Professional Awakening:
What Physician Assistants can Learn from Nurse Practitioners
by Robert M. Blumm, MA, PA-C, DFAAPA
National PA Speaker and Consultant
Fitzgerald Health Education Associates, Inc. Faculty

Failure is not the only punishment for laziness; there is also the success of others.
Jules Renard (1864–1910)

An Introduction from Dr. Fitzgerald

For years the roles of nurse practitioners and physician assistants have been portrayed as supplementary to the role of physicians. Nurse practitioners have made monumental strides to deflect the arcaic stereotypes so often associated with our role in the healthcare system. But these achievements have not come without a great deal of time and effort. Ultimately, these strides have brought our profession to the public eye to reveal that we do not provide “supplementary” or “midlevel” care but are a viable, crucial force in the success of healthcare in the United States.

The following is an article written by Robert M. Blumm, MA, PA-C, DFAAPA, which examines how physician assistants can look to the achievements of nurse practitioners to influence their own professional goals. Robert Blumm is an associate lecturer with Fitzgerald Health Education Associates, Inc. He is a certified physician assistant and currently practices in Long Island, NY. He is a charter member of numerous professional physician assistant organizations and is the author and contributor of more than 150 editorials, clinical articles, and book chapters.

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The quote above by Jules Renard is a reminder to the small group of physician assistants (Pas) who may take umbrage with the recent successes of the nurse practitioner profession. It all goes back to an article I wrote for Advance for PAs where the topic was “Apathy, the Malignancy of the Profession.”

(Continued on page 4)
Pediatric Obesity and Early Initiation of Solids
by Marie L. Bosco, BSN, RNC, IBCLC

Pediatric obesity is a serious issue the children in the United States face. Healthcare professionals such as nurse practitioners guide parents to make best choices regarding early feeding of their infants. The first few months of a child’s life can serve as an important window for the development of obesity. Data suggests initiating solids prior to 4 months of age is associated with increased body fat or weight in childhood (Gilman). Until recently, there had been little research that examined the relationship between the type of infant feeding, breastfeeding, or formula feeding, and introduction of solids and the association to obesity. Pediatrics published an article that addressed this question. Research was done through the Division of Gastroenterology and Nutrition, the Division of General Pediatrics at Children’s Hospital Boston, the Obesity Prevention Program, and the Department of Nutrition at Harvard.

A study by Huh et al. found that infants who were never breastfed or who were weaned before 4 months old and were introduced to solids before 4 months old had a 6-fold increase in becoming obese by the age of 3. Furthermore, the timing of initiation of solids in infants breastfed 4 months or longer was not associated with risk of obesity. Clearly, the importance of breastfeeding and following guidelines regarding the initiation of solids could decrease the risk of obesity in children.

Current guidelines by the American Association of Pediatrics (AAP) recommend exclusive breastfeeding for the first 6 months with solid food introduction after that time. The AAP recommends breastmilk as the optimal milk choice for infants during the first year. In addition, the AAP recommends donor breastmilk as a good second choice, and formula as an acceptable third choice. Adherence to these guidelines can have a positive impact on the ever-growing childhood obesity rates in the United States, and the associated health complications.

References:


The word doctor has been associated with physicians for many years. Doctor is Latin for “to teach” but this literal meaning did not place the word into general public use. More likely, it was the fact that medical practitioners were among the first of several groups to attain a doctorate as the terminal degree. Unlike other doctoral professions, medical doctors began to interface with the general public in larger and larger numbers. Thus the use of the title Dr. became more commonplace.

Historically, the title doctor has never been exclusively used to describe medical doctors, as the degree awarded by many professions confers this title as well. We all know of “doctors” outside of health care (Juris Doctor, Doctor of Divinity, Doctor of Philosophy). Within the healthcare world the public generally has associated the term doctor with physicians or with those people who provide them with medical or health care advice and treatment. In the middle of the 20th century, many neighborhood pharmacists who commonly dispensed medication, medical advice and treatment were affectionately called “doc.” And for almost as long medics and corpsmen in all branches of our armed services have been addressed as “doc.”

Today, many healthcare professionals besides physicians possess a doctorate. A more varied group of clinical professionals will possess this degree in the future. For many years’ psychologists, nurses, clinical social workers, pharmacists, physical therapists, podiatrists, optometrists, nurse practitioners and physician assistants have obtained the highest level of education possible in their field and have been granted doctorates.

Several professions have recently announced that the doctorate is to become the entry level degree for their professional practice. We predict that over the next decade most professions that prescribe, diagnose or treat patients will likely require a doctorate to practice. These professions will have a significant number of clinicians practicing at the doctorate level.

Understandably, physicians are concerned about this shift and the confusion it brings. We understand their concern in regard to the use of the term doctor. The American Medical Association has considered adopting official positions that would restrict the use of the term doctor to physicians, dentists and podiatrists (and also restrict the terms “resident” and “residency”). We ask how this would be achieved as no profession can own an academic title? It is the belief of organized medicine that the use of the term doctor by other health care professions will create confusion. We agree with this assertion, as even positive change can be confusing. What we do not agree with is that this temporary period of confusion will result in any significant disruption or decrease in the quality of health care that is provided.

We also do not agree with the view that many physicians espouse; that other professionals want to earn a doctorate because they want to be somehow viewed as a physician. State laws protect titles such as physician and any undesignated person who uses the title physician is breaking those laws. The ACC agrees strongly that it is inappropriate to violate title protection in any form. However, the ACC also recognizes the critical difference between the word physician and the use of the title Dr.

(Continued on page 6)
Whenever professionals from any group become dependent on their organizations to do all of the work, it creates apathy. It’s like posting an area in sub-freezing weather; as you sit down and try to keep warm you fall asleep and never awaken from the freeze-induced coma.

Apathy on any front has the ability to stop all progress. Ultimately, apathy leads to failure. This failure is recognized by other professions, patients, administrators, physicians, and sometimes by ourselves. We see comments in newsletters, newspapers, and in national magazines and see ourselves portrayed merely as “assistants.” We see the errors on this assumption when we read postings concerning “physician’s assistants.” How long will we wait before awakening to the fact that this is slowly killing our profession? There are brilliant PA administrators and leaders who disagree with the false perceptions of our profession. These people are intellectuals who have been past leaders, presidents, and educators with the American Academy of Physician Assistants (AAPA). The next step is to poll the profession and develop accurate statistics. As you see, many of us take this seriously.

The nurse practitioner (NP) profession formed a strong foundation and became dedicated to building their profession. They were committed, worked as a team, shared ideas, fought the American Medical Association (AMA) and any organization that tried to define their role in the healthcare system. NPs were never satisfied with the status quo and endeavored to reach the pinnacle of education, the doctorate degree, to prove their commitment. They paid their dues to the groups that were working towards the same goals. They did research on the challenges of healthcare in the 21st century, discovered that there were gaps in the delivery of healthcare, and created a vehicle called retail healthcare clinics, which have met the needs of many patients. NPs strived for independence and won it in 24 states. NPs deliver quality healthcare and know when they need additional training. They attend conferences, courses, review sites, and become reeducated. They do this so they can meet the needs of the 31 million people that enter the system.

Can PAs accomplish these same achievements? Many have; they’ve gained higher degrees, sought greater education, and completed residencies. But we are still burdened by an archaic name placed upon us by another profession and have not demanded change. Am I speaking about rebellion by saying "demand?" That’s what it is going to take.

There are leaders waiting silently who will move this profession in a different direction if we don’t. I am excited and delighted to see the successes of NPs, because their successes can be ours. They have already paved the way and we share the exact same history of birth concerning our profession. Rejoice in their success and accomplishments and then ask why can’t we do likewise; why can’t we share in the responsibilities at a greater level, why are we afraid of the comments of some AMA leadership, why do we need to support groups who do not support our expertise, and why will we allow ourselves the luxury of falling asleep? It’s time to arise from our slumber, our laziness, and our apathy and awaken to a new dawn of passion and futuristic ideas that will create hope.

We need every PA to understand the importance of changing a ridiculous ideology that has been attached to our name for the past 10 years. It’s time for a change. It’s time for a poll of the PA profession on this issue.

A Tip From Carolyn Buppert—Nurse Practitioner and Attorney

The Centers for Medicare and Medicaid Services (CMS) have extended the deadline for documentation of face-to-face visits for home care and hospice to April 1, 2011.

For more information visit: www.buppert.com

Live Q&A with Dr. Fitzgerald

Have questions about the certification exam? Attend a live on-line Q&A session that covers the content presented in Dr. Fitzgerald’s NP Certification Exam Review Seminar. Listen and interact with Dr. Fitzgerald as she answers your questions and the questions of your classmates. Adult NPs will have access to two sessions and Family NPs will have access to three. Each of these sessions are 1.25 hours and include audio and visual aids as needed. Offered quarterly.

This program is available as:

- A bundle package with the on-line NP Certification Exam Review
  [Click here for more information about this program](#)
- An add on product for the live or recorded NP Certification Exam Review
  [Click here for ANP track](#)
  [Click here for FNP track](#)
**Certified Nurses Day**

Certified Nurses Day (CND) is an annual day of recognition for nurse practitioners and registered nurses around the world who have achieved board certification. As in the past, this year's CND will be observed on Saturday, March 19. The celebration of CND coincides with the birthday of Margretta "Gretta" Madden Styles, RN, EdD, FAAN, a pioneer in the development of standards for nurse credentialing. Since 2008, the American Nurses Credentialing Center and the American Nurses Association have come together to organize this day of appreciation for nurse practitioners and registered nurses who choose increase the quality of patient care by attaining certification.

**Voting Begins for the 2011 AANP Election**

The candidates for the 2011 American Academy of Nurse Practitioners (AANP) Election have been posted online. AANP members can vote online beginning March 10 and ending March 31. This election will determine the board of directors and state representatives for AANP.

**American College of Radiology Outlines Guidelines**

The American College of Radiology (ACR) has developed evidence-based guidelines to aid healthcare providers in determining which form of diagnostic imagery is appropriate in identifying certain health problems. Known as the ACR Appropriateness Criteria (AC), these national guidelines allow a person to search for a medical condition and then view a complete list of applicable radiologic procedures. Each procedure is rated on a scale of one to nine, where one is usually not an appropriate diagnostic method and nine is usually appropriate. The ACR AC can be viewed online and recently became available in the form of a mobile device application known as Anytime, Anywhere.

**Notice of System Maintenance for Testing and Learning Site**

Routine maintenance is scheduled for March 19, 2011. FHEA is committed to providing our customers maximum uptime, reliability, and security for our On-line Testing and Learning Site. Regular system maintenance is critical to achieving this goal. System maintenance is normally performed the third Saturday of each month.

**Need a Speaker?**

If you are interested in having Dr. Fitzgerald or one of our other talented associates speak at your school, local, regional or national conference, please e-mail: services@fhea.com for more information. Conference administrative services are also available.

**Question and Answer with Dr. Fitzgerald: Information about Contact Hours**

**Question:** I have been in practice and am certified. I would like to take your certification review course again as a comprehensive update/review. If I do this, will I get continuing education credit?

**Answer:** Yes. There are three ways to take this course. You can take it live, on-line, or on audio CD. Each form of study is multi-media and includes:

- Access to images on-line
- Lectures
- Workbook
- Hundreds of sample questions
- On-line review of questions for content reinforcement
- Contact hours (varies by track. [Click here for details about each track](#))

**Question:** Do contact hours need to be approved or accredited by a national organization to qualify for ANCC np recertification?

**Answer:** Yes. Both the AANP and the ANCC offer certification for family and adult NPs. Other organizations offer certification for specialties such as geriatric, pediatric, acute care, and women’s health NPs. If you have been ANCC certified since January 1, 2003, 50% of your contact hours must be provided by an ANCC accredited or approved provider. See the ANCC website for a list of approved organizations: ([http://www.nursecredentialing.org](http://www.nursecredentialing.org)).

Please note that the AANP, the accrediting organization for Fitzgerald Health Educations Associates, Inc. is approved by the ANCC. Thus, continuing education hours earned from Fitzgerald Health qualify for both AANP and ANCC credit.

For an easy and convenient way to keep track of your contact hours, use FHEA’s [Contact Hour Tracker](#)!
(The Use of the term doctor: Continued from page 3)

The American College of Clinicians believes that the title doctor may be used by all clinicians who have earned a doctorate and who choose to do so.

It is a right they have earned. We also believe no one profession owns an educational degree (be it clinical or non-clinical, degree or title) especially at the doctoral level. The realities of the healthcare world of the 21st century need to reflect this fact.

The College also believes that to minimize confusion, all healthcare professionals should identify themselves and their profession when first meeting a patient. All professionals should wear a name tag which is in full view of the patient at all times when practicing in the appropriate circumstances and in the appropriate dress. This policy of identification with an appropriate badge or name tag should also include physicians, as patients encounter a number of different practitioners. We recognize that many institutions require clear identification, and seek this practice to expand into more practice venues.

Lastly, we urge all health care professionals to use the word physician when describing someone who has a medical degree. Too many health care professionals continue to substitute the word “doctor” when they mean physician, even though they realize that many health care professionals have clinical doctorates. This simple change in description will enable patients to more readily understand the complexities of our evolving health care system and recognize the contributions of all the members of the health care team.

We urge the same response of health care administrators, the pharmaceutical industry and others who can have a positive influence on this problem. It is our wish to begin an open dialogue about this issue which would hopefully lead to an increased understanding of the contribution of all professionals involved in patient care.


What Our Customers Say...

I took your FNP review course in Gainesville, Florida. I also bought the review course CDs. I loved listening to them! I used the CDs and the review workbook to study. I took my FNP certification exam earlier today and passed! I want to thank you for providing such a great course.

—Ginny Browning

I took your NP review course [in Manhattan]. I ended up passing the exam! I have you and your staff members to thank for a wonderful experience that prepared me to pass the exam as well as to lay down the foundation for my practice as an ER NP!

—Kayode K. Smith, FNP-C

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Clinical Pharmacology for NPs and Advanced Practice Clinicians

Presented by:
Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP and Sally K. Miller, PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP

Presented live in the following city:
Dallas, TX—October 25 to 30, 2011

This 5 ¾ day course addresses the growing need for a thorough course in the principles of pharmacotherapeutics. Prescribing has become a major part of the role of advanced practice nurses while at the same time, prescribing has become more complex and polypharmacy is more prevalent with the possibility of adverse interactions. Thus, a course of this caliber is critical to the preparation of advanced practice nurses.

The course is taught in an intensive format by 2 of the nation’s most respected NP educators. In addition, recorded lectures of this course form the basis for other university NP pharmacology courses including Pennsylvania State, Pace University, Neumann College, Georgia College and State University. The material constitutes the equivalent of a three credit university course in pharmacology.

Pharmacology contact hours: 45.0**
Code: PCON — standard $799; advance: $750¹; early bird: $699²

Note 1: Registrations received or postmarked between 2 months and 2 weeks prior to the start of the course qualify for this rate.
Note 2: Registrations received or postmarked more than 2 months prior to the start date of the course qualify for this rate.

Upon receipt of your enrollment and full payment, you will receive a confirmation of registration and directions to the course. A fee of $50.00 will be charged for cancellation. No refunds will be granted within 2 weeks of the starting date. All cancellations and changes must be received in writing.

* Contact hours differ from the live course. See www.fhea.biz for details.

**Because states’ requirements vary, it is important that you contact your Board for details regarding educational requirements for prescriptive authority.

Topics covered in this course:
- National legal and practice issues
- Principles of safe prescribing: Pharmacokinetics, pharmacodynamics, pharmacogenomics, drug interactions
- Prescribing in special populations: Pregnancy, lactation, children, older adults
- Hormonal contraception and post menopausal hormone therapy
- Pharmacologic management in type 1 and type 2 DM: Oral agents, insulin and non-insulin preparations
- Principles of antimicrobial therapy: Intervention in bacterial infection
- Drugs that affect the respiratory system: Beta2 agonists, methylxanthines, anticholinergics, mast cell stabilizers, inhaled and systemic corticosteroids, leukotriene modifiers, over-the-counter cough and cold medications
- Evaluation and intervention in common thyroid disorders
- Assessment and intervention in common anemias
- Drugs that affect the cardiovascular systems: Antihypertensives, antianginals, dysrhythmics, medications used in the management of heart failure
- Pharmacologic treatment of lipid abnormalities and drugs that affect clotting
- Drugs that affect the GI system: H2 receptor antagonists, proton pump inhibitors, antacids, prokinetics, anti-diarrheals, including over-the-counter medications
- Management of viral, fungal and protozoal infection
- Management of pain; opioids, NSAIDs and others including over-the-counter medications
- Management of eye, ear, and skin disorders

For more information visit: www.fhea.biz
Advanced Pathophysiology for NPs and Advanced Practice Clinicians
New York, NY
July 18 to 23, 2011

Presented by:
Sally K. Miller, PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP
Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP

Earn 45 Contact Hours!

This 5 ¾ Day course is presented by highly acclaimed clinician-educators who currently maintain clinical practice, thus bringing clinical relevance to the classroom in addition to their knowledge and teaching skills in pathophysiology. FHEA instructors consistently rank at the top of speaker ratings at national conferences. Both the course material and testing material are kept up-to-date on subject matter. The electronic components of this program are updated as needed to reflect the current state of practice. Test items are professionally developed and are subject to rigorous validity and reliability review. This course meets the needs of a geographically dispersed student population using on-line lectures with full audio-visual content. On-line version allows students to proceed at their own pace and earn contact hours as they complete each module.

Topics Presented by Sally K. Miller

Unit I Cellular Pathophysiology
I. Cell structure and function
II. Mechanisms of cellular transport
III. Membrane and action potentials

Unit III Mechanisms of Cell Trauma
I. Reversible injury
II. Irreversible injury
III. Hypoxia
IV. Physical trauma
V. Infectious trauma
VI. Chemical trauma

Unit IV Cellular Response to Injury
I. Adaptation
II. Inflammation

Unit V Pathophysiology of the Hematologic System
I. Hematopoiesis
II. Microcytic anemias
III. Macrocytic anemias
IV. Hemoglobinopathies
V. Primary hemostasis
VI. Secondary hemostasis

Unit VI Pathophysiology of the Nervous System
I. Synaptic transmission
II. Neurotransmitter
III. Post-synaptic processes
IV. Selected disorders

Unit VIII Pathophysiology of the Cardiovascular System
I. Cardiac action potential
II. Contractile tissue
III. Non-contractile tissue
IV. Cardiac conduction
V. Contractile fibers and the sarcomere
VI. Electromechanical coupling
VII. Cardiac muscle tasks
VIII. Selected disorders
IX. Lipid synthesis and transport
X. Selected dyslipidemias

Unit IX Pathophysiology of Endocrine Disease
I. Types of hormones
II. Hormone receptors
III. Feedback mechanisms of secretion
IV. Maintenance of plasma glucose concentration
V. Maintenance of thyroid hormone concentration
VI. Maintenance of adrenal cortex/medullary hormone concentration
VII. Selected disorders

Unit X Pathophysiology of Pulmonary Disease
I. Anatomy and physiology of airways
II. Vascular and lymphatic anatomy
III. Autonomic nervous system regulation
IV. Compliance and recoil
V. Airflow and resistance
VI. Ventilation and perfusion
VII. Selected obstructive/restrictive diseases

Unit XI - Pathophysiology of Renal Disease
I. Anatomy and physiology of the nephron
II. Regulation of blood pressure, calcium, and erythropoietin
III. Regulation of renal function; tubuloglomerular feedback
IV. Cortical and medullary flow
V. Acute renal failure
VI. Chronic kidney disease
VII. Electrolyte imbalance
VIII. Regulation of acid/base balance

Unit XII - Pathophysiology of Digestive System Disease
I. Anatomy and musculature of the gastrointestinal tract
II. Neural control systems
III. Chemical control systems
IV. Myogenic control systems
V. Oropharyngeal/esophageal motility
VI. Gastric motility and control
VII. Gastric acid secretion
VIII. Selected disease states

Topics Presented by Margaret A. Fitzgerald

Unit VII - Pathophysiology in Reproduction
I. Factors influencing impaired female fertility
II. Factors influencing impaired male infertility
III. Pathophysiologic problems encountered in pregnancy: Recurrent pregnancy loss, pregnancy induced hypertension, placental disorders, others

Click here for more information about this course
Upcoming FHEA Conferences

Pharmacology Update
May 3, 2011
DoubleTree Chicago-Oak Brook Hotel
1909 Spring Rd
Oak Brook, IL 60523
Earn 6 Pharmacology Contact Hours!

Featuring:
- The latest in treatment options
- In-depth pharmacologic information on clinical conditions you encounter in practice
- Recommendations for assessment and diagnostic testing before and during drug therapy
- Drug and food interactions highlighted with each session

Topics:
- Prescribing for Relief of Symptoms
- Assessment and Intervention in Common GI Disorders: PUD, Gastritis, GERD, and IBS
- Controlled Substance: A Focus on Prescribing

Pharmacology Update
July 27-28, 2011
Coonamessett Inn
311 Gifford St
Falmouth, MA 02540
Earn 9 Pharmacology Contact Hours!

Featuring:
- The latest in treatment options
- In-depth pharmacologic information on clinical conditions you encounter in practice
- Recommendations for assessment and diagnostic testing before and during drug therapy
- Drug and food interactions highlighted with each session

Topics:
- Hot Topics in Drug Therapy: New Products, New Uses, New Warnings
- Type 2 Diabetes Mellitus: Current Issues in Assessment and Intervention
- Vitamin D Deficiency: How to Assess and Intervene in this Common Condition
- Pharmacological Therapies for Cough, Cough and Fever Symptoms?
- Contraception Update