

# 5 YEARS OF EXPERIENCES WITH PA IN WINTERTHUR - OPPORTUNITIES AND CHALLENGES

## Conference in Geneva

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**Prof. Dr. med. Stefan Breitenstein (Kantonsspital Winterthur)**

**Prof. Dr. Andreas Gerber-Grote (ZHAW)**

# Dr. med. Vaihere Delaune, Colorectal Fellow





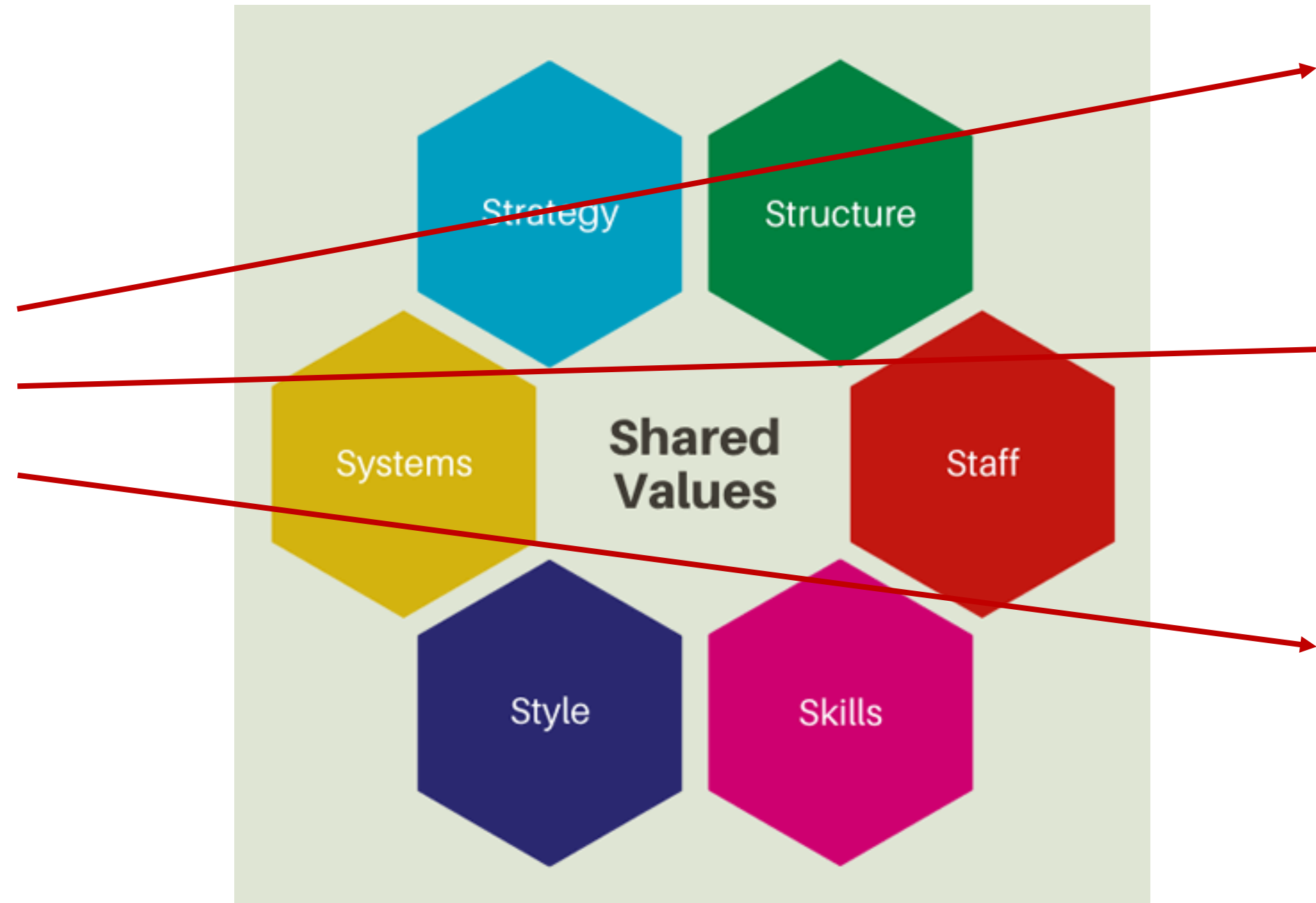




# Changes in Health Care

## Past:

- Doctors
- Nurses
- Institutional management

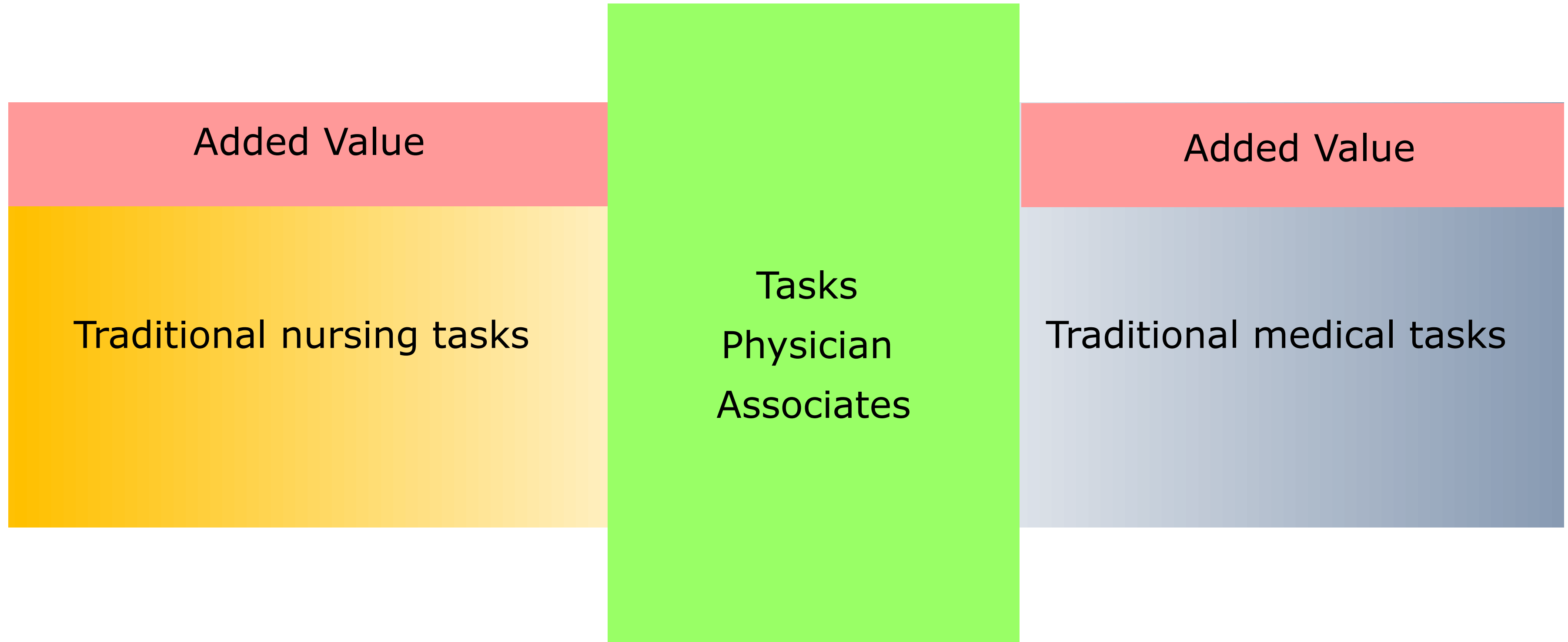


- PA
- TOA
- Nurse
- Specialized Physicians
- NP
- ERAS Nurse
- Dietician
- Case manager
- MPA
- APN
- Nurse specialist
- ....

*McKinsey 7-S Change Model*

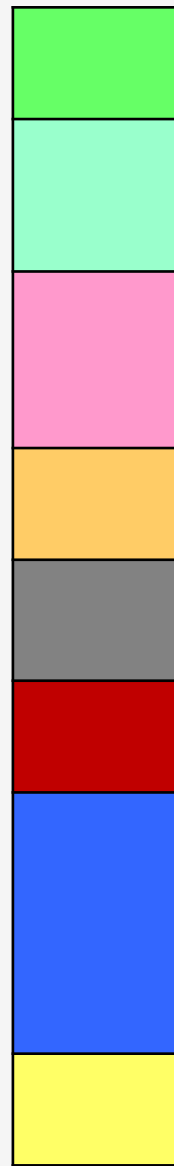
*"It always seems impossible until it's done"*  
*Nelson Mandela*

# Where we have come from (2016)

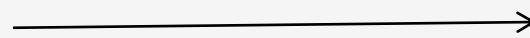


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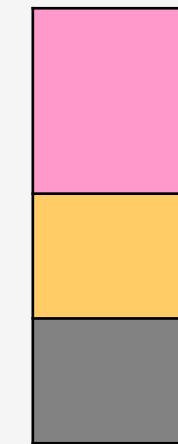
## Tasks of Doctors



Delegation



## Tasks of Physician Associates



# Where we have come from (2016)

Physician Associates take over tasks of the ward doctors



Start 2016 in  
Visceral Surgery

# Where we have come from (2016): Our Goals

- Ensuring continuity of medical care
- Optimizing the use of medical resources within the departments
  - focus on educational content
  - relief of administrative tasks
- Optimizing the coordination of hospital stays and exits
- Optimizing processes
- Supporting medical cadre and attending physicians
- Opportunities of professional development in health care and nursing professions
- ...



# Where we have come from (2016): Our Hypothesis

Fields where medical/clinical tasks can be fulfilled through delegation:

- Wards
- Theatre (OR)
- Functional diagnostics
- Outpatient clinics, consultations
- Rehabilitation, nursing institutions



All fields inclusive general practice

# 2023: PAs at Kantonsspital Winterthur

- Visceral Surgery
- Vascular Surgery
- Interventional Radiology
- Urologie
- Orthopedic Surgery
- Neuro Surgery
- Hand- and Plastic Surgery
- Gynecology

"Surgery"

- Oncology
- Cardology
- Stroke
- Nephrology / Dialysis

"Internal Medicine"

- **Emergency and walk in medical praxis**
- **OR (Operating Theater)**

*Total: 30 PA in charge*



# Where are we? Experiences

## Challenge 1:

Nurses versus doctors  
(territorial borders/ different ideologies)



2023 Today the situation is fully accepted

# Where are we? Experiences

## Challenge 2:

Change process

(cultural change, effort, comfort zone)



2023





# Where are we? Experiences

## Challenge 3:

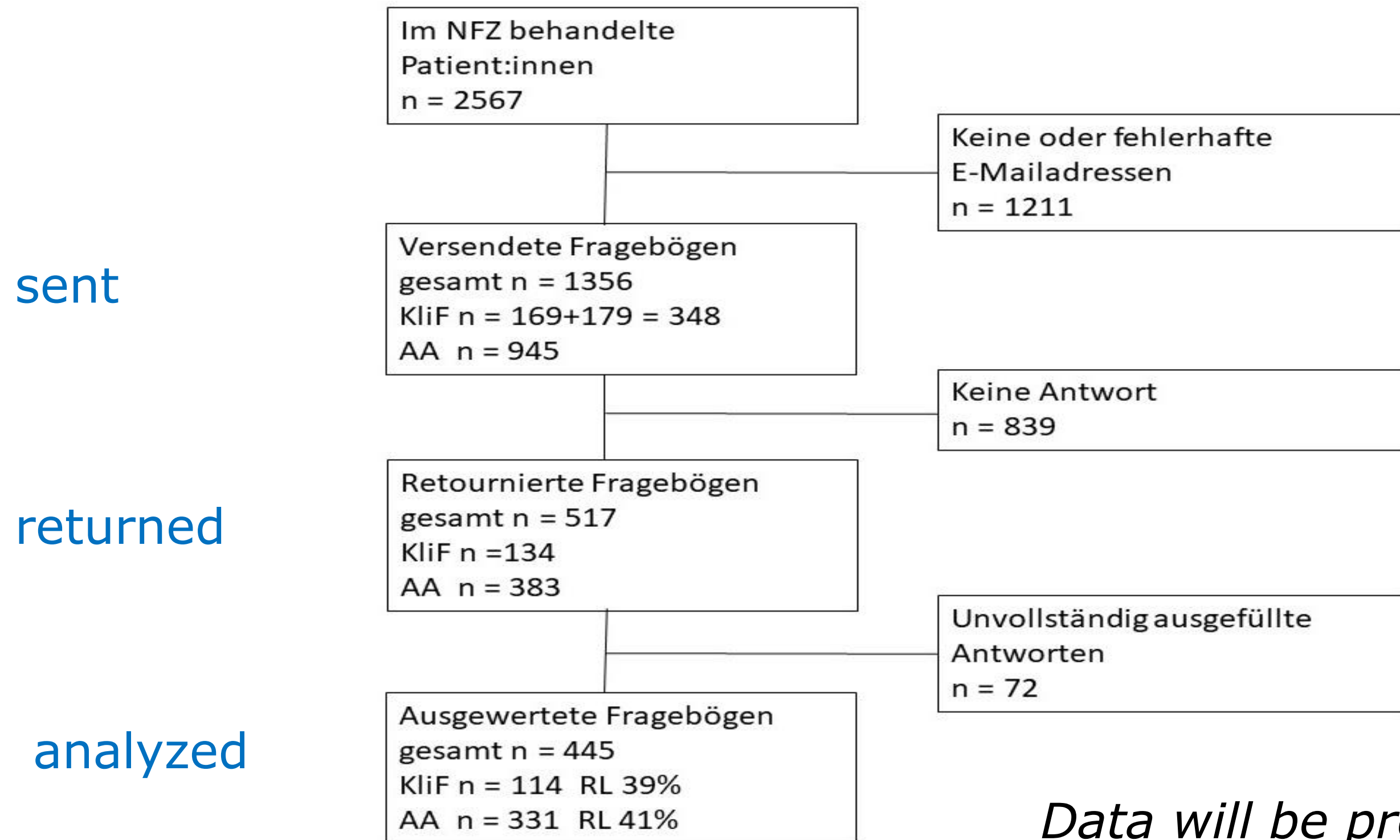
Tariff system for outpatient services unclear

The word 'TARiff' is written in a playful, rounded font. Each letter is a different color: 'T' is pink, 'a' is green, 'R' is blue, 'i' is orange, and the two 'f's are purple. The letters have a slight 3D effect with shadows.

2023

- **inhospital: DRG**
- **Outpatient, Emergency: 50% – 70% Tarmed**
- **Emergency department and walk-in medical praxis: 50 – 70% Tarmed**

# Emergency department: patients treated by PA or residents - patients satisfaction



*Data will be presented at SCS Congress June 2023, Basel*



# Emergency department: patients treated by PA or residents - patients satisfaction

**No significant difference in patient satisfaction in emergency department between PA or resident care**

*Data will be presented at SCS Congress June 2023, Basel*

# Statements / Experiences

## Residents

- Since the PA's take over a lot of work, stress reduction.
- Working hours can be organized better -> less overtime
- Processes on the ward can significantly be optimized, possibility of organizing ward rounds in the mornings, prompt response to questions, faster discharge of patients (no waiting for discharging papers).
- Since a PA is on ward, fast reactions are possible in case of acute problems
- PA's are contact persons for new / inexperienced residents
- Continuity in the treatment teams for patients and colleagues
- Experienced residents can concentrate on operative training
- **PA positions can lead to a reduction of available resident positions. Positive effect: learning situations are distributed among fewer physicians → more efficient training**





# Statements / Experiences

## Chief physicians



- Positive impact on residents' and senior physicians' working hours by relieving them of routine/administrative tasks
- Increased focus on training content of residents
- Support of the introduction of new physicians by PA's
- More staff and professional/skill continuity
- Knowhow is passed on in a more focused and systematic way
- Opportunity for (more experienced) residents to gain initial leadership experience: responsibility for PA's

# Our Findings

- Adversity is the best trigger for innovation
- It is time to change
- An opportunity for more optimal training for residents
- Use of PA: stability and continuity of teams
- PA: Long implementation time
- PA implementation is a culture project

# Our Conclusion

- Quality
- Economy, efficiency
- Perspective for employees





# Our Conclusion

**Perspectives for health care professions**

**Opportunities for the health care system**



# International Programs for PA's

- 1960: Physician Assistants introduced in the US
- 1984: first PA graduates in Canada
- 1985: 76 PA programs in the US
- 2001: PAs introduced in the Netherlands
- 2004: 136 accredited programs in the US
- 2005: PA's introduced in the UK
- 2005: first program in Germany
- 2017: first CAS Klinische Fachspezialistin at ZHAW
- 2021: first MAS Physician Associate Skills at ZHAW
- 2023: 300 accredited programs in the US, 59 in the UK, and 24 in Germany

# Requirements for participation in CAS

## Minimum requirements:

### **2 years clinical work experience and**

- BSc or MSc in a health profession or BSc Medicine
- Health professionals without BSc with additional training such as emergency, intensive or anesthesia care or higher specialist training

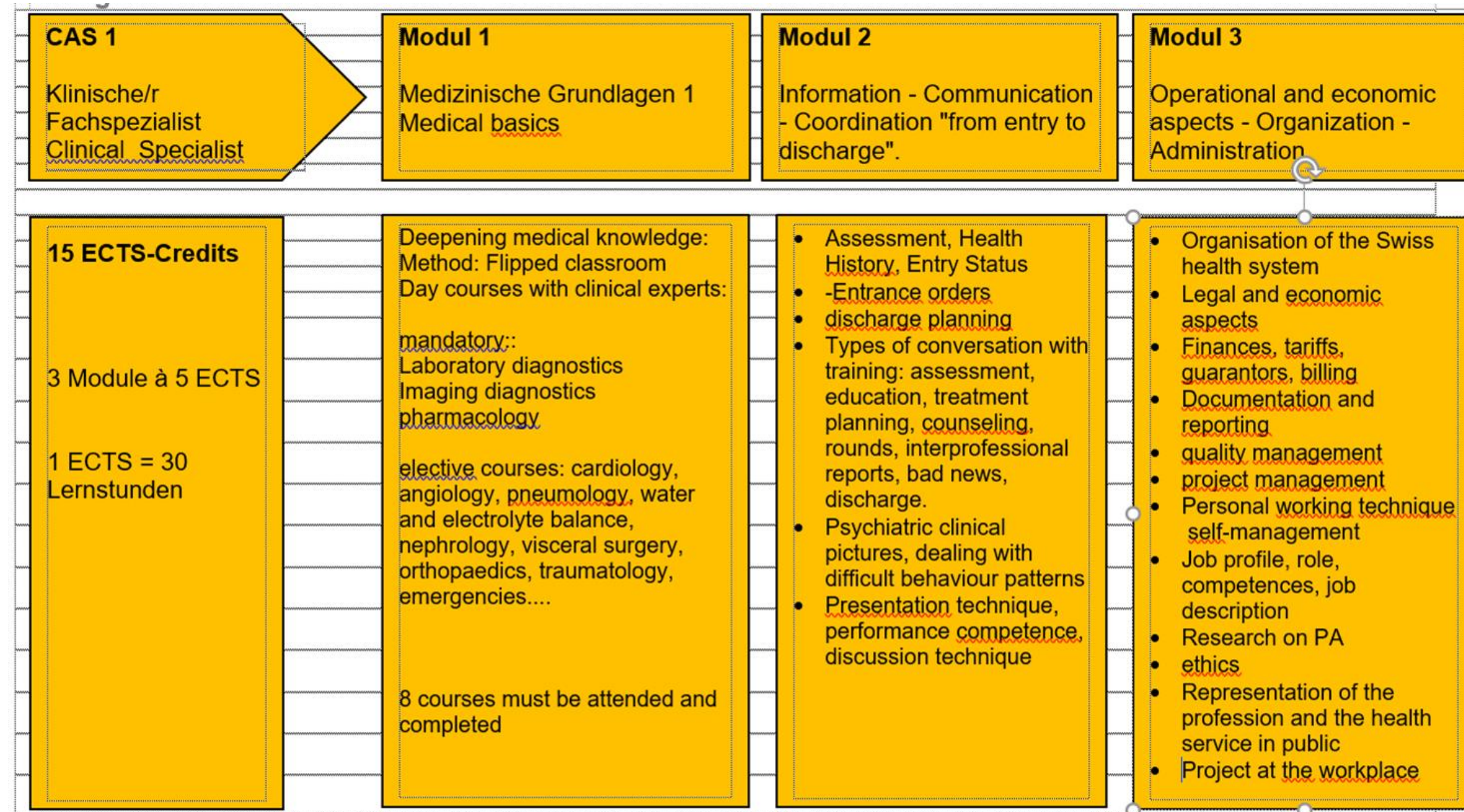
### **Post-qualification (admission with conditions):**

Health professionals without BSc can participate in the CAS 2 with preparation courses (10 ECTS, 300 learning hours):

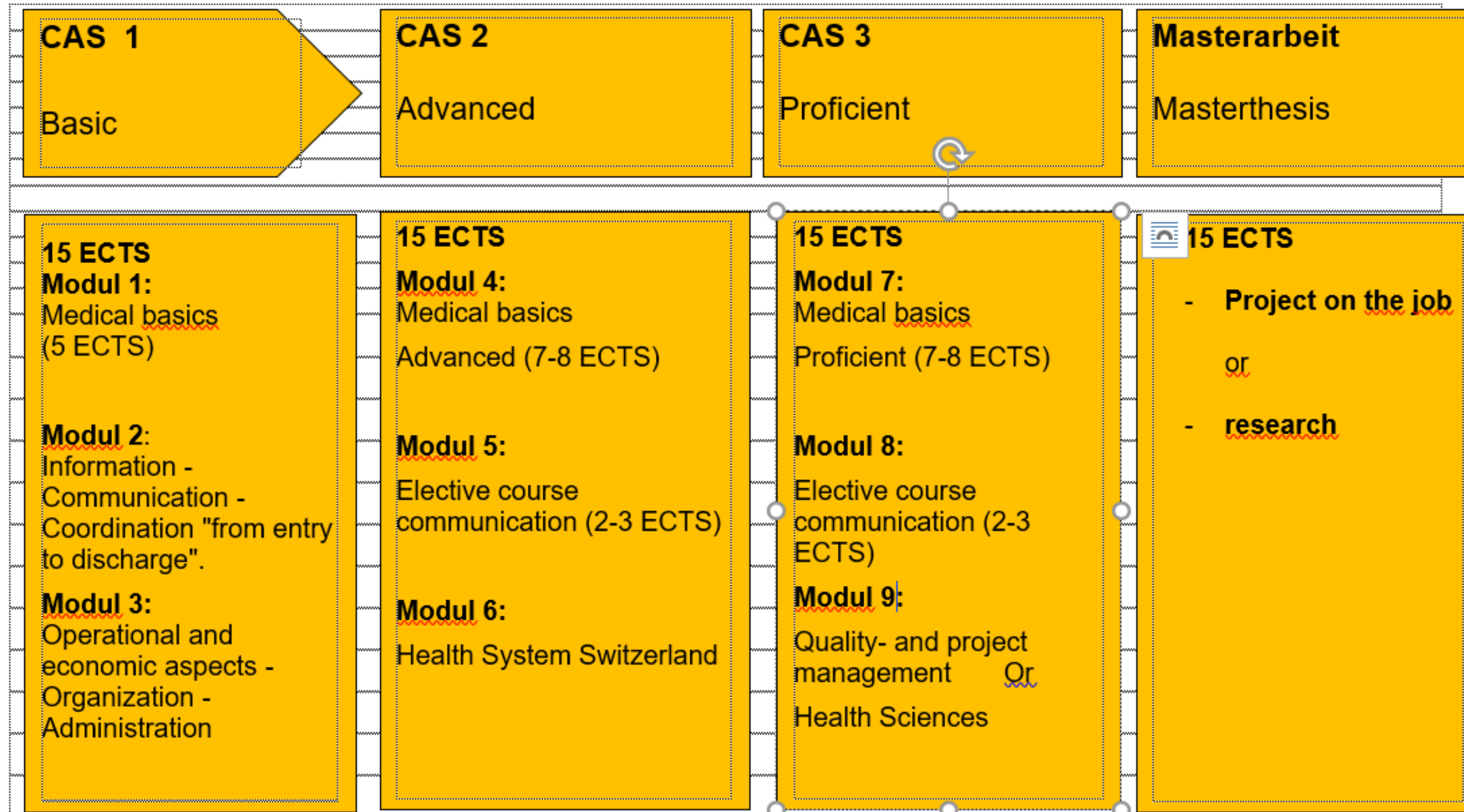
- 1 module Clinical Assessment (5ECTS) and
- 1 module Scientific work (5 ECTS)



# CAS klinische Fachspezialistin / klinischer Fachspezialist



# MAS Physician Associate planned





# Master of Advanced Studies

The graduates acquire the expertise to take over Entrustable Professional Activities (EPAs) on a delegated basis:

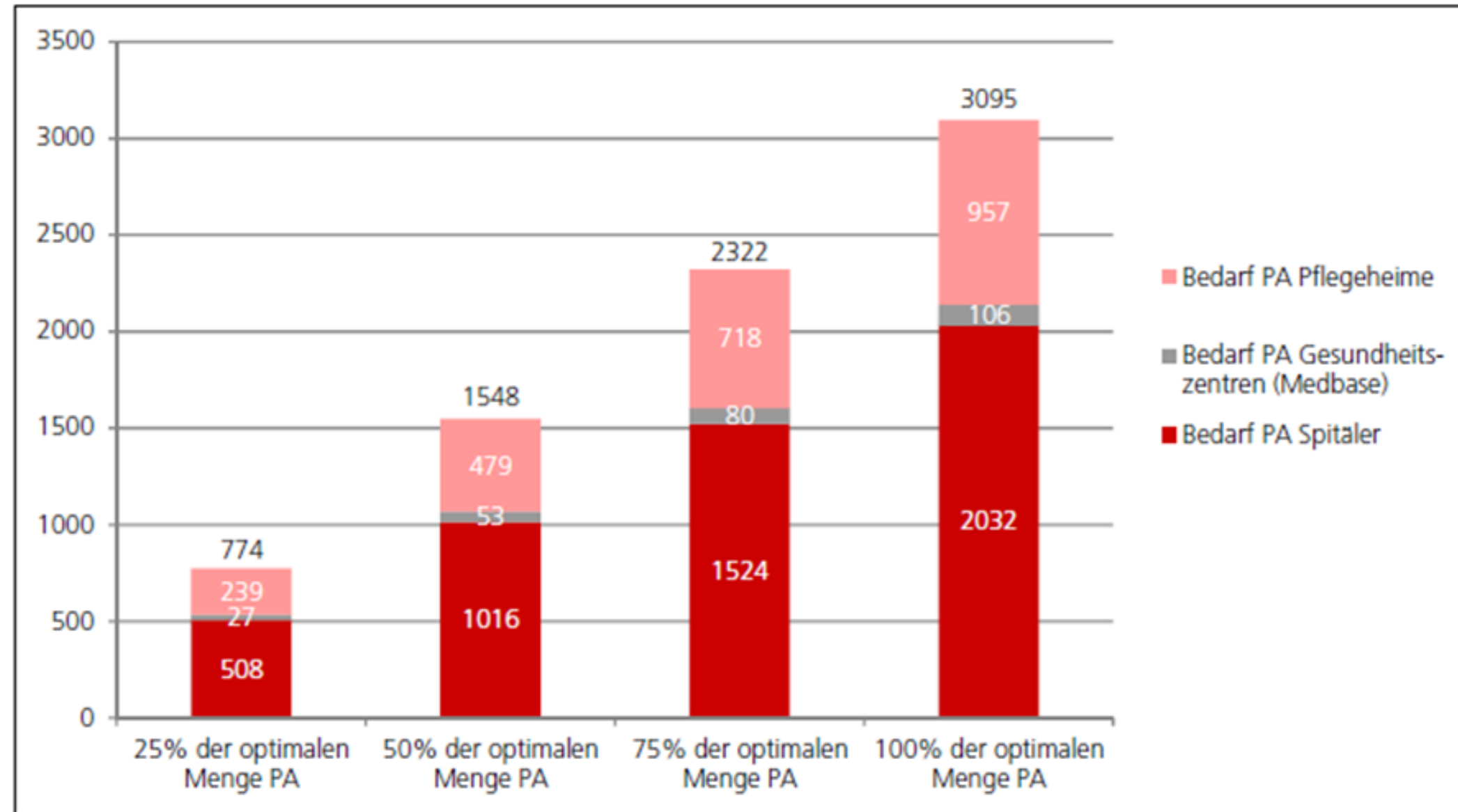
1. Take a patient's history
2. Assess physical & mental status
3. Prioritize a differential diagnosis
4. Order & interpret tests
5. Perform general procedures
6. Recognize & treat an emergency
7. Prescribe & develop management plan
8. Document and present a clinical encounter
9. Contribute to a culture of safety

\* **PROFILES** (2017) *Principal Relevant Objectives and Framework for Integrative Learning and Education in Switzerland* for the training of medical students, <http://www.profilesmed.ch/>



# Current need for Physician Associates

## Calculations by BüroBASS



# Tentative Program BSc

Assumptions: CanMeds and PROFILES of Swiss medical schools, PA curricula in Germany, USA, UK

Lehrgebiete	Credit Points
<b>Grundlagen:</b> Anatomie, Physiologie, Pathologie, Pharmakologie, Mikrobiologie	26
<b>Fachgebiete:</b> Anamnese, Körperliche Untersuchung, Innere Medizin, Chirurgie, Orthopädie, Gynäkologie, Urologie, Neurologie, Anästhesie, Notfall, Labor, OP-Lehre	45
<b>Public Health, Recht, Informatik:</b> Public Health, Recht, Medizintechnik, Informationstechnik, Finanzierung	20
<b>Wissenschaftliches Arbeiten, Schlüsselkompetenzen:</b> Kommunikation, Interprofessionalität, Gesellschaft und Kultur, Wissenschaftstheorie, Wissenschaftliches Arbeiten, Bachelor Thesis	39
<b>Praktische Ausbildung:</b> Praktika in verschiedenen klinischen Arbeitsbereichen	50
<b>Total CP BSc PA</b>	<b>180</b>
10 monatiges Praktikum Zusatzmodul zur Berufsbefähigung	<b>60</b>

# Who could start a BSc Physician Associate in Switzerland?

- Vocational education/ apprenticeship plus higher education qualification exam (Berufsmatura) in the medical field (e.g., MPA, Pharmaassistent/in, FAGE)
- One year of work experience in the medical field in case applicants have no vocational training but a general higher education qualification exam (gymnasiale Matura)
- HF Diplomierte (graduates from professional schools) in the medical field can apply for an abbreviated program (about 120 instead of 180 ECTS)