

Role Identity

Blessing JD; Clark M; Runyan JD; Simon A. Protecting the patient-counseling role. *Phys Assist* 1996 Apr;20(4):63-64,66,71-74,80.

Forum participants discuss what may be the most important part of PA practice — patient counseling and education. Discussion includes protecting and preserving this role in managed-care settings, role modeling, and emphasis on counseling and patient education during PA education.

Professional Practice Council of the American Academy of Physician Assistants. A new definition of "physician assistant". *J Am Acad Phys Assist* 1996 Jan;9(1):22-4, 27.

The AAPA Professional Practice Council explores the attempts of other kinds of health care providers seeking to be recognized as PAs without meeting the profession's established standards.

Parker LE; Jacobson PD; Coulter I. The road to professionalization: nurse practitioners (NPs) and physician assistants (PAs). *AHSR FHSR Annu Meet Abstr Book*. 1994;11:35-6.

Abstract: PROBLEM AND OBJECTIVE: We explored the extent to which primary care NPs' and PAs' practice challenges medical domination. Further, we considered whether NPs and PAs can claim full professional status as defined by professionalization theorists. DATA AND METHODS: We conducted a qualitative study in five health maintenance organizations and four multi-specialty group practices. Site visits lasted between two to four days and consisted of a series of structured interviews with administrators, NPs, PAs, and primary care physicians. RESULTS AND CONCLUSIONS: NPs, PAs, and primary care physicians perform many of the same tasks. The organizational roles played, however, differ substantially. Even where NPs and PAs had their own patient panels, they lacked the overall accountability and responsibility for patient care that is imputed to physicians. Further, the occupations utilize different healing paradigms. Although most NPs appear to conduct fewer technical tasks than most PAs, NPs view their role more broadly than PAs. The nursing approach incorporates the medical model's emphasis on physical symptoms and underlying pathophysiology into the broad psychosocial and cultural context in which symptoms occur. Many NPs view their practice as an alternative to the traditional medical approach. Consequently, NPs are less likely to view themselves as being dependent on physicians. By defining themselves as bringing a different approach to a primary care encounter, NPs define a broader role, but a narrower scope of tasks, than PAs. By defining themselves as more like a physician, PAs define a broader scope of tasks, but a narrower role, than NPs. It is this distinction that leads us to conclude that NPs might also pose a greater threat to medical domination of health care than do PAs.

Trimbath JD. Is our name really the issue? *J Am Acad Phys Assist* 1994 Jan;7(1):51-2.

The author examines the difference between the terms *assistant* and *associate* and states his belief that PAs should abandon the title issue and concentrate on PA accomplishments as a profession, PA contribution to health care, and PA future role.

Hudson RN; Carter RD. From PA to MD: a study in career change. *J Am Acad Phys Assist* 1994 Jan;7(1):40-5.

Of 609 individuals graduating from the Duke University PA program between 1969 and 1985, 39 (6.4%) have chosen to continue their education and broaden their scope of practice by becoming physicians (M.D.s and D.O.s). In 1991, a study was conducted of these PA/M.D. graduates to determine why they left the PA profession, how they financed their medical education, and whether they were satisfied with their roles as physicians. The PA/M.D. graduates on the average were younger than their classmates at Duke, more likely than their classmates to have baccalaureate or advanced degrees, and had higher grade point averages but fewer months of health care experience. Most of the respondents decided to leave the PA profession to become physicians because they wanted more autonomy and medical knowledge. Although 50% of the PA/M.D. graduates indicated they were satisfied as PAs, all are satisfied as physicians and, with one exception, would make the same career decisions even with today's more favorable employment opportunities for PAs.

Bolland KJ. Assessment of health profession name changes: implications for PAs. *J Am Acad Phys Assist* 1994 Nov;7(10):720-7.

The title "physician assistant" has surfaced as a focus of dissatisfaction in the PA profession, and numerous opinions have been expressed. This article presents research on the question of title change by first reporting data from other health professionals on the factors that motivated name changes in their professions. From that information, a survey tool was developed to measure the degree of satisfaction PAs had with regard to their title. Study participants were somewhat satisfied with the use of the name "physician assistant" but most thought the profession would benefit if the title were changed. The only title to garner a majority of the votes was "physician associate." Further studies are needed because only a small group was studied and because the dissatisfaction with the title maybe a manifestation of other issues, such as role ambiguity and incomplete role socialization.

Schneller E. A PA by any other name.... *J Am Acad Phys Assist* 1994 Nov;7(10):689-692.

Dr. Schneller argues against a name change for PAs and states that workplace jurisdiction changes are not decided by a new name but rather by individuals who are flexible and able to work in multiprofessional organizations in which tasks are assumed on the basis of demonstrated competence rather than restrictive licensure.

Professional Practice Council of the American Academy of Physician Assistants. Naming the profession...arguments for and against a change in the title of the PA profession. *J Am Acad Phys Assist* 1994 Jul-Aug;7(7):521-5.

This article presents the first comprehensive overview of the arguments for and against a change in the title of the profession.

Wilson SD. Does changing the rules mean changing our roles? *J Am Acad Phys Assist* 1994 Jul-Aug;7(7):482-4.

As the PA profession is faced with the uncertainties of health system reform, Mr. Wilson states, "We are at our most cost-effective and health-effective not when we substitute for physicians but when we supplement physicians." He argues for the continuation of dependent, supervised practice.

Bottom WD; Evans HA. Who should be called "physician assistants"? *J Am Acad Phys Assist* 1994 Apr;7(4):19A-20A.

The PA profession must diligently monitor the regulatory use of "physician assistant" in all states to avoid lumping other health care providers without the PA's background into PA statutes. The authors review the essential foundation of graduation from an accredited PA program and successful performance on the Physician Assistant National Certifying Exam. ■