PHYSICIAN ASSISTANT

A Guide to Clinical Practice

FIFTH EDITION

Ruth Ballweg
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PHYSICIAN ASSISTANT: A GUIDE TO CLINCAL PRACTICE ISBN: 978-1-4557-0657-0

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Library of Congress Cataloging-in-Publication Data
Physician assistant : a guide to clinical practice / [edited by] Ruth Ballweg ... [et al.]. — 5th ed.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-1-4557-0657-0 (pbk. : alk. paper)
I. Ballweg, Ruth.
[DNLM: 1. Physician Assistants—United States. 2. Clinical Competence—United States. 3. Delivery of Health Care—methods—United States. 4. Professional Role—United States. W 21.5]
610.7372069—dc23 2012041600

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Printed in China

Last digit is the print number: 9 8 7 6 5 4 3 2 1

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FOREWORD

Thirty-one years ago, doctors were in short supply. Nurses were even scarcer. The old model of the doctor, a receptionist, and a laboratory technician was inadequate to meet the needs of our increasingly complex society. Learning time had disappeared from the schedule of the busy doctor. The only solution that the overworked doctor could envisage was more doctors. Only a doctor could do doctors' work. The lengthy educational pathway (college, medical school, internship, residency, and fellowship) must mean that only persons with a doctor's education could carry out a doctor's functions.

I examined in some detail the actual practice of medicine. After sampling the rich diet of medicine, most doctors settled for a small area. If the office was set up to see patients every 10 to 15 minutes and to charge a certain fee, the practice conformed. If the outcome was poor, or if the doctors recognized that the problem was too complex for this pattern of practice, the patient was referred.

Doctors seeing patients at half-hour or 1-hour intervals also developed practice patterns and set fee schedules to conform. The specialists tended to treat diseases and leave the care of patients to others. Again, they cycled in a narrow path.

The average doctors developed efficient patterns of practice. They operated 95% of the time in a habit mode and rarely applied a thinking cap. Because they did everything that involved contact with the patients, time for family, recreation, reading, and furthering their own education disappeared.

Why this intense personalization of medical practice? All doctors starting practices ran scared. They wanted to make their services essential to the well-being of their patients. They wanted the patient to depend on them alone. After a few years in this mode, they brainwashed themselves and actually believed that only they could obtain information from the patient and perform services that involved physical contact with the patient.

During this time I was building a house with my own hands. I could use a wide variety of materials and techniques in my building. I reflected on how inadequate my house would be if I were restricted to only four materials. The doctor restricted to a slim support system could never build a practice adequate to meet the needs of modern medicine. He or she needed more components in the system. The physician assistant (PA) was born!

Nurses, laboratory technicians, and other health professionals were educated in their own schools, which were mostly hospital related. The new practitioner (the PA) was to be selected, educated, and employed by the doctor. The PA—not being geographically bound to the management system of the hospital, the clinic, or the doctor's office—could oscillate between the office, the hospital, the operating room, and the home.

A 2-year curriculum was organized at Duke Medical School with the able assistance of Dr. Harvey Estes, who eventually took the program under the wing of his department of Family and Community Medicine. The object of the 2-year course was to expose the student to the biology of human beings and to learn how doctors rendered services. On graduation, PAs had learned to perform many tasks previously done by licensed doctors only and could serve a useful role in many types of practices. They performed those tasks that they could do as well as their doctor mentors. If the mentor was wise, the PA mastered new areas each year and increased his or her usefulness to the practice.

Setting no ceilings and allowing the PA to grow have made this profession useful and satisfying. Restricting PAs to medical supervision has given them great freedom. Ideally, they do any part of their mentors' practice that they can do as well as their mentors.

The PA profession has certainly established itself and is recognized as a part of the medical system. PAs will be assuming a larger role in the care of hospital patients as physician residency programs decrease in size. As hospital house staff, PAs can improve the quality of care for patients by providing continuity of care.

Because of the close association with the doctor and patient and the PAs' varied duties, PAs have an intimate knowledge of the way of the medical world. They

know patients, they are aware of the triumphs and failures of medicine, and they know how doctors think and what they do with information collected about patients. For these reasons, they are in demand by all businesses that touch the medical profession. One of the first five Duke students recently earned a doctoral degree in medical ethics and is working in education. The world is open, and PAs are grasping their share.

We all owe a debt of gratitude to the first five students who were willing to risk 2 years of their lives to enter a new profession when there was little support from doctors, nurses, or government. From the beginning, patients responded favorably, and each PA gained confidence and satisfaction from these interactions. Patients made and saved the profession. We hope that every new PA will acknowledge this debt and continue the excellent work of the original five.

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[†]Deceased.

PREFACE

Welcome to the fifth edition of *Physician Assistant: A Guide to Clinical Practice!* The history and utilization of this publication mirror the expansion of the physician assistant (PA) profession. The first edition, published in 1994, was the first PA textbook to be developed by a major publisher and was at first considered to be a potential risk for the company. Ultimately, it came to seen as a major milestone for our profession. Our first editor, Lisa Biello, attended the national PA conference in New Orleans and immediately saw the potential! She made a strong case to the W.B. Saunders Co. for the development of the book. Quickly, other publishers followed her lead. Now there are multiple PA-specific textbooks and other published resources for use in PA programs by practicing physician assistants.

The first edition was written at a time of rapid growth in the number of PA programs and in the number of enrolled PA students. Intended primarily for PA students, the textbook was also used by administrators, public policy leaders, and employers to better understand the PA role and to create new roles and job opportunities for PAs.

The second edition was expanded and updated to reflect the growth of the PA profession.

The third edition included eight new chapters and a new format. This format included Case Studies, which illustrated the narrative in "real-life" terms; Clinical Applications, which provided questions to stimulate thought, discussion, and further investigation; and a Resources section, which provided an annotated list of books, articles, organizations, and websites for follow-up research. With the third edition, the book became an Elsevier publication with a W.B. Saunders imprint.

The fourth edition had a totally new look and was also the first edition with an electronic platform. Most important, the textbook's content was reorganized to make it more responsive to the new *Physician Assistant Competencies*, which were approved by all four major PA organizations in 2006. (See "Appendix: Competencies for the Physician Assistant Profession.") New sections on professionalism, practice-based learning and improvement, and systems-based practice address specific topics delineated in the competencies. Sections covering materials that had become available in other books (e.g., physical examination and detailed history-taking skills) were omitted. Significant new material was added on the international PA movement, professionalism, patient safety, health disparities, PA roles in internal medicine and hospitalist settings, and issues in caring for patients with disabilities.

The fifth edition again has new content on the electronic health record, population-based practice, the new National Commission on Certification of Physician Assistants specialty recognition process, health care delivery systems, and mass casualty/disaster management.

Many PA programs find the textbook useful for their professional roles course and as a supplement to other core courses. PA students have found the chapters on specific specialties helpful in preparing for clinical rotations. PA graduates thinking about changing jobs and encountering new challenges in credentialing will find a number of relevant examples. All practicing PAs will find the new material useful as they continue their lifelong learning in a rapidly changing health care system. Health care administrators and employers can benefit from an overview of the profession, as well as information specific to PA roles and job descriptions. Policy analysts and health care researchers will find a wealth of information at the micro and macro levels. Developers of the PA concept internationally will find what they need to adapt the PA profession in new settings. Finally, potential PAs can be informed and inspired by the accomplishments of the profession.

Although Dr. Eugene Stead died in 2005, we have decided to continue to use the foreword that he wrote for this book. Encouraged by Dr. Stead and by countless colleagues, students, and patients, we hope that this textbook will continue to serve as a significant resource and inspiration for the PA profession.

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ACKNOWLEDGMENTS

As we reach the fifth edition, we want to thank the many individuals—across time—who have made this textbook possible. Much of the success of this textbook has had its roots in physician assistant (PA) educational networks. Not only did we want to create a book that would be a critical resource for PA students and educators, but also we wanted to create new publishing opportunities for many of our colleagues to become contributors. A major strength of the textbook has always been the inclusion of a wide range of faculty members from PA programs from all regions in the United States. We especially want to acknowledge the contribution and leadership of Sherry Stolberg, who served as our coeditor for the first, second, and third editions. When Sherry decided not to continue as an ongoing editor beyond the third edition, we were able to recruit Darwin Brown and Dan Vetrosky as new coeditors. They have brought new energy, new ideas, and new contacts to the fourth and fifth editions, for which we are grateful.

This textbook would not be possible without the support of our colleagues, students, friends, and loved ones who have helped us to continue to move this project ahead. The patience and good humor of our spouses, Cindy Sullivan, Jeanne Brown, Penny Vetrosky, and the late Arnold Rosner, have been critical to this project. Our children, Pirkko Terao, Dayan Ballweg, Chris Sullivan, and Alex, Tim, and Jackson Brown, provided us with their valuable opinions and perspectives.

We gratefully acknowledge our editors over time, including Lisa Biello, Peg Waltner, Shirley Kuhn, Rolla Couchman, John Ingram, Kate Dimock, and our content development specialist, Janice Gaillard. The input from these individuals has resulted in the substantial improvements in this publication over time. Although new authors have joined us for each edition, contributors to prior editions of this book deserve our appreciation for their participation as well: Beth Anderson, Phyllis Barks, Stephen Bartholomew, Susan Blackwell, Dennis Bruneau, Pat Connor, Steven Curley, Lee Daly, Bill Duryea, Bill Finerfrock, Diana Garcia, Ron Garcia, David Gwinn, Nelson Herlihy, Jeff Hummel, Paul Jacques, Debbie Jalbert, Robert W. Jarski, David Jones, Jimmy Keller, Martha Kelly, Timothy King, Gerald Marciano, Ann M. Meehan, Anthony Miller, Venetia Orcutt, Paula Phelps, David Pillow Jr, Nanci Cortright Rice, Karen Sadler-Sparks, John M. Schroeder, Jay Slotkin, Martin L. Smith, Walter Stein, Kimberly Suggs, Peggy Valentine, Mary Em Wallace, John White, Lynda White, John Yerxa, and Sarah Zarbock.

Thanks to the faculty and staff of the MEDEX Northwest PA Program at the University of Washington. Sally Mantz was critical to this publication. She has worked closely with Elsevier content development specialists to edit and reformat incoming chapters and to meet project deadlines. Keren Wick's meticulous technical writing skills—and experience with the content of prior editions—allowed us to provide additional support to some authors. We all feel privileged to have had the opportunity to serve as editors for this important book.

Physician Assistant: A Guide to Clinical Practice has benefited from the feedback of PA educators and students. We hope you will continue to provide us with your opinions and suggestions.

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SECTION I

OVERVIEW