can do at the local PA chapter level, and if you simply start by volunteering, it's relatively easy to work your way into a leadership position," said Mr. Gocke, a Distinguished Fellow-member in the AAPA and former board member in Physician

> **"That's the ultimate goal now—helping the university figure out how to use PAs to the full scope of their practice to improve care and patient satisfaction."**
>
> – Travis Randolph, PA-C, West Virginia University

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Seeking Leadership Opportunities

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Assistants in Orthopaedic Surgery who is practicing as a locums at Yale-New Haven Hospital. Mr. Gocke's experience mentoring and teaching early-career PAs and other clinicians led him to develop his company, which provides accredited online learning on a range of orthopedic topics.

Once PAs become reasonably settled in their practice position, they can start looking for internal volunteer and administrative opportunities that might, collectively, translate into leadership roles later. Travis Randolph, PA-C, a former athletic trainer who is now lead PA for Advanced Practice Providers at West Virginia University Medicine and clinical director of the university's Sports Medicine Program, has taken that stepwise, incremental approach in his own path to leadership. He has served on several task forces and, whenever the opportunity presented itself, sought opportunities to educate physicians and hospital administrators on how to most effectively integrate PAs in care teams.

> **"Basically, if there's a need in your organization, you can create a leadership role."**
>
> – Amanda Wright, MPAS, PA-C,
> Vanderbilt Department of Neurosurgery

"That's our ultimate goal now—helping the university figure out how to use PAs to the full scope of their practice to improve care and patient satisfaction, and reduce wait times," Mr. Randolph said. He is also helping PAs become more involved in organization-wide clinical initiatives. In part because of

TIPS FOR INCREASING YOUR LEADERSHIP POTENTIAL

The sources who provided their perspectives for this article offered these additional tips to early-career PAs who want to boost their leadership potential:

Volunteer for jobs that others might not want. Even PAs with limited clinical experience but an interest in operations can help practices streamline service delivery, according to Travis Randolph, PA-C. "Offer to help with scheduling and staffing, or offer to work with a more senior PA to help represent PAs' interests within the organization. These are good ways to get some early leadership exposure," he said. "It's also helpful to network at national or regional conferences to get a sense of how practices in other areas or settings operate, and then bring back ideas."

Consider pursuing an additional degree or certification. The healthcare sector overall is desperate for clinicians, including PAs and other advanced practice clinicians, who can wear two hats and bridge the care delivery and business aspects, Tom Gocke, PA-C points out. "PAs who get a masters in administration or public health, or obtain skills in managing budgets, will readily find opportunities for leadership," he said.

Get involved in patient education. By virtue of their general medicine training and focus on patient and provider communication to, even early-career PAs are well positioned to help educate patients not just one a one-on-one basis but also in group settings, Amanda Wright, MPAS, PA-C suggests. "We know about all areas of medicine, so regardless of the specialty in which we chose to practice, we can still offer education about the patient's global health," she said, "and positively affect patients' outcomes." For example, a young PA might offer to assist a more senior PA in starting or running a spine health class.

Seek leadership skills training opportunities, locally, nationally or online. Shasta Van Sickle, PA-C and Mr. Randolph are both keen advocates for formal leadership training, which is readily available these days. Most clinical professional organizations and many health systems offer leadership workshops or access to such resources, and even a three-day introductory course can be beneficial in helping PAs discover where their own potential lies.

"West Virginia Medicine now operates a Pivotal Leadership Academy course to train future leaders on topics such as leadership styles, communication, presentation skills, finance and performance management, and it's available to anyone who has practiced for a least one year," Mr. Randolph notes.

"There's a lot you can do at the local PA chapter level, and if you simply start by volunteering, it's relatively easy to work your way into a leadership position."

– Tom Gocke, PA-C, Orthopaedic Educational Services, Inc.

his leadership, PAs are now represented on the medical executive committee and other organization-wide committees.

"We're making good traction. Our PAs definitely have a voice now within our institution," Mr. Randolph said, and numerous clinical services outside orthopedics are now incorporating PAs more strategically in care teams and operations management.

Ms. Wright is using her leadership skills to help Vanderbilt with a similar initiative—teaching both senior attendings and residents how to work with PAs more effectively in the OR and the clinic. "I think that anything PAs can do to help improve patient flow and safety will be recognized and welcomed. Basically, if there's a need in your organization, you can create a leadership role," she said.

One leadership opportunity that's a good fit for early-career PAs is to help structure the onboarding of new PAs that join the practice or program. Their own recent experience is valuable in helping programs figure out what works—and what's needed—to help incoming PAs get up to speed more quickly.

Shasta Van Sickle, PA-C, of Golden, Colo., has focused on the business and operational aspects of PA practice in pursuing her leadership path. A longtime spine surgery PA who is now clinic manager at Advanced Urgent Care & Occupational Medicine in Fort Lupton, sees the operational realm as one where practices of any size generally need and welcome help, and one that generally accommodates newcomers.

"If you're a natural leader based on your personality, in my experience the administrative roles will just come to you if you offer to help," said Ms. Van Sickle, who has also pursued personal advancement by reading business leadership books and taking advantage of the AAPA Leadership Conference. She sees inpatient throughput improvement and clinical liaison initiatives—in which PAs serve as overall care coordinators for complex patients being managed by several specialists—as two areas where young PAs might assume roles that offer leadership growth potential.

"In every practice I've been in, there were usually two of us who sought these kinds of administrative roles that provide a pathway to leadership," she said. "If you just reach out to administration with an offer of help or an idea to improve efficiency or keep patients from falling through the cracks, you'll find fulfilling work that positions you for leadership roles."

Like Mr. Randolph, she also encourages recent graduates to look for opportunities to serve on internal safety and patient satisfaction committees, and for volunteer positions in their professional organizations. "If you want to pursue leadership opportunities, I think it's also important to keep adding to your skill set over time and expanding your resume," she said.

Bonnie Darves is an independent healthcare writer and editor of Surgery PA Market Watch. She is based in the Seattle area.

SURGERY PA EVENTS

Point of Care Ultrasound Conference
❏ January 20
Orlando, Florida

19th Annual AAOS/AOSSM/AANA Sports Medicine
❏ January 31-February 4
Park City, Utah

AAPA Leadership & Advocacy Summit
❏ March 8-10
Arlington, Virginia

APACVS 37th Annual Meeting
❏ April 5
Miami, Florida

AAPA 2018
❏ May 19-23
New Orleans, Louisiana

PA's Guide to the Musculoskeletal Galaxy
❏ June 27- July 1
New Orleans, Louisiana

Trying to Gauge Opportunities' Job-Satisfaction Potential

By Katie Cole

Most physician assistants chose medicine and surgery for a reason, presumably to help people and save lives. After you complete your training, how do you help ensure that you choose a practice that will provide not only professional reward but also job satisfaction long term?

The good news is that PAs report high job satisfaction overall, which provides some assurance that gratifying work environments are plentiful. The AAPA 2014 survey found that average member overall satisfaction was 13.5 on a scale of 0 to 16, which is far higher than average physician satisfaction these days.

It's understandably difficult to predict job satisfaction because of the numerous variables. At the same time, it's helpful to consider some key factors in evaluating potential practice opportunities to at least narrow down the possibility that a position will be satisfying. Here are a few:

The schedule—and its predictability and flexibility. Surveys of virtually all health professionals find that a workable schedule—as in, one that reasonably accommodates your personal life—is a big factor. For that reason, it's important to nail down what your schedule could potentially look like and ask for documentation of that (and possible variations).

Schedules vary dramatically depending on the surgical specialty, but anything involving trauma will most likely also require nights and/or weekend call or hours. Perhaps the most important question is whether all PAs share the challenging or unpredictable schedule components—call, overtime, weekends and holidays—equitably.

> **"It's important to nail down what your schedule could potentially look like and ask for documentation of that schedule—and possible variations."**

Supervising physician arrangement. PAs in most specialty areas will concur that the working arrangement and relationship with the supervising physician is key in job satisfaction. Practices' PA-MD "pairings" and ratios can vary considerably. Sometimes, PAs are assigned to one specific surgeon or physician; in other cases, they work with several within the same practice.

Either way, ensuring that you will have good communication with surgeons—in the OR and the clinic setting—is key. Oftentimes, I have candidates shadow with the physician(s) they will be working with prior to negotiating a job opportunity. For the relationship to be compatible, the surgeon or physician should be someone you can confide in, share ideas with and learn from over time.

Lifestyle accommodation "culture" in the practice. No one wants to approach an appealing practice opportunity by making demands that the group or department adapt to personal work-life balance requirements, but it's important to get a sense of the culture in that regard. Ask other PAs for their thoughts on and experiences with this, diplomatically of course.

If it appears that there's zero flexibility in the event you want to coach your daughter's soccer team, swap a shift with a willing colleague, or participate in an annual gathering that's important to you, job satisfaction might not be acceptably high.

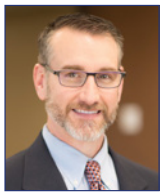
Ms. Cole is publisher of Surgical PA Market Watch and Neurosurgery Market Watch. She is a Denver resident.

SURGICAL PA JOBS

Salisbury, Maryland: *Hospital-employed, Neurosurgery PA/ NP*
Modesto, California: *Hospital-employed, Cardiovascular Surgery PA/NP*
Greenville, North Carolina: *Hospital-employed, Oncology Hospitalist NP/PA*
Fresno, California: *Hospital-employed/Priva-demic, Neurosurgery PA/ NP*
Modesto, California: *Hospital-employed, Gastroenterology PA/ NP*
Sugarland, Texas: *Private practice, Neurosurgery PA/ NP*
Turlock, California: *Hospital-employed, General Surgery PA/ NP*
San Antonio, Texas: *Academic, Neurosurgery PA and Neuro-ICU PA*
Modesto, California: *Hospital-employed, part-time, Neonatal NP*
Pinehurst, North Carolina: *Hospital-employed, Neurosurgery PA*
Modesto, California: *Hospital-employed, OB/GYN NP*
Greenville, North Carolina: *Hospital-employed, Neurosurgery PA/ NP Nocturnist*

Revisiting Advanced Practice Clinician Privileges in Neurosurgery

By Joseph Hlavin, PhD, PA-C



An article I wrote for the AANS Neurosurgeon publication a decade ago provided a running list of common APC (advanced practice clinician) privileges. As an update to that article, I hope to impress upon the readership the breadth of both routine and unique behaviors of neurosurgical APCs in and outside the hospital setting.

Before delving into the specific discussions around the listed privileges, I first offer a brief clarification around the use of traditional, and now antiquated terminology for APCs noted in that article. Second, I would like to better define neurosurgeon supervision.

At the time of the original article, accessible here, the term physician extender (PE) was common nomenclature. Aside from the connotation of such a label, which suggests that physician assistants (PAs) and nurse practitioners (NPs) are just an extra body to perform menial tasks for neurosurgeons, the PE term did, and to some extent, still does hold true. Of course, the context and content of duties that NPs and PAs actually perform has advanced considerably from the early days of my career.

Clarification surrounding physician supervision is also warranted, and like any medically trained individual or group, new NPs and PAs come in to the world of neurosurgery with limited practitioner experience. This means that the ability to diagnose and treat neurosurgical disease is commonly not the focus of the graduate entry-level PA or NP program. And, like their physician colleagues, newly trained NPs and PAs will require a time of intensive guidance and mentorship to build experience and knowledge, and confidence in decision making.

The noted clarifications are offered as a foundation for expanding on what was presented in 2010. In this article, I offer an updated perspective on the general privileges I discussed in the prior publication. For the sake of brevity, I will focus on a few of the more focused privileges, offering implications for future discussions and research. I begin with a general overview of the privileging common to the dyadic model of the neurosurgeon and APC working in concert for the betterment of patient care.

General privileges

The work we do and the behaviors we engage in relative to patient care are governed by a board-initiated set of credentials and licensure. These includes national rules for APC practice, e.g. Medicare or CMS, state practice acts for both PAs and NPs, and local hospital/facility/system policies and bylaws. Most policies, or rules, across the spectrum are purposefully ambiguous, as the APC and physician collaboration differ for each team. As such, the boards of nursing (NPs) and medicine (PAs) in each state merely provide boundaries in which the APC can perform whatever clinical tasks they do.

In neurosurgery, a surgical subspecialty with a unique set of procedures, disease processes and patient issues, APCs commonly work to the very limits of their licenses. Although there are pockets of APCs who work more in one area of neurosurgery, or in one or another capacity, it is not common for neurosurgical APCs to be used as scribes or other positions better suited for someone with less training and associated cost. Overall, it is important for the APC and the surgeon to define the privileges on a micro-level, to best utilize the talents and expertise of both toward the best care of their patients.

The importance of understanding the operational component of modern healthcare provides the context for discussing more focused privileging for neurosurgical APCs. Healthcare in the 21st century appears to be going down the path of value-based, quality metrics when engaged in diagnosing and treating illness. Beginning with the institution of Meaningful Use (MU), Accountable Care Organizations (ACOs), and Clinical Integrated Networks (CINs), payment for patient care is incrementally migrating away from fee-for-service, the prominent means of payment for neurosurgery, to quality-based, patient-centered payment models.

"Overall, it is important for the APC and the surgeon to define the privileges on a micro-level, to best utilize the talents and expertise of both toward the best care of their patients."

These structures might also include "bundling payments," but those have not been as prevalent for surgical subspecialties as they have been in primary care and internal medicine subspecialties. As such, understanding the context of payment to hospitals and practices allows for us to better understand the changes in APC activities found across neurosurgery.

Focused privileges

The use of APCs for inpatient care and outpatient clinics appears to be the most affected across the range of common privileges I referenced in my 2010 paper. As noted, using APCs for inpatient care delivery is a time-saving proposition. Because APCs have the ability within the hospital bylaws to write orders, state the diagnosis and institute studies, the neurosurgeon is free to begin the process of planning care. Although

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APC Privileges in Neurosurgery

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this was noted in the prior paper, it was not expanded upon relative to the documentation and coding aspect. APCs have a unique ability across "allied health professionals" to obtain a thorough history and conduct a physical exam, and document and code for these activities.

In most hospitals, coding by an APC is reimbursable at 85% of the physician's amount. For patients who have not been operated on by the neurosurgeon, the global postoperative phase—usually 90 days—does not apply. As such, each visit can be reimbursed.

The caveat here is that if the neurosurgeon also bills for the same service on the same patient within 24 hours, the physician's charge is the one used for reimbursement. Nevertheless, if the APC can code for the visit and allow the neurosurgeon to attend to more complex patients at a higher rate, then the APC utilization is not only efficient but also cost effective.

Adding to the hospital side, surgical first-assisting is another billable activity. I noted in the 2010 paper that the use of APCs in the surgical suite offers not only a second set of hands, eyes and knowledge but also enable greater technical focus by the surgeon. This allows for the surgeon to work through the surgical schedule with efficiency that ultimately benefits the patient. The change from the prior article is the importance of recognizing that NPs and PAs can bill for assisting. Most insurance entities reimburse at percentage of the surgeon's collections, and in most cases, billing for APC as a first assistant results in a very favorable cost coverage for employing the APC.

The outpatient clinic has similarities from a billing perspective, but the efficiencies in that setting are somewhat divergent from those in inpatient care. Most APCs are utilized for improved patient access. Neurosurgeons are a unique group of physicians, in that demand for their services is commonly more urgent and less routine than for other specialties. As such, access for patients to be quickly diagnosed and treated is paramount to optimal patient recovery.

The APC's role in an outpatient clinic enables the neurosurgeon to increase the panel of new and emergent patients while the APC manages follow-ups, post-ops and work-ins without imaging or conservative, non-operative treatment. Overall, the efficiencies and favorable cost/benefit ratio of impatient billing and reimbursement has led to increased utilization of APCs across the national healthcare system.

Joseph Hlavin, PhD PA-C, is the APC Director for St. Joseph Medical Group in Bryan, Texas. He continues to work in neurosurgery on a part-time basis and instructs at the Texas A&M University College of Medicine.

FEATURED OPPORTUNITY

Neurosurgery Physician Assistant Opportunity in North Carolina

A hospital in central North Carolina is seeking an experienced neurosurgery PA to join the neurosurgery team. The incoming PA will have a set schedule, Monday-Friday, with shared call responsibility. The PA will work directly with the practice's neurosurgeons, with responsibilities including first-assisting, pre-op and post-op patient care.

The facility prefers a candidate with experience, either 3+ years of experience in neurosurgery or 5+ years of PA experience in another surgical specialty. In addition, the facility prefers a candidate with EMR experience.

The incoming PA will receive a full benefit package including malpractice insurance (with tail), relocation, sign-on/ loan repayment, bonus, PTO, paid CME and a full benefit health plan. The facility offers a full-service program in collaboration with a nearby university and medical school. The location is just an hour from the Raleigh-Durham area and an easy drive to both the beach and the mountains.

CONTRIBUTIONS WELCOMED!

Help shape Surgery PA Market Watch by contributing opinion articles that address issues affecting surgical APC practice or that provide guidance on career matters. We also seek ideas for articles on topics of potential interest to our readers.

To discuss an idea or to propose a coverage topic, please contact Surgery PA Market Watch editor Bonnie Darves at **425-822-7409** or **bonnie@darves.net** or publisher Katie Cole at **303-832-1866** or **katie.cole@harlequinna.com**.