

12-2019

## **An Analysis of the Similarities and Differences Between Two Vital Roles in Medicine: Physicians and Physician Assistants**

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### **Recommended Citation**

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An Analysis of the Similarities and Differences Between Two Vital Roles in Medicine:  
Physicians and Physician Assistants

University Honors Program Thesis/Capstone/Creative Project

University of Nebraska at Omaha

Submitted by

Veronika D. Dubov

December 2019

Katie A. Shirazi, PhD

UNIVERSITY OF NEBRASKA AT OMAHAHONORS THESIS/PROJECT/CREATIVE ACTIVITY ABSTRACT

PROGRAM: UNIVERSITY HONORS PROGRAM

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UNIVERSITY YES

STATE: YES

PROGRAM SIZE 450+

THESIS: REQUIRED

THESIS ISSUED: PROGRAM

ABSTRACT OF THESIS:

Research has been done analyzing nurse practitioners (NP) versus physician assistants (PA) and medical doctors (MDs) versus doctor of osteopathic medicine (DOs), but there is a lack of research on PAs versus MD/DOs. This thesis aims to outline the similarities and differences between the physician profession and the physician assistant profession. Interviews were conducted with physicians and physician assistants from the Nebraska Medicine Emergency Department to get insight from professionals currently in the field and to gain multiple perspectives. Along with interviews, research was conducted utilizing scholarly articles and other online reliable resources. These findings are significant for any undergraduate student deciding on which role in healthcare they would like to pursue, for individuals who are not aware of the differences between physicians and physician assistants, and for potential future patients. The overall goal of this capstone thesis was to be informative and to help the community gain a better understanding of these professions in healthcare.

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## **Introduction**

Physicians (also known as MDs and DOs) and physician assistants (PA) are both vital to healthcare, however this was not always the case. PAs are much newer to healthcare, having been created by Dr. Eugene A. Stead Jr. of the Duke University Medical Center in 1965 (History of the PA Profession, AAPA). Four Navy Hospital Corpsmen were selected to become PAs when a realization was made that there was a shortage of primary care physicians (History of the PA Profession, AAPA). Since then, PA programs have spread, and the profession continues to expand, while maintaining an emphasis on primary care medicine.

The history of how the physician profession began is not as clear, as there were medical traditions from many different cultures that began long ago. It is noted that in 1765 students were first admitted to an anatomical lecture and also to a class on the theory and practice of physic at the College of Philadelphia. The first medical school then began in the United States in 1765 (Fee). Both professions have expanded greatly, and in the United States there are currently 175 physician programs (141 MD programs combined with 34 D.O. programs) and 246 accredited PA (ARC-PA) programs in the United States.

Medicine is continuing to evolve every day and the need for these healthcare professionals is vital. What first inspired me to pursue this topic was the amount of time and energy I spent deciding if I was meant to be a physician or a PA. Physician and PA professions are very similar but have many crucial differences as well, and this paper focuses on these similarities and differences. Interviews of 2 physicians and 2 PAs in the Emergency Department was completed in order to gain insight from individuals who have successfully completed their program of study and are currently practicing. This thesis includes some of my personal insight

as well, as I have had the opportunity to work as a medical scribe at Nebraska Medicine in the Emergency Department for 4 years and this is how I initially learned of the PA profession.

The areas I focused on include: starting the process (in other words how the professionals chose their schooling), what their training looked like, and details pertaining to their current practice such as yearly pay and work/home life balance, and the areas of medicine each professional is allowed to work in. Additionally, what the future looks like for both of these professionals in terms of growth and burnout will be discussed, as well as what training must be fulfilled in order to keep their licensing. Perceptions and opinions of each practice from the professionals I interviewed directly are also included. I conclude this thesis with pieces of advice for undergraduate students from these providers, in order to assist them when deciding which level of provider to pursue. No longer in the conclusion??

### **Interview Process:**

I first created a question prompt that was used for the interviews (Appendix). These questions allowed me to gather information on each of these professionals' backgrounds, facts concerning current practice, what the future looks like for these professions, opinions on their current practice, and finally advice for current undergraduate students. The main reason for conducting these interviews was to gather information on each of these practices from individuals currently in the field who could also provide different perspectives. Specifically, the interviews provide insight from practitioners that work in Omaha, Nebraska.

A total of 2 physicians and 2 PAs were interviewed. Once the question prompt list was completed, it was emailed to each of these practitioners to complete. Once each of the interviewees completed the prompt sheet the responses were emailed back, and the responses

were analyzed and grouped. The groupings were the following: starting the process, facts of current practice, future for these professions, and advice for undergraduate students.

All four of the participants in the interviews are employed at Nebraska Medicine in the Emergency Department. This department sees a variety of patients with different needs and socioeconomic levels. The participants were Stefanie Raszler PA-C, Sherri McKim PA-C, Dr. Cynthia Hernandez MD and Dr. Susan MacQuiddy MD. Dr. MacQuiddy and Dr. Hernandez both completed Emergency Department residencies while Stefanie and Sherri completed PA programs and continued to learn about emergency medicine from other providers employed in the Emergency Department.

### **Starting the Process**

When an individual is deciding which profession to pursue, it is important to think about how to start the process. One of the first things that comes to mind is which major to pursue and what to study during their undergraduate careers. Based upon responses to the interview questions and also past discussions with advisors, it appears that many students pursuing either of these careers in medicine will major in biology or chemistry. The reason for this is not only that these are science majors, but also many of the courses to fulfill these majors are also pre-requisites courses for medical school and PA programs. The interviewees noted that it is important to choose a major that also interests the student. Dr. Hernandez majored in biology with a Spanish minor, Sherri McKim PA-C majored in biology, chemistry and English, Dr. MacQuiddy majored in biology, and Stefanie Raszler PA-C majored in communication disorders (Hernandez, McKim, MacQuiddy, and Raszler, Personal Interviews, 2019). These examples

show that even though all of these professionals majored in a science, some of them also majored in a subject area that interested them but was outside the field of science.

The next interview prompt question was “what made you decide on your certain career in healthcare?” Sherri McKim PA-C reported “I always wanted to be in healthcare since I was a child. Now I had the chance to pursue my dream” (McKim, Personal Interview, 2019). It is interesting that some individuals know that they want to be in healthcare from the beginning, while other individuals make this realization over time. For example, Stefanie Raszler PA-C practiced as a Speech Pathologist prior to making the realization that she wanted to become a PA (Raszler, Personal Interview, 2019). According to the American Institute of Medical Sciences & Education, there are certain traits that are displayed by the majority of healthcare professionals, and possessing these traits may help an individual decide if healthcare is right for them. These traits include wanting to care for others, wanting to work with people, being calm under pressure, having interest with the human body, being passionate about self-education, and being a motivated individual (Williams, 2019).

Interviewees were then questioned about where they completed their professional training. Sherri McKim PA-C received her training from Des Moines University, and Stefanie Raszler PA-C, Dr. Cynthia Hernandez, and Dr. Susan MacQuiddy all received their training from University of Nebraska Medical Center. (Hernandez, McKim, MacQuiddy, and Raszler, Personal Interviews, 2019). Most of these providers were able to stay in Nebraska for their training, despite programs in Nebraska being very competitive in regard to acceptance. Due to the fact that many physician and PA programs are extremely competitive, students will potentially have difficulty getting into a school on their first round of applications (Kowarski, 2019). According to U.S. news, only about 41% of all medical school applicants in 2018-2019



enrolled into a program (Kowarski, 2019). Therefore, applying to more than one PA program or Medical school will likely increase an applicant's chance (Kowarski, 2019).

Medical school and PA school class sizes/enrollments differ greatly. For the 2020 starting class, the Creighton University PA program will be accepting 28 students (Class Profile) and the UNMC PA program will be accepting 50 in Omaha and 16 in Kearney (Class Profiles: Allied Health: University of Nebraska Medical Center). According to Creighton Medical School's website, they accepted 125 students in 2018 (Class Profile) and UNMC accepted 132 students (Class Profiles: Allied Health: University of Nebraska Medical Center). Although medical school class sizes are much larger, they also have more applicants than PA schools. For example, the UNMC medical school had 980 applicants in 2018 and UNMC's PA program in 2018 had 357 applicants (Class Profiles: Allied Health: University of Nebraska Medical Center).

### **Facts of Current Practice**

The next section focuses on information concerning the current practices of physician and PAs including how much debt was accumulated from each individual's schooling, how often the professionals are required to work, and average yearly pay. Attending either a physician and PA program can be costly, and graduates from both programs accumulate debt (Figure 1). Cost of attendance varies depending on if the school is public or private and if the applicant is considered a resident or non-resident. For example, according to UNMC's website, the cost per credit hour for a student that is a resident is \$332.00, while the cost per credit hour for a student that is a nonresident is \$951 per credit hour (Tuition UNMC). Although programs are expensive, it fortunately does not take an unreasonable amount of time to pay off the debt due to high salaries for both professions (Figure 1). Stefanie Raszler, PA-C reports that she was approximately

\$50,000 in debt after completing her schooling and this took her about 5 years to pay off (Raszler, Personal Interview, 2019). Dr. Hernandez reports accumulating approximately \$200,000 in debt after completion of medical school (Hernandez, Personal Interview, 2019). It is important to note that physicians must attend medical school for 4 years, while PAs are in their program for 2-3 years, so a portion of the high cost is due to the length of schooling. Figure 1 shows the median salary and median debt for each profession and demonstrates that although physicians have a higher median debt, they also have a higher median salary. The median salary for a PA in 2018 is \$108,610 and the median salary in 2018 for a physician was \$208,000 (Figure 1). The interviewees preferred not to state their exact income. Physicians are in school longer and are supervising the PAs, so it is also reasonable that their income would be greater.

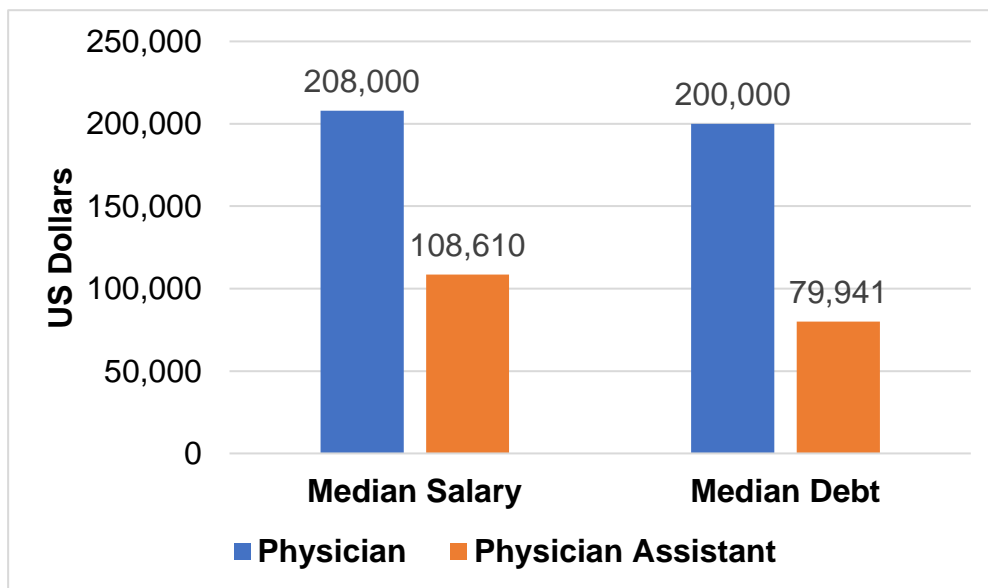


Figure 1. 2018 Median Salary and Debt for Physicians and Physician Assistants (Based upon data from Budd 2019, Occupational Outlook Physician and Physician Assistant 2019, and Pasquini 2019).

Shift lengths and other aspects of the job description is another important consideration when comparing PAs and physicians. Stefanie Raszler, PA-C reports she is contracted to work

126 hours a month which is about 14 shifts (9 hours per shift) but she reports that she typically works more (Raszler, Personal Interview, 2019). Dr. Hernandez reports working 14-15 shifts a month (9 hours per shift) (Hernandez, Personal Interview, 2019). One big difference with the jobs of Stefanie Raszler, PA-C and Dr. Hernandez is that Dr. Hernandez is also required to spend time doing non-clinical administrative or educational duties that PAs typically are not required to do (Hernandez, Personal Interview, 2019). Although physicians typically have more non-clinical duties, professionals in both fields that have been practicing for many years are crucial to training future generations of physicians and PAs.

When deciding which level of schooling to pursue, it is normal to consider the work-life balance differences for these professions. When asked about her work-life balance, Stefanie Raszler, PA-C responded “I feel this is good. In emergency medicine we have flexibility in our schedule. No call schedule meaning when I’m done with work, I’m done with work” (Raszler, Personal Interview, 2019). Sherri McKim, PA-C reports that her work-life balance is “excellent but hasn’t always been that way due to working in different environments” (Sherri, Personal Interview, 2019). Dr. MacQuiddy reports that “previously work controlled my life schedule. I would have to jam shifts together to get time off. Days after night shifts were used to recuperate. Always a day or two was needed to unwind” (Dr. MacQuiddy, Personal Interview, 2019). Dr. Hernandez reports “I typically do my best to manage both and also continue to work out and take care of my own health. Also, I have children and always put them above all else. Fortunately, my career has allowed me to do so” (Dr. Hernandez, Personal Interview, 2019). Overall, based on these interviews it appears that both careers are flexible to some extent, but the general consensus is that PAs typically have a better work-life balance. As Stefanie Raszler, PA-C mentioned, when she leaves work for the day she no longer thinks about it and this allows her to

enjoy her life outside of work (Raszler, Personal Interview, 2019). Dr. Hernandez also mentioned how her job has allowed her to put her children first, so she has also found a balance with her work and personal life (Hernandez, Personal Interview, 2019). As the providers interviewed work in the Emergency Department it is important to note that these professionals work a variety of different shifts each week with many differing hours. Other providers not in the Emergency Department may be able to work more consistent hours.

The everyday work of these providers includes some similarities and some differences. In both the interviews and during my own past shadowing experiences, charting has been emphasized as a huge part of both of these careers. Both levels of providers are required to complete a medical chart for each patient, but physicians are also responsible for providing a co-signature for PAs charts in some states and some department to attest that they agree with the practice and care that was provided (Chart Cosignature, 2017). According to the AAPA, “In the early years of the PA profession, cosigning PA chart entries was a way for physicians to demonstrate they were overseeing PA practice. But 50 years of collaboration between physicians and PAs has shown that decisions about patient care and chart review are best tailored to the needs of individual practices or institutions” (Chart Cosignature, 2017). My own personal experience as a medical scribe has given me insight into Nebraska Medicine’s Emergency Department and the everyday work of the professionals there. At Nebraska Medicine in the Emergency Department there are many zones that physicians can practice in. There is the Rapid Assessment Unit (RAU) for acuities 3s, 4s and 5s (which means the patients are stable and do not need to be seen immediately by a provider). This is also where a PA does a majority of their practice with a collaborating/supervising physician working with them during RAU hours if questions or concerns arise regarding a patient. Physicians also work in night shift swing (NSS)

and day shift swing (DSS). These shifts are predominantly patients with abdominal pain and different gastrointestinal and genitourinary complaints. Finally, physicians also will work generally in the rest of the department and the trauma bay. In the Emergency Department specifically, PAs are restricted to a certain location, but this seems to work well for the flow of the department as more individuals receive quick and efficient care instead of waiting in the waiting room for hours. Other departments have a different structure than the Emergency Department. Based upon a shadowing experience I had at Methodist Hospital in a Head and Neck Oncology Surgery clinic, I learned that the PAs meet and assess the patient prior to physicians. Basic background information is obtained, and some initial imaging is performed on the patient. Findings are then reported to a surgeon prior to them going to assess the patient. This expedites the process and allows patients to be seen quicker and allows surgeons to undertake more patients. Both models of care (PAs seeing patients on their own and only consulting the physician if needed or the PA working directly with their supervising physician) have benefits.

The interviews continued with asking the professionals which areas of medicine they were allowed practice in and if there were limitations to their practice. The general consensus was that both professions are allowed to practice in any area of medicine, but PAs must have a supervising/collaborating physician and physicians are required to complete a residency in the area of medicine they choose to practice in. According to the American Medical Association (AMA) “physician assistants should be authorized to provide patient care services only so long as the physician assistant is functioning under the direction and supervision of a physician or group of physicians” (Physician Assistant Scope of Practice). Accordingly, the AMA “opposes legislation or proposed regulations authorizing physician assistants to make independent medical

judgement regarding such decisions as the drug of choice of an individual” (Physician Assistant Scope of Practice). It is not required for the supervising physician to always be physically present when the PA is practicing but the supervising physician should always be reachable if the PA has any questions concerning a patient. The PA will eventually gain more autonomy once they have worked with a physician for a longer duration of time. The American Medical Association also reports that “in most states (47), PA scope of practice is determined with the supervising/collaborating physician at the practice site” (Physician Assistant Scope of Practice). This is why it is important to build a strong foundation with the supervising physician, so that the PA is trusted and supported in the practice.

Both the PA and physician professions have limitations. One limitation mentioned by Dr. Hernandez is “the expected fatigue with varying shift types/times” (Hernandez, Personal Interview, 2019). In the Emergency Department there are overnight shifts, day shifts, and everything in between. Dr. Hernandez notes that physicians typically do not work only nights or only days, as the schedule may have a combination of both (Hernandez, Personal Interview, 2019). Provider fatigue is a topic that has been of growing interest in healthcare, and it impacts both physicians and PAs. Another topic of growing interest is burnout, which is another limitation for both physicians and PAs. Burnout is described as “a state of emotional, mental and physical exhaustion caused by excessive and prolonged stress, and although it can occur in any field, burnout occurs most amongst people in the caring professions of medicine, nursing, social work, counseling and teaching” (Casarez, 2017). Stefanie Raszler, PA-C reports that “it looks like there are concerns for increasing burnout among physicians” (Raszler, Personal Interview, 2019). When comparing jobs within the United States, “career fatigue is more common among doctors than any other U.S. worker. A recent study by the Archives of Internal Medicine found

that out of 7,000 participating physicians more than 41% reported at least one symptom of burnout” (Casarez, 2017). Providers are taught how to deal with the exhaustion of this rigorous work in order to try and decrease the amount of burnout cases present in healthcare. As reported by the AAPA, “PAs in emergency medicine reported the highest rates (34.5% of all PAs, ranging from 20.2% to 34.5%), including exhaustion at work (50.8%) and interpersonal disengagement (21.5%). Despite this, PAs are fulfilled by the work they perform. Emergency medicine PAs have the highest rates of professional fulfillment (72.3%)” (AAPA, 2019). According to a 2011 study investigating burnout in 7,288 physicians, “approximately 45% reported at least 1 symptom of burnout and that burnout was more common among physicians than US workers in other fields” (Shanafelt, 2017). Compared to other professions, physicians have a higher number of work hours, with 44% of physicians working greater than 60 hours per week compared with 8% of other US workers. Efforts should be made to improve flexibility and enhance work-life integration (Shanafelt, 2017). Exhaustion and fatigue rate for physicians is high, but similar effects can occur with PAs. Based off the AAPA, PAs also experience burnout, but not at as high of a rate as physicians experience (AAPA, 2019).

### **Future for these Professions**

It is essential to include a discussion of what the future looks like for both of these professions. When asked about the future of the physician profession, Dr. MacQuiddy indicated that it is “ok, not great. I think hospitals will turn to mid-levels to contain costs which would be ok in some cases. The problem becomes training. If a nurse practitioner (NP) is hired to fill a MD position but has only had online training, how can that be good? But hospital executives see only costs. Once MDs realize they need to be in an administrative role as they once were, things will change” (MacQuiddy, Personal Interview, 2019). As Dr. MacQuiddy pointed out, nurse

practitioners are also being utilized more in healthcare, but it is important to realize that physicians have had much more training and are still a necessary part of the healthcare team. Mid-level providers such as nurse practitioners and physician assistants greatly help with the patient load, but it is still vital to have physicians who have undertaken years of schooling and clinical work. Physicians are specialized in a certain field of medicine and are vital to that certain area of practice. Dr. Hernandez stated “In my opinion I am not concerned about any significant change as far as need. I do feel the healthcare system is overwhelmed and physicians face a lot of burn out” (Hernandez, Personal Interview, 2019), which re-iterates the concept that burnout is having impact on the health care system. For PAs specifically, Dr. Hernandez states that “Advanced Practice Providers are likely to have more openings in the field as they are being utilized much more now than 10 years ago” (Hernandez, Personal Interview, 2019). Stefanie Raszler, PA-C states that “as far as PAs are concerned the future looks good. More and more physicians are seeing the benefits of having qualified help” (Raszler, Personal Interview, 2019). It is important to note that the term “qualified” was utilized, because similar to physicians, PAs have to endure rigor and schooling in order to make it to the practicing level. Finally, Sherri McKim, PA-C reports that “in any career, there will be challenges and positive changes. A lot will depend on if medicine becomes socialized or not” (McKim, Personal Interview, 2019). She also states that the future for PAs is bright (McKim, Personal Interview, 2019). Sherri McKim, PA-C utilizes the term “socialized medicine” which is defined as “a healthcare system in which the government provides and pays for all aspects of care. Under this system, the government regulates and operates the healthcare facilities and employs the healthcare providers” (Neeman, 2019). There are positives and negatives to this concept and some countries are already utilizing this system, but there may be large changes in the healthcare system if the United States ever



adapts to this type of medicine (McKim, Personal Interview, 2019). All of the professionals interviewed agree that for PAs the future looks exceptionally bright and will continue to expand with time. According to the U.S. Bureau of Labor Statistics, PA job growth is estimated to be double that of physician job growth from 2016-2026 (Figure 2). It has been shown that there is a substantial increase of PAs working in primary care over thirty years, indicating the necessity of PAs as a health provider, which helps meet the healthcare needs (Halter, 2013).

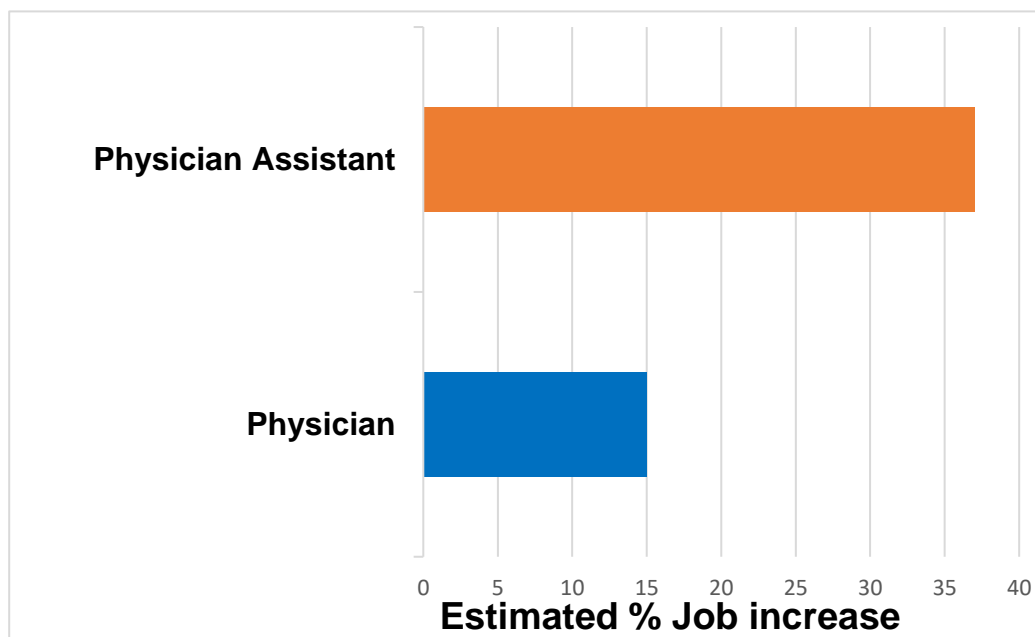


Figure 2. Estimated physician and physician assistant job growth from 2016-2026, as reported by the U.S. Bureau of Labor Statistics (Physician Assistant vs. Medical Doctor, 2017).

Both physician and PAs require further education in order to continue practicing, but the type of continuing medical education (CME) differs. Sherri McKim, PA-C reports that for PAs in Nebraska “in a two-year cycle, you must earn and log at least 100 CME credits, including at least 50 Category 1 CME credits, which are clinical and professional activities that support and increase professional knowledge” (McKim, Personal Interview, 2019). Stefanie Raszler, PA-C reports “every 2 years, we have to have 100 hours of continuing education” (Raszler, Personal

Interview, 2019). According to the American Academy of PAs “in order to maintain certification with the National Commission on Certification of PAs (NCCPA) PAs must: 1. Pass a recertification exam every 10 years. 2. Complete 100 CME credits every two years, which consists of at least 50 category 1 CME credits. Lastly, pay a certification maintenance fee to NCCPA every two years” (CME FAQs). This continued education is important in order to ensure that PAs are staying up to date with current medical practices and are still sufficient in their knowledge of medicine to continue providing care. The continued education for physicians is different, and as Dr. MacQuiddy reports “it has changed from having to go in person to conferences to now being able to do courses online or as podcasts. This makes it easier to multitask as I can listen to podcasts when doing other activities” (MacQuiddy, Personal Interview, 2019). Dr. Hernandez reports “yearly LLSA (Lifelong Learning and Self-Assessment online tests), every 10 years certification. Also, CME 20-40 hours per year” (Hernandez, Personal Interview, 2019). It is also expected that physicians at minimum will continue to explore scientific articles and cases that have been published as medicine is continually evolving and the goal is always to give the highest standard of care for each patient.

The interviewees were also asked if they felt supported in their job as a PA/MD. Sherri McKim, PA-C reports feeling very supported in her current position as a PA in the ED, but she does acknowledge that it often depends on the practice (McKim, Personal Interview, 2019). Stefanie Raszler, PA-C also feels supported in her role and states that she feels everywhere she has worked PAs have been a valued member of the team (Raszler, Personal Interview, 2019). Dr. Hernandez and Dr. MacQuiddy both feel supported at their current practice (Hernandez and MacQuiddy, Personal Interviews, 2019). Overall, as these providers have mentioned, the location

of practice and the resources available, has allowed them to be generally content with their practice.

### **Conclusion**

The responses and insight from both the physician and PA providers were valuable in providing information on the PA and physician profession. Information on starting the process, facts of current practice, and future for these professions were all provided in this paper. The interviews, literature, and online resources provided a great deal of information about each of these practices, outlining similarities and differences. There are more comparisons that can be made between the two professions in future works. It would also be interesting to assess and interview PAs and physicians in other departments outside of the Emergency Department, and then to compare their responses to providers in the Emergency Department. This paper is not only informative but could be utilized as a guide for an individual deciding on which career to pursue, physician or PA.

Both physicians and PAs have very distinctive roles in healthcare and both are key players to the team. When considering which career to pursue, there are many factors to consider such as lifestyle and salary. For students who prefer a lifestyle that is very work oriented, where they are the leader of the team and they will have a great deal of continual learning, Dr. Hernandez would recommend becoming a physician (Hernandez, Personal Interview, 2019). For Individuals who prefer a lifestyle where they can learn a great deal but have equally as much time to spend with their families and participate in activities outside of the hospital, the PA profession may be a better fit (Raszler, Personal Interview, 2019). Both professions allow an

individual to diagnose, prescribe and treat a patient. When someone is deciding on which career to pursue they must ultimately consider their values and what is most important to them in life.

I thought it would be helpful for any student in a similar situation to where I was (deciding between the PA and physician careers) to find out from the providers what advice they would have for undergraduate students. Stefanie Raszler, PA-C recommends students shadow and talk with both types of providers (Raszler, Personal Interview, 2019). Sherri McKim, PA-C reports “there are benefits to both. Really take a look at work life balance. Determine your career goals. If you appreciate flexibility, PA is a great career. If you are not driven by salary and like to explore other areas of medicine the PA route would be a great course for you” (McKim, Personal Interview, 2019). Dr. MacQuiddy states “decide if you want to carry the burden of blame” (MacQuiddy, Personal Interview, 2019). “The decision also depends on lifestyle and commitment desired as well as specialty truly. If considering the surgical field, then I would absolutely pursue medical school. There are benefits to both but obviously the training, debt and earning potential are far greater in the MD/DO route” (Hernandez, Personal Interview, 2019). Each of these professionals provided me with valuable points and I wanted to ensure this information was shared with the public. There are positives and negatives to both careers, but a student must determine what is most important to them. Planning ahead is also valuable, as the pre-requisite course work and requirements for admissions do vary slightly between professions.

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## **Appendix**

### **Interview Prompt Questions**

Interviewee Name:

Interview Date:

- What was your major during your undergraduate career?
- What made you decide on your certain career in healthcare?
  - Did you ever consider a different career not in healthcare?
- What MD/PA Program did you attend?
- Did you have any difficulty getting into your PA/MD program?
- Please describe your training/schooling.
- Approximately how much debt did you accumulate when you completed your schooling and approximately how long did it take you to pay this off?
- Monthly hours/shifts you typically are required to work?
- Average yearly pay? (If you feel comfortable reporting)
- What areas of medicine are you allowed to practice in?
  - Are there any limitations to your practice? If so, please explain.
- Please describe your work/home life balance.
- What does your everyday work look like?
- What does the continued education/training look like for your profession?
- Did you ever consider any other area of medicine prior to becoming an MD/PA?
- What advice would you have for an undergraduate student who is trying to decide between becoming an advanced practice provider vs. a physician?
- What do you believe the future looks like for physicians?
- What do you believe the future looks like for physician assistants?
- What is your perception of your certain career (PA/MD) and what is your perception of the other career?
- Do you feel supported in your job as a PA/MD?