

The Impact of Physician Extenders in an Academic Otolaryngology Residency Program: Initial Experiences

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ABSTRACT

Objectives: To evaluate the impact of physician extenders on resident quality of life, morale, and duty hours.

Methods: Otolaryngology residents at an academic tertiary care medical center were issued a questionnaire that they answered anonymously.

Results: The results of the survey indicated that all residents unanimously agreed that a physician extender had a positive impact on resident education, patient care and quality of life.

Conclusions: Physician extenders are a valuable asset to an academic otolaryngology residency program. Their presence enhances patient access, and care. They have a positive impact on resident quality of life and augments resident education.

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INTRODUCTION

A physician extender is a licensed health care provider who performs medical activities typically performed by a physician. The term encompasses highly trained healthcare professionals such as physician assistants, nurse practitioners and midlevel practitioners.

The Head and neck institute at the Cleveland Clinic hired a physician assistant in 2011, to adhere to the 80-hour work week restrictions implemented by the Accreditation Council of Graduate Medical Education (ACGME). Physician extenders decrease the workload of residents, while providing benefits to patients and hospitals.¹⁻⁴

Prior to hiring our physician assistant, all inpatient consults would have to typically be seen at the end of the day after clinical duties were completed, unless the consult was an emergency. The resident assigned to consults varied each day, and was based on who had the lightest schedule for the day. Unfortunately, this system made it quite challenging to adhere to duty hours.

In 2011, a physician assistant was hired to join the practice. His role was to see all inpatient adult consults between 8 AM and 5 PM. An in house junior resident was assigned everyday as 'consult help'. A chief resident was also assigned in case the junior resident was in need of assistance as well.

The objective of this study was to evaluate the impact of our physician assistant on resident quality of life, morale, and duty hours.

METHODS AND MATERIALS

Only the residents from the class of 2013, 2014 and 2015 were included in the study as they were present before and after the physician assistant was hired. 11 residents were issued a survey, which they answered anonymously. The survey addressed general experiences about the physician assistant-resident relationship with regards to education, continuity of care, workload, communication, and the impact on resident quality of life. A Likert scale for responses was used for the survey responses.

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RESULTS

Question	Response					p Value
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
Having a physician assistant has contributed to my clinical education (i.e., clinical skills or clinical management).	8	3	0	0	0	< 0.05
The types of consults seen by the physician assistant are similar to the consults seen when I take call.	10	1	0	0	0	< 0.05
Having a physician assistant has allowed me to focus more on daily tasks (clinic / OR).	11	0	0	0	0	< 0.05
Having a physician assistant has helped provide better continuity of care for patients.	10	1	0	0	0	< 0.05
Having a physician assistant has improved resident morale.	11	0	0	0	0	< 0.05
Having a physician assistant has allowed me to be more compliant with my duty hours.	11	0	0	0	0	< 0.05

Table 1. Survey and Resident responses

DISCUSSION

The Otolaryngology Training Residency Program accepts 3 residents per year. The 5-year training program in Otolaryngology consists of 4 years of progressive training in Otolaryngology – Head and Neck Surgery, preceded by 1 year in general surgery. Each PGY-1 resident spends 3 months on the otolaryngology service. The PGY- 2 through PGY-5 residents are assigned to a rotation block based on their training level. Our rotations consist of General Otolaryngology, Head and neck Oncology, Facial Plastics, Pediatric Otolaryngology, Rhinology, Otology and Laryngology.

The Otolaryngology Department at the Cleveland Clinic, like at all institutions, receives inpatient consults on a daily basis. Depending on the day, this number can range between 1 and 15. Prior to hiring our physician assistant, 1 of the residents with the lightest schedule for the day, would be assigned to consults. Unless it was an emergency, the consults would typically be seen at the end of the day after the daily obligations for the particular rotation were met. This often made adherence to duty hours challenging.

After hiring our physician assistant, inpatient consults were triaged differently. All adult inpatient consults between 8 AM and 5 PM were first seen by our physician assistant. If he required any help, there was an in house junior resident assigned as "consult help". The help typically consisted of assistance with a procedure, review of imaging (CT/MRI), discharge planning, development of a care plan or providing assistance with therapeutic management. If the junior resident and physician assistant required additional help, a chief resident was also assigned everyday to provide assistance.

The main role of the physician assistant at our institution is to enhance the resident's educational experience by decreasing their workload without compromising their education, and in the process adhering to ACGME regulations. Not surprisingly, our survey reveals that our residents strongly agree that our physician assistant decreases resident workload, improves morale, and quality of life. Furthermore, the residents do not feel that their education is hindered, as the types of consults seen during their call are similar to those seen during the day. Lastly, the residents feel that this also provides an excellent educational opportunity to teach and also learn from each other.

Although this survey provides useful results, we do recognize the inherent limitations. The first one is the small sample size. Unfortunately, we were limited by the fact that there were only a small number of residents who experienced both consult models (pre and post hiring a physician assistant). The second limitation is that we have not objectively measured the types of consults seen by both the residents during their call and by the physician assistant during the day. However, the residents routinely communicate with our physician assistant and this has suggested that the consults seen during the day are similar to those seen when residents take call. The consults that are non-routine or complex in nature, are typically seen by the "consult help" junior resident as well, thus ensuring that there is no loss of educational opportunities.

CONCLUSIONS

Physician extenders are valuable assets to academic otolaryngology residency programs. Their presence enhances patient access and care. They have a positive impact on resident quality of life and augment resident education.