

A Reflection on the Benefit of Employing Physician Assistants in NHS Hospitals

Introduction

This reflection seeks to discuss the question of what benefit physician assistants (PA) provide to hospital care of the patient (if indeed there is any) in a more academic context than discussions in a clinical setting. I will seek to determine whether or not those explanations of PA role that I espoused are reflected in the literature. To this end I will explore themes such as the contribution PAs make clinically and educationally. This reflection will follow the structure of Gibbs 1988.

Description

The physician assistant (PA) is a new health care profession to the United Kingdom and as such much time has been spent in clinical practice explaining the PA role and attempting to discuss where PAs fit into the health care team, both in terms of why PAs are needed, but also if they are needed.

Thoughts and Feelings

I felt strongly that my role as a PA was needed in the NHS, however, much of my reasons for this were anecdotal, passed on from university tutors or reading generic literature for clinical placements. Although I generally had a positive response to my role, I did have negative responses which often left me feeling resentful and wishing I had more developed arguments with which to discuss the PA roles.

Discussion and Analysis

Do PAs Assist with the Provision of Service?

One benefit that I have of PAs that I have discussed in clinical areas is that physician assistants undertake the assessment of an undifferentiated group of patients due to being trained as generalists. This versatility means that a PA can assess any patient from a child with a fracture to an adult in diabetic ketoacidosis. Such versatility allows for PAs to provide a degree of stability within the staff rota that helps to ensure a consistent level of care is provided (Moghal *et al*, 2010). This is especially useful in an emergency department (ED) or medical admissions unit (MAU) where admissions are unplanned, often as an emergency and therefore making a stable skill mix within the rota important. There has been much discussion regarding the effects that introducing the European Working Time Directive will have upon the provision of service, such as (Morris-Stiff *et al*, 2005; Mommaerts, 2008; Buchan *et al*, 2007). Locum medical staff are often used to fill gaps in the rota, something I saw first hand during my hospital placements, but does this reliance on locum cover provide a lesser service? Ismail

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& Ismail (2006) report that there are concerns over locum doctors as they are not familiar with the hospital, the IT system or local protocols. In contrast, permanently employed PAs would be familiar with such aspects of the hospital, surely leading to a higher standard of patient care.

Do PAs Help in the Provision of Continuity of Care?

Simply filling the gaps in the rota is not the only benefit of PAs. From my experience on clinical placements in an emergency department I have seen how important continuity of care is. I encountered a patient in sickle cell crisis who regularly requires hospital treatment. The patient felt their ongoing care was improved by seeing a physician assistant who was familiar with their condition which led to faster assessment and initial treatment before referral.

Traditionally continuity of care is seen as being important in primary care to reduce admission to hospital as Cree *et al* (2006) and Witherington (2008). However this situation could be seen as continuity of care when admission to hospital is difficult to prevent. A search of NHS Evidence and the EBSCO database did not yield any work investigating the usefulness of this form of continuity of care.

The continuity of care provided by PAs is extremely important, as we offer a set of clinical skills and experience that is retained within the clinical area, as opposed to those of junior doctors who rotate out of clinical areas at regular intervals as dictated by the nature of medical training. For example, where a foundation year two doctor may spend six months developing skills that are key to working in an emergency department, they then rotate out and may not use those skills again. PAs would stay longer, develop those skills and perhaps most crucially, pass them on to other team members and students. Similarly, there are situations where PAs can provide service whilst leaving more senior doctors to teach juniors and students (Farmer *et al*, 2009; Moghal *et al*, 2010).

Do PAs Help Develop the Clinical Team?

Indeed, the benefits of PAs being retained in a clinical setting have been noted before, with Farmer *et al* (2009) referring to PAs as an educational resource. But what is meant by this term? PAs are seen as being able to act as clinical educators to new and junior members of the clinical staff, aiding both the professional development of the team, but also working towards ensuring a high standard of patient care (Woodin *et al*, 2005 pp-53-54 & 90-91; Goudie, 2010), having worked with an experienced PA, felt that patient care was improved. I have been fortunate to work with two PAs during my clinical placements. I found their knowledge not only to be extremely useful, but observed that other members of medical staff came to them with clinical questions and for advice. Woodin *et al* (2005 pp-90-91) also noted that PAs had little difficulty in asking for help and advice when they needed, helping ensure quality of care. Is it a case of the faster those skills are acquired by new staff, the more consistent

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patient care will be? This is an area that would benefit from future research as the PA profession in the UK develops.

Conclusions

Evidence that is currently available suggests that physician assistants are of benefit working in NHS hospitals as they assist in the provision of a better quality of patient care. This is achieved by PAs utilising a set of clinical skills to provide continuity of service provision in the rota, and by PAs acting as a valuable resource for clinical education to the wider health care team, which is not subject to loss due to the nature of the medical career path.

Additional research should be carried out to both monitor the benefits discussed in this reflection, and to improve the evidence base, such as if PAs aid in the delivery of better continuity of care in the hospital setting.

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