How Do You Train NPs and PAs to be Access Providers?

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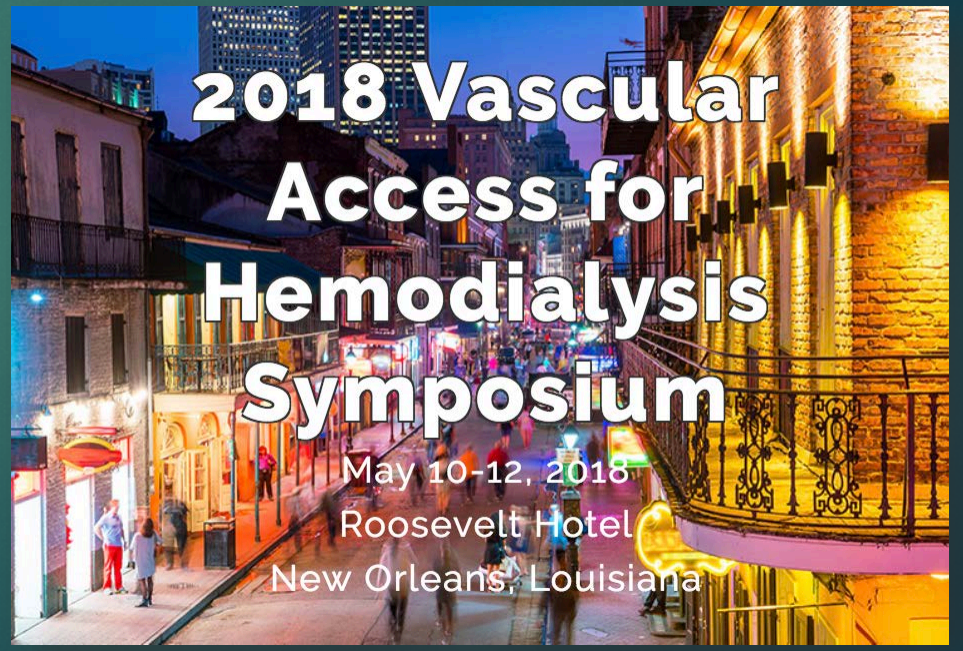


VASCULAR ACCESS SOCIETY OF THE AMERICAS · VASA

Access Excellence.

Disclosures

- I’m a PA
- Otherwise, none relevant to this topic

Overview

- Needs
- Goals
- NP/PA, “APP”, “Physician Extender”
- General Training
- Specific Training
- Practice Models

What are your needs?

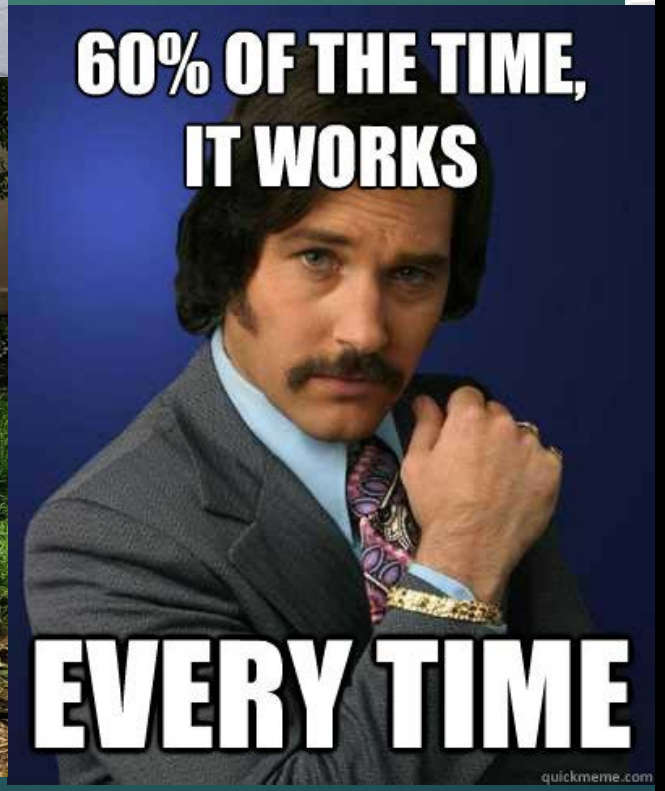
- Clinical support
  - Inpatient
  - Outpatient
  - Operative
  - Interventional
- Research
- Administrative
- **Any combination of these needs**

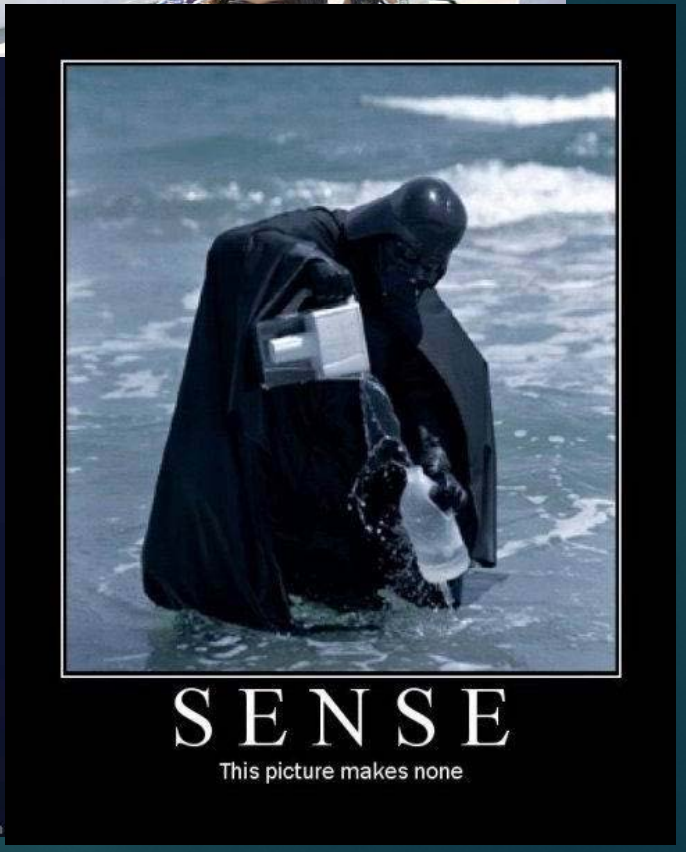
What are your goals?

- Do you know why you need/want an NP/PA?
- Optimize practice efficiency
- Grow practice
- Improve care
- Provide unmet needs

Poor Rationale

inistrative work





Who to Hire?

- What are your needs?
- PA/NP differences
  - Medical Model vs. Nursing Model
  - NPs - Generally declare a track early on
    - Acute care, Gerontology, EM, Family, Neonate, Peds, Pysch, Women's health
  - PAs – General Medical/Surgical
    - Medical school condensed (time, not content)
    - Big difference is Residency vs Apprenticeship

Are you willing to embrace the team-based care model?

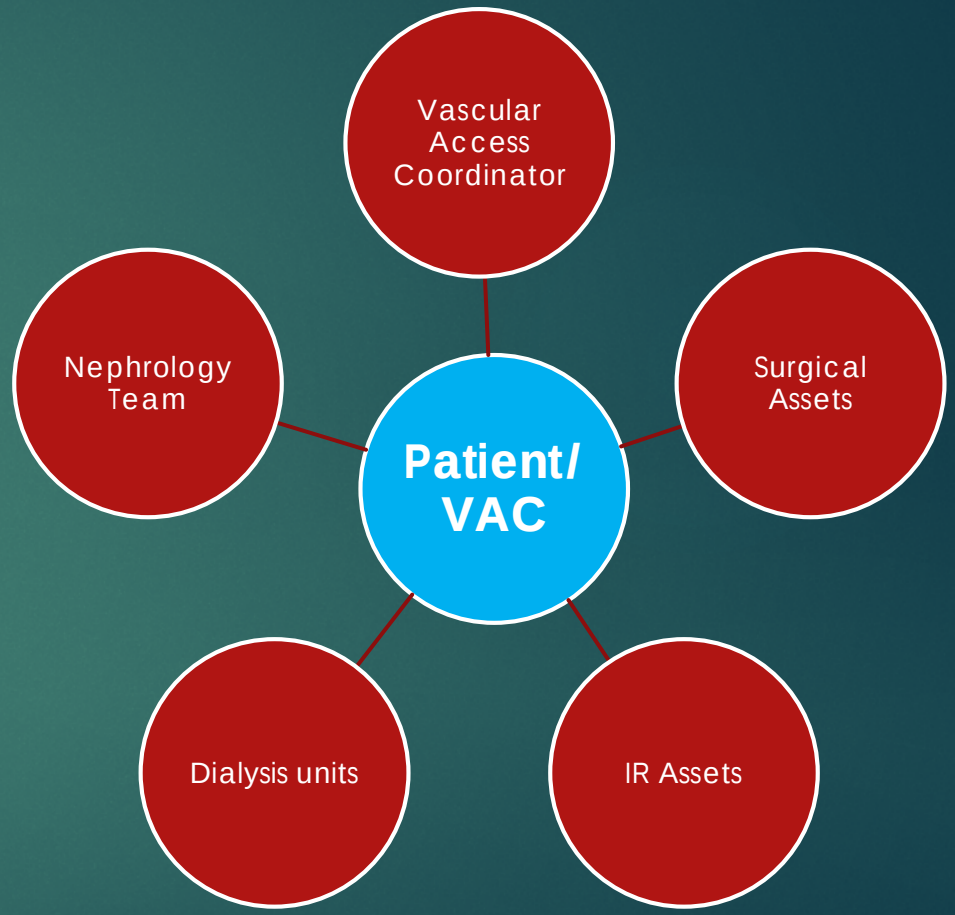
- Common Misunderstandings
  - NP/PA training
  - scope of NP/PA practice
  - Supervision requirements
    - What is supervision?

Training

- Baseline emersion/exposure is Paramount!
  - All settings
    - Surgery, Clinic, Inpatient wards, ICU, dialysis unit, clinical research
  - Hone to specific area as necessary for practice
- Take the time up front
  - Teach, teach, teach
  - Start slow/shadow
  - Discuss expectations (from both sides)
  - Be collaborative and constructive

Training Specific to Vascular Access

- Know the ”players”
  - Patient
  - Surgical assets
  - Interventional assets
  - Dialysis units
  - Nephrology team
  - Vascular Access Coordinator



Training Specific to Vascular Access

- Know the Arenas
  - Dialysis Unit
  - OR
  - IR
  - Clinics (Surgery/Nephrology)
  - ED
  - the inpatient wards

Training Specific to Vascular Access

- Know the Logistics
  - Social disadvantages
  - Transportation
  - Disabilities
  - Burden on family/friends
  - Finances
  - Education
  - Stress

Training/Transition/Practice

- Open communication
- Full feedback loop, i.e. what works, what doesn't
- Share experiences from OR → clinic → OR
- Know what you know…….know what you don't know
- Know when to ask for help, who are your resources?
- Gradually let the "leash" out
- Empower your team
- Expect your extender to work at the top of his/her scope
- Expect life-long learning

Various Models

- Pure Vascular Access Team
  - Co-led with Physician partner
  - ”Quarterback” model
  - Area Focused model
- Vascular Access as Part of a Broad Practice
  - Vascular surgery
  - General surgery
  - Transplant surgery

Conclusion

- Need clear vision for role of an extender on the team
- Take the time to teach/train extender
- Ensure extender understands all aspects of access care.
- Empower extender to grow and learn
- A well trained extender will not replace the physician, but truly ***extend*** the clinical services
  - Expand the team
  - Improve care
  - Improve efficiency
  - Reduce cost
  - Improve outcomes.

Thank you!


When u realize humans cut down birds houses to make birdhouses