Hello, It is wonderful to be back in Vologda. To see old friends and to make new ones.

My name is Staria Hudson. I am a Family Nurse Practitioner who works for the Veterans Administration in San Antonio, Texas. I am called a Mid – Level Provider. Mid – Level Providers are individuals who have advance medical training but not on the same level as a physician. There are two types of mid-level providers in the United States. The Physician Assistant-Certified, and the Advance Practice Registered Nurse-Board Certified also know as a Nurse Practitioner.

Today I am going to talk a little about both the Nurse Practitioner and the Physician Assistant. I will give background history on why mid-level provider programs were developed, how they are trained and how Nurse Practitioners and Physician Assistants differ from each other. We have both a Nurse Practitioner and a Physician Assistant with us here today.
History

Both the Physician Assistance Program and the Nurse Practitioner profession begin in the mid-1960s. Physicians and educators recognized during the early 1960s that there was a shortage of primary care physicians. Duke University Medical Center in North Carolina put together the first class of PAs, in 1965. He selected Navy Corpsmen who received considerable medical training during their military service and during the war in Vietnam but who had no comparable civilian employment. He based his PA program on his knowledge of the fast-track training of doctors during World War II.

The average PA program today runs approximately 26 months with most students having prior college degree or previous medical training. The PAs are educated using “the medical model”. Education consists of classroom and laboratory instruction such as anatomy, pharmacology, pathophysiology, clinical medicine and physical diagnosis. They have clinical rotations in internal medicine, family medicine, surgery, pediatrics, obstetrics and gynecology, emergency medicine, and geriatric medicine.
One of the main differences between PA education and physician education is not the core content of the curriculum, but the amount of time spent in formal education. In addition to time in school, physicians are required to do an internship, and the majority also complete a residency in a specialty following that. PAs do not have to undertake an internship or residency.

Upon graduation, physician assistants take a national certification examination developed by the National Commission of Certification PAs in conjunction with the National Board of Medical Examiners. To maintain their national certification, PAs must have 100 hours of continuing medical education every two years and sit for a recertification every six years. Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure.

The first Nurse Practitioner educational program was developed as a Master’s degree curriculum at the University of Colorado School of Nursing by Dr. Henry Silver and Loretta Ford, R.N., in 1965 also due to the projected shortage of primary care physicians.
A Nurse Practitioner is an experienced registered nurse who has completed advanced academic education beyond the basic nurse’s training. This extra training prepares them to assume some of the diagnostic and treatment responsibilities traditionally reserved only for physicians. You can not become a Nurse Practitioner until you have a degree in nursing and have past a state licensure test stating you are competent to practice as a registered nurse. Today, in order to be Nurse Practitioner in the State of Texas you must have a 4 year college degree in nursing and 2 years post graduate school known as a Masters in nursing. The same classroom curriculum and laboratory experience required by PA programs are also required by Nurse Practitioner programs.

Instead of the medical model, Nurse Practitioners are trained under the nursing model. The focus is on preventive medicine, patient education, and treatment and management of the chronic, stable patient.
Scope of Practice: Nurse Practitioner/Physician Assistant

The nurse practitioner and physician assistant are prepared both academically and clinically, to provide a broad range of health care services employing a "holistic" approach. Functions include but are not limited to:

- Collaborating with physicians and other health professionals as needed, including providing referrals
- Counseling and educating patients on health behaviors, self-care skills, and treatment options
- Diagnosing and treating acute illnesses, infections, and injuries
- Diagnosing, treating, and monitoring chronic diseases (e.g., diabetes, high blood pressure)
- Obtaining medical histories and conducting physical examinations
- Ordering, performing, and interpreting diagnostic studies (e.g., lab tests, x-rays, EKGs)
- Prescribing medications (depending on state regulations)
- Prescribing physical therapy and other rehabilitation treatments
- Providing prenatal care and family planning services
• Providing well-child care, including screening and immunizations
• Providing health maintenance care for adults, including annual physicals

What a physician assistant or nurse practitioner does varies with training, experience, and state law. In addition, the scope of the PA's and NPs practice corresponds to the supervising physician's practice. In general, a physician assistant or nurse practitioner will see many of the same types of patients as the physician. The cases handled by physicians are generally the more complicated medical cases or those cases which require care that is not a routine part of the PA's or NP’s scope of work. Referral to the physician, or close consultation between the PA or NP and physician, is done for unusual or hard to manage cases. Physician assistants and nurse practitioners are taught to "know their limits" and refer to physicians appropriately. It is an important part of the mid-level training.
**Practice Setting:**

The majority of the nurses with the title NP work in ambulatory care settings or outpatient clinics. Other areas where NPs are employed include Emergency rooms, acute care settings, specialty practices, women’s health, and nurse anesthetist. Nurse Practitioners continue to seek employment in undeserved populations, both in rural areas and inner-city settings.

Physician Assistants work in similar areas but they also work in sub-specialty areas such as orthopedics, urology, cardiology, surgery or any area in which a physician is willing to provide additional training and supervision. Some Nurse Practitioners are also branching out to these sub-specialties.

I have been employed as a Family Nurse Practitioner for the past eight years. As a Family Nurse Practitioner I am able to provide care for both adults and children. In my current job for the Veteran’s Administration I only treat adults.
The Frank Tejeda Outpatient clinic where I am employed treats service connected veterans (veterans who acquired some type of medical disability, injury or medical problem while serving in the military). They also treat retired military veterans and veterans who have served their country and are unable to afford health care. This includes both male and female veterans.

I am called a primary care provider and manage care for approximately 800 patients. I take care of all their medical needs including ordering test, doing physical exams, prescribing medication. I refer patients for consultation to specialty clinics, provide individual counseling, and consultation with my medical supervisor, a physician, as needed. I am also assigned to the Women’s Health Clinic, called The Women’s Place, where I am one of 4 providers managing care for the female veterans gynecological problems.

Two of the 4 providers are physicians; one is a Women’s Health Nurse Practitioner. Dr. Trabal is our Women’s Health Expert who I consult for all gynecological problems when I have questions or concerns regarding management of care. I also refer all patients that are beyond my ability to manage to Dr Trabal.
I also work with Dr. Auricht, a primary care physician, who is my clinical supervisor. I consult with her when I need a physician to confer with for complicated patients. For any patient that I feel is out of my scope of practice (too complicated for management by a Nurse Practitioner) I can request to have their care be managed by a physician.

The role of the Nurse Practitioner in the United States continues to expand especially in rural and inner city areas where health care providers are still critically needed. It is a rewarding, exciting and challenging role for the nursing profession.