

Investigating the role of a NP and a PA in a Family Health Team

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Abstract

Nurse practitioners (NPs) are registered nurses (RNs) who have obtained additional educational requirements and clinical expertise which qualifies them to perform tasks in primary and acute health care. The expansion of the NP role has made them an asset to the healthcare system, particularly in rural areas where primary care physicians are scarce.

Compared with the NP, the Physician Assistant (PA) is a newcomer to Ontario's healthcare system. PAs like NPs, work in various health care settings to offset the demand on physicians with respect to health care delivery. Unlike NPs, who develop their clinical skills from a nursing model, PAs develop a medical paradigm which can give them a different perspective on patient care.

This presents unique opportunity to understand how common themes of role similarities and distinctions are consistent and/or different across interprofessional clinical teams. This presentation will explore the nuances of how the NP and PA role adapts or is influenced by the presence or absence of their counterpart on the same clinical team. These NPs and PAs have inside, front line knowledge of how their roles diverge and overlap, as well as a unique understanding of the benefits and challenges this presents to incorporating these important professionals into the primary care system.

Design

Utilizing a mixed methods approach, the research team investigated the distinct roles of both the Physician Assistant (PA) and the Nurse Practitioner (NP) from the perspective of NPs and PAs through qualitative inquiry (interviews) and through a quantitative approach using the comparison of service delivery activities and encounter records of NPs and PA.

Quantitative inquiries investigate the differences between NPs and PAs with respect to services provided.

Qualitative methods are used to gain a more nuanced understanding of the similarities and differences from the NPs and PAs themselves. Qualitative and quantitative approaches are combined to gain an overall understanding of the important differences and similarities of these roles and how this may present benefits and challenges to the primary care environment

Research Questions

1. Are there significant differences in the frequencies and types of patient encounters provided by NPs and PAs?
2. Are there significant differences between the numbers of referrals to other health care professionals made by each professional group?
3. What is the perceived role of the NP/PA in the context of family medicine from the perspective of NPs and PAs themselves and how is this influenced by whether they work alongside each other or whether they work on separate clinical teams
4. What are the structures and processes identified by NPs and PAs that facilitate and impair integration of these two professions in the primary care system?

Data Collection

Quantitative: A retrospective review of electronic charts and billing codes for clinical encounters. Data was collected from the billings & diagnostic charts of one PA and three NP's.

Qualitative: Semi-structured, one-to one interviews with member checking and real-time confirmation of the accuracy of the data collection. Three NP's and three PA were interviewed.

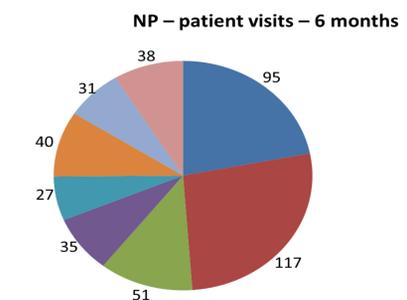
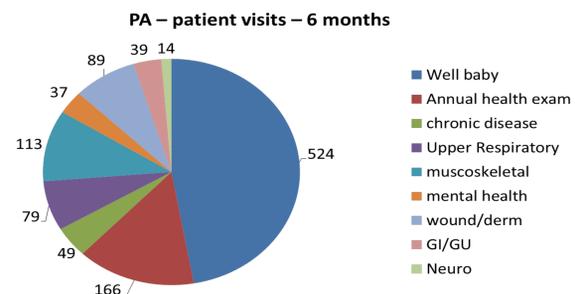
Areas of focus:

- What are the main responsibilities, accountabilities, knowledge, skills, competencies and theoretical underpinnings of the NPs and PA from their perspectives?
- What are the structures and processes that facilitate and impair implementation and sustainability of these two professions in their environment?

References

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Results-Quantitative



Results – Qualitative Themes

Flexibility/Autonomy
 Overlap in roles/tasks
 Education
 Teaching

Quotes

(PA) “I’m working under our medical directive which basically lets me work under the supervision of a physician and carry out any roles or tasks that are deemed appropriate by the physician that happens to be supervising me at that time”.

(PA) “the NPfocusing in on a certain type of medicine, pediatrics, geriatrics or women’s health.... PA is trained as a generalist”

(NP) “the PA role is ...interdependent on the physician, sharing the medical-legal responsibility,if there’s a difference of opinion the physician prevails because it’s a different type of interdependent relationship (MD-PA) (then the NP-MD relationship)”

“the physician...prescribes the role of the PA and the PA role matches the physician’s role...”

“(the NP’s)...knowledge skill and judgment is not dependent on whether the physician sitting beside us has the knowledge skill and judgment to do it”



Overview & Next Steps

This project adds valuable information and data about the NP and PA roles and the implications for training. Development of a survey that might be administered to NPs and PAs in different centers across Canada to confirm themes.

Healthforce Ontario supports the role of interprofessional (IP) teams, of which the NP and PA are part, as a strategy for improved delivery of health care.

Opportunities to better understand these roles through research are integral to the successful and sustainable design of the IP team and support future training models within the IP team for each of these professions.

