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Report on Emergency Medicine Physician Assistants



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Introduction

Purpose

The American College of Emergency Physicians (ACEP) and the Society of Emergency Medicine Physician Assistants (SEMPA) engaged the National Commission on Certification of Physician Assistants (NCCPA) to develop, administer, and analyze a survey of PAs working in emergency medicine. The purpose of the survey was to obtain information with respect to the routine tasks performed and cases seen by certified PAs working in the emergency medicine specialty and to also gather information on education, training, work setting, professional benefits, and compensation. In addition to gathering information on the emergency medicine PA population as a whole, another purpose of the study was to compare the responses of SEMPA members with non-members to determine if any differences between the two groups exist.

General Timeline and Survey Description

The initial discussions concerning the study began in September 2008. NCCPA was provided with a copy of a survey developed and deployed by SEMPA and the aggregate responses received. Several conference calls were held with representatives of ACEP, SEMPA, and NCCPA to define the objectives of the new study, revise and refine the previous survey, and agree upon the final version that would address the issues of particular interest to each organization. It was agreed that the survey would be administered electronically to certified PAs who self reported working in emergency medicine when completing NCCPA's practice survey and also to SEMPA members, with the expectation there would be some overlap between the two groups. Zoomerang was the vehicle used for transmitting the survey.

The draft survey was finalized by late March and piloted with representatives from each organization. The survey, deployed at the beginning of April 2009, consisted of 42 questions divided into six sections. Some questions were delivered based on responses to others. For example, PAs who indicated they work in clinical practice received some questions that were different than those who indicated they were not involved in clinical practice. Another example is that PAs who responded that they had obtained postgraduate degrees received additional questions on that topic. The first seven questions were answered by all respondents. Question 1 requested the NCCPA ID number to allow NCCPA to link data from the survey to data already available in NCCPA's database. Questions 2 through 6 were focused on gathering information on education and training. Depending on how PAs responded to Question 7 (clinical or non-clinical practice), they were diverted to different sections of the survey.

Clinically practicing PAs received questions on their compensation and benefits, their current work site setting, community served, professional involvement, skills and routine procedures performed. Non-clinical PAs were asked questions related to their work site, current occupation, and previous amount of time spent in emergency medicine practice. All PAs were asked to respond to three questions that were included to garner information related to specialty credential issues.

Software Resources

The online survey was created and deployed using Zoomerang, a subscription-based, web-based survey software program. The software allows researchers to interactively create surveys using multiple question and response formats. Additional functionalities, such as “skip logic” (i.e., branching to a particular set of questions, based on responses to one or more key questions, such as “Are you currently

clinically practicing in emergency medicine or urgent care?”), are available and were used with this survey. The software includes provisions for sending multiple reminders to participants who have not responded. Participants also have the ability to request being removed from the participant list to avoid further notifications.

Data gathered through Zoomerang survey responses may be analyzed with Zoomerang’s tools or exported for further analysis.

Survey Invitations/Distribution/Duration/Response Rate

Two sources were utilized for identifying the PAs who would be invited to participate in the study. The largest group comprised PAs who self reported working in emergency medicine when they completed the voluntary practice survey conducted as part of NCCPA’s recertification examination application process. Since PAs are required to recertify every six years, PAs who completed the surveys from the prior six-year period (2003 – 2008) were included. Duplications were eliminated, and the number of PAs included in the group was 4,619.

The second group comprised SEMPA’s 1,293 members. Initially, an assumption was made that all SEMPA members would be included in the group who self reported working in emergency medicine. However, it was determined that this assumption was incorrect, and 823 SEMPA members were not part of the group previously referenced. There are several possible explanations for this: PAs may have changed specialty practice areas since providing the self reported data to NCCPA, or the PA may have been certified less than six years and thus never exposed to the practice survey that is part of the recertification exam application. In addition, 73 of SEMPA’s members were not found in NCCPA’s database.

The invitation accompanying the survey can be found in the appendix. The email addresses for the 4,619 self reported emergency medicine PAs identified in NCCPA's database were included in an Excel spreadsheet and then downloaded into Zoomerang. The survey was deployed to this group on April 1. Two reminders were sent, one on April 7 and another on April 27. The survey was also deployed on May 17 to the SEMPA members who were NCCPA certified and who were not included as part of the original deployment.

A number of email addresses proved to be outdated or were otherwise unable to receive messages. A small number of PAs responded that they no longer work in emergency medicine.

The survey was deployed to a total of 5,442 NCCPA certified PAs. At the close of the survey on May 29, 1,142 certified PAs had responded, including 339 SEMPA members and 803 non-members. The response rate was 21%, which is customary with this kind of survey.

Survey Analysis and Results

The raw data from the survey was retrieved and reformatted for analysis purposes. The data was analyzed with three primary groups of interest: (1) entire group of respondents, (2) SEMPA members, and (3) non-members.

In addition to the data gathered through the survey responses, the age, gender, state of residence, and year of initial NCCPA certification for each PA was retrieved from NCCPA's database and linked with the responses to the survey.

The summary results from each of the questions asked in the survey are provided in this report. The results are presented in table form with frequencies and percentages of SEMPA members' and non-members' responses; composite responses for all PAs are also shown. The tables help identify similarities and differences between responses from the three groups. To test for significant statistical differences between the SEMPA members and non-members, Chi-Square Tests were performed for each question. Where there are significant statistical differences found, short summaries have been included to indicate the differences. It is important to note that, given the number of responses to the questions, a significant statistical difference does not mean practical significant differences. The "real" difference is in the interpretation and use of the information. The end users of this information will need to ask themselves. . . "is this statistically significant difference really a valid difference between the two groups?"

This survey was conducted to obtain information regarding a number of professional attributes of practitioners in the profession. By publishing these results, NCCPA, ACEP, and SEMPA are not endorsing any outcome or attribute as superior, and are not suggesting that PAs, other individuals or groups should take any action based on any information reported herein. Each PA must determine for him or herself the optimal way to practice. The survey results are presented for informational purposes only and should not be used to suggest any NCCPA, ACEP, or SEMPA endorsement of any attribute or survey outcome.

Gender and Age

NCCPA’s database includes information on the date of birth and gender for all certified PAs. Therefore, this data was retrieved from NCCPA’s system instead of collected through survey responses. As evident by the data below, SEMPA members and non-members were very similar in terms of gender and age. This “similarity” in the two groups is helpful in identifying other “real” differences in the two populations that should not be related to age, gender, or experience as a PA.

However, it is interesting to note that PAs working in emergency medicine differ from the gender trends seen with the entire population of certified PAs. The entire certified PA population is predominantly comprised of females (63%), as compared to 37% for the emergency medicine respondents, which indicates that fewer females elect the emergency medicine specialty area of practice.

Table 1. Gender

Gender	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Male	225	66.37%	492	61.27%	717	62.78%
Female	114	33.63%	311	38.73%	425	37.22%
Total	339	100%	803	100%	1142	100%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.655 ^a	1	.103
Continuity Correction ^b	2.441	1	.118
Likelihood Ratio	2.677	1	.102
Fisher's Exact Test			
Linear-by-Linear Association	2.653	1	.103
N of Valid Cases	1142		

There is no statistically significant difference in the gender make up of SEMPA members and non-members.

The age distribution of PAs working in emergency medicine who completed this survey also differs from the distribution of the overall population of certified PAs. For example, 37.41% of all certified PAs are in the 25-35 age grouping as compared to 13.12% of the PAs who responded to this survey. The largest age group of emergency medicine PAs falls within the 36-45 range (37.71%) as compared to 29.75% of all certified PAs. When looking at the combination of the 26-35 and 36-45 age groups, 67.16 of all certified PAs are 45 or under, as compared to 50.83% of the emergency medicine PAs who completed this survey.

Detailed information on the age distributions of SEMPA members, and non-members, and all respondents is provided in the following table.

Table 2. Age

Age Intervals	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
25-35	72	21.24%	126	15.69%	198	17.34%
36-45	117	34.51%	301	37.48%	418	36.60%
46-55	103	30.38%	262	32.63%	365	31.96%
56-65	46	13.57%	112	13.95%	158	13.84%
66+	1	.29%	2	.25%	3	.26%
Total	339	100.00%	803	100.00%	1142	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.988 ^a	4	.011
Likelihood Ratio	12.371	4	.015
Linear-by-Linear Association	1.235	1	.267
N of Valid Cases	1142		

There appears to be a statistically significant difference in the age distributions between the SEMPA members and non-members. The main difference lies in the two age groups that comprise the 25-45 year olds: 21.24% of SEMPA members are in the age group 25-35, while 15.69% of non-members are in that group; 34.51% of SEMPA members are in age group 36-45 and 36.60% of non-SEMPA PAs are in that group. In other age groups, SEMPA members and non-members show similar age distribution.

Education

Several questions were included on the survey to gather information on the degrees PAs working in emergency medicine have obtained from their PA program, from any subsequent educational initiatives, and the delivery format of any postgraduate educational programs. The data presented below indicates that 31.76% of SEMPA members and 23.16% of the non-members received masters degrees upon graduation from their PA programs.

Table 3. Initial Degree from PA Program

Education	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Associate	16	4.71%	60	7.47%	76	6.65%
Certificate	64	18.82%	170	21.17%	234	20.47%
Bachelor	152	44.71%	386	48.07%	538	47.07%
Master	107	31.76%	186	23.16%	293	25.72%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.830 ^a	3	.013
Likelihood Ratio	10.774	3	.013
Linear-by-Linear Association	8.992	1	.003
N of Valid Cases	1142		

There appears to be a statistically significant difference in initial educational degrees between SEMPA members and non-members. The SEMPA group has a larger percentage of master degree holders while the non-member group has more associate, certificate and bachelor holders.

Questions were included on the survey to gather information on how PAs working in emergency medicine or urgent care obtained their postgraduate degrees. Most of the respondents obtained their postgraduate degrees through traditional programs. There were some differences between the SEMPA members and non-members as indicated in the following tables:

Table 4. Methods to Obtain Postgraduate Degree

Methods	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Traditional	73	46.50%	202	57.06%	275	53.82%
Distance	72	45.86%	138	38.98%	210	41.10%
Other	12	7.64%	14	3.95%	26	5.10%
Total	157	100%	354	100%	511	100%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.743 ^a	2	.000
Likelihood Ratio	16.518	2	.000
Linear-by-Linear Association	12.309	1	.000
N of Valid Cases	511		

There appears to be a statistically significant difference between the SEMPA members and non-members concerning the methods of obtaining the postgraduate degree. 46.5% of the SEMPA members obtained their postgraduate degree by traditional methods, and 45.86% of SEMPA members received their postgraduate degree through distance learning methods; in contrast, 57.06% of non-members obtained their postgraduate degree through the traditional format and only 38.98% through distance learning. The distance learning and traditional formats are equally adopted by SEMPA members, while non-members tend to obtain their postgraduate degree through the traditional way.

Experience and Training

The survey included questions to garner information on the emergency department experience PAs had prior to entering PA programs and to also look at how the PAs gained their emergency medicine training after completing their PA program. It should be noted that respondents were given the ability to select multiple responses on

the types of experiences they had prior to entering PA programs, so the numbers reported exceed the actual number of respondents. The majority of respondents indicated previous experience in the emergency department, and there were some differences noted between the SEMPA members and non-members.

Table 5. Experience in the Emergency Department Prior to PA Education

Experience	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Paramedic	185	48.56%	263	30.69%	448	36.19%
RN	20	5.25%	63	7.35%	83	6.70%
Other	91	23.88%	240	28.00%	331	26.74%
None	85	22.31%	291	33.96%	376	30.37%
Total	381	100.00%	857	100.00%	1238	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.468 ^a	2	.001
Likelihood Ratio	14.673	2	.001
Linear-by-Linear Association	12.173	1	.000
N of Valid Cases	1238		

There is a statistically significant difference in previous experience in an emergency department between SEMPA members and non-members; 48.56% of SEMPA members report paramedic experience while 30.69% of non-members report

experience as paramedics; 5.25% of SEMPA members report RN experience while 7.35% of non-members report prior nursing experience.

Another area of interest in the study was how PAs received their emergency medicine training, whether on-the-job or in formal residency programs. 79.68% of the total group of respondents indicated they received their emergency medicine training through on-the-job training, and 10.68% completed formal residency training programs. The table below provides further information on the responses provided to this question on the survey.

Table 6. How PAs Received Emergency Medicine Training

Training Methods	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Formal Residency						
Formal	54	14.48%	80	9.07%	134	10.68%
On-Job-Training						
On-Job-Training	290	77.75%	710	80.50%	1000	79.68%
Other						
Other	29	7.77%	92	10.43%	121	9.64%
Total						
Total	373	100.00%	882	100.00%	1255	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.987 ^a	2	.011
Likelihood Ratio	8.675	2	.013
Linear-by-Linear Association	7.956	1	.005
N of Valid Cases	1255		

There is a statistically significant difference in how the two groups were trained. In the SEMPA member group, 14.48% are trained by formal residency and 77.75% by on-the-job training; while 9.07% of non-members were trained in formal residency programs and 80.50% by on-the-job training. It seems that SEMPA members are more likely to attend formal residency programs than non-members.

Compensation

One section of the survey included questions focused on collecting data on the compensation and benefits received by PAs working in the emergency medicine specialty area of practice. For the most part SEMPA members and non-members have similar income, insurance, compensation, and vacation, with the exception of salary type and the CME annual benefit. More detailed information on compensation is provided in this section and information on benefits is provided in a separate section.

As indicated by the table below, the majority of all respondents are compensated with hourly wages. However, a statistically significant difference is noted in the method of compensation between SEMPA members and non-members. 35.38% of SEMPA members are compensated by salary, as compared to 27.25% of non-members; 66.88% of non-members are compensated by hourly wage while 60.92% of SEMPA members are compensated in that manner. A larger percentage of SEMPA members are compensated by salary, and a larger percentage of non-members are paid by hourly wages.

Table 7. Salary Type

Salary Type	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Hourly Wage	198	60.92%	513	66.88%	711	65.11%
Salary	115	35.38%	209	27.25%	324	29.67%
Other	12	3.69%	45	5.87%	57	5.22%
Total	325	100%	767	100.00%	1092	100.00%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.267 ^a	2	.016
Likelihood Ratio	8.267	2	.016
Linear-by-Linear Association	.886	1	.346
N of Valid Cases	1092		

Respondents indicated the level of compensation they receive for their work. As indicated in the following table, most PAs working in emergency medicine earn in excess of \$90,000. No statistical differences were found in SEMPA and non-members.

Table 8. Income Levels

Salary Intervals	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than \$50,000	4	1.29%	18	2.52%	22	2.14%
\$50,000-\$59,000	4	1.29%	10	1.40%	14	1.36%
\$60,000-\$69,000	6	1.93%	10	1.40%	16	1.56%
\$70,000-\$79,000	31	9.97%	46	6.43%	77	7.50%
\$80,000-\$89,000	47	15.11%	109	15.24%	156	15.20%
\$90,000-\$99,000	72	23.15%	171	23.92%	243	23.68%
\$100,000 or greater	147	47.27%	351	49.09%	498	48.54%
Total	311	100%	715	100%	1026	100%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.698 ^a	6	.458
Likelihood Ratio	5.666	6	.462
Linear-by-Linear Association	.138	1	.711
N of Valid Cases	1026		

a. 2 cells (14.3%) have expected count less than 5. The minimum expected count is 4.25.

Survey recipients were asked to provide information on any types of compensation they receive in addition to their base pay. There was no statistically significant relationship for the additional compensation types. The two most frequent responses provided by both SEMPA members and non-members were overtime and compensation for productivity/performance.

Table 9. Compensation Type

Compensation Type	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Surgical Assist Fee	1	0.26%	5	0.63%	6	0.51%
Overtime	163	43.12%	358	44.86%	521	44.30%
Administrative Pay	58	15.34%	112	14.04%	170	14.46%
On Call Services Pay	21	5.55%	39	4.89%	60	5.10%
Compensation on Productivity/ Performance	126	33.33%	277	34.71%	403	34.27%
Supervision of EMT Crews	9	2.38%	7	0.88%	16	1.36%
Total	378	100%	798	100.00%	1176	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.711 ^a	5	.335
Likelihood Ratio	5.459	5	.362
Linear-by-Linear Association	.277	1	.599
N of Valid Cases	1176		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 1.93.

There is no statistically significant relationship for compensation type.

Benefits

The following table provides the response data for questions related to various benefits received by PAs working in emergency medicine. There was no significant difference between the SEMPA members and non-members for various insurances, professional fees, vacation time, and time off for CME activities. However, there was a statistically significant difference in the amount of funds provided for CME activities. Details on the responses provided on these areas are provided in the following sections.

Table 10. Insurances and Professional Fees for SEMPA and non-SEMPA Groups

	SEMPA						Non SEMPA					
	All		Partial		Some		All		Partial		Some	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Professional Liability	320	17.03%	5	0.50%	3	0.29%	753	17.89%	4	0.20%	11	0.36%
Individual Health	141	7.50%	139	13.79%	48	4.58%	335	7.96%	281	14.16%	152	5.03%
Family Health	90	4.79%	162	16.07%	76	7.24%	200	4.75%	325	16.38%	243	8.04%
Dental	93	4.95%	137	13.59%	98	9.34%	218	5.18%	279	14.06%	271	8.96%
Disability	145	7.72%	94	9.33%	89	8.48%	276	6.56%	197	9.93%	295	9.76%
Term life	144	7.66%	79	7.84%	105	10.01%	244	5.80%	186	9.38%	338	11.18%
Pension Retirement	97	5.16%	178	17.66%	53	5.05%	214	5.09%	387	19.51%	167	5.52%
State License	196	10.43%	26	2.58%	106	10.10%	462	10.98%	45	2.27%	261	8.63%
DEA Fees	208	11.07%	22	2.18%	98	9.34%	476	11.31%	38	1.92%	254	8.40%
NCCPA	180	9.58%	31	3.08%	117	11.15%	410	9.74%	44	2.22%	314	10.38%
Professional Organization	161	8.57%	53	5.26%	114	10.87%	371	8.82%	67	3.38%	330	10.91%
Medical Publication	104	5.53%	82	8.13%	142	13.54%	249	5.92%	131	6.60%	388	12.83%
Total	1879	100.00%	1008	100.00%	1049	100.00%	4208	100.00%	1984	100.00%	3024	100.00%

Table 11. Insurances and Professional Fees for All Respondents

	All		Partial		Some	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Professional Liability	1073	17.63%	9	0.30%	14	0.34%
Individual Health	476	7.82%	420	14.04%	200	4.91%
Family Health	290	4.76%	487	16.28%	319	7.83%
Dental	311	5.11%	416	13.90%	369	9.06%
Disability	421	6.92%	291	9.73%	384	9.43%
Term life	388	6.37%	265	8.86%	443	10.88%
Pension Retirement	311	5.11%	565	18.88%	220	5.40%
State License	658	10.81%	71	2.37%	367	9.01%
DEA Fees	684	11.24%	60	2.01%	352	8.64%
NCCPA	590	9.69%	75	2.51%	431	10.58%
Professional Organization	532	8.74%	120	4.01%	444	10.90%
Medical Publication	353	5.80%	213	7.12%	530	13.01%
Total	6087	100.00%	2992	100.00%	4073	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.543 ^a	11	.399
Likelihood Ratio	11.275	11	.421
Linear-by-Linear Association	.003	1	.954
N of Valid Cases	6087		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 89.52.

There were no statistically significant differences found for insurances and professional fees between the SEMPA and non-member respondents.

Table 12. Annual Vacation Allotment

Vacation Time	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1 week	10	3.06%	17	2.21%	27	2.47%
2 weeks	50	15.29%	124	16.15%	174	15.89%
3 weeks	43	13.15%	114	14.84%	157	14.34%
4 weeks	76	23.24%	168	21.88%	244	22.29%
5 weeks	34	10.40%	67	8.72%	101	9.22%
6 weeks	19	5.81%	31	4.04%	50	4.57%
Greater than 6 weeks	12	3.67%	20	2.60%	32	2.92%
None	83	25.38%	227	29.56%	310	28.31%
Total	327	100%	768	100%	1095	100%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.788 ^a	7	.565
Likelihood Ratio	5.677	7	.578
Linear-by-Linear Association	.179	1	.672
N of Valid Cases	1095		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.08.

Again, no statistically significant difference was found for vacation benefits between the SEMPA and non-members.

Table 13. Annual CME Funding Benefit

CME Benefit	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than \$500	3	0.92%	23	2.99%	26	2.37%
\$500-\$999	18	5.50%	67	8.72%	85	7.76%
\$1000-\$2000	162	49.54%	366	47.66%	528	48.22%
Greater than \$2000	106	32.41%	174	22.66%	280	25.57%
None	38	11.62%	138	17.97%	176	16.07%
Total	327	100%	768	100%	1095	100%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.094 ^a	4	.000
Likelihood Ratio	22.075	4	.000
Linear-by-Linear Association	.635	1	.426
N of Valid Cases	1095		

There is a statistically significant difference between SEMPA members and non-members concerning the annual CME funding benefit. It seems that, on average, SEMPA members receive a higher level of funding in CME benefits than non-members. 32.41% of SEMPA members report their CME funding benefit to be greater than \$2000, while 22.66% of the non-members report receiving that same amount; only 11.62% of SEMPA members report no CME funding benefit while 17.97% of non-members report they do not receive CME funding benefits.

Table 14. Annual Paid CME Time Off Allotment

Time	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1 week	148	45.12%	330	42.97%	478	43.61%
2 weeks	25	7.62%	42	5.47%	67	6.11%
Greater than 2 weeks	7	2.13%	9	1.17%	16	1.46%
None	148	45.12%	387	50.39%	535	48.81%
Total	328	100.00%	768	100.00%	1096	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.752 ^a	3	.191
Likelihood Ratio	4.604	3	.203
Linear-by-Linear Association	1.507	1	.220
N of Valid Cases	1096		

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 4.79.

No significant differences were found for the annual paid CME time off allotment.

Table 15. Membership in Professional Societies

Organization	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
AAPA	263	49.91%	448	43.45%	711	45.64%
State PA	222	42.13%	308	29.87%	530	34.02%
None	6	1.14%	213	20.66%	219	14.06%
Other	36	6.83%	62	6.01%	98	6.29%
Total	527	100.00%	1031	100.00%	1558	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.135E2	3	.000
Likelihood Ratio	152.280	3	.000
Linear-by-Linear Association	25.410	1	.000
N of Valid Cases	1558		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 33.15.

There is a statistically significant difference in the membership in professional societies between SEMPA members and non-members as noted in the table above.

Clinical Practice

Gathering information on the clinical practice of emergency medicine PAs was an essential component of the survey. Twelve SEMPA members and 35 non-members reported they are not currently involved in clinical practice in emergency medicine or urgent care. These PAs did not receive the survey questions related to compensation, benefits, and emergency medicine skills. Responses to the specific questions asked to the non-clinically practicing PAs will be provided later in this report.

A number of questions were included to learn more about the duration of the practice, the practice site, population of practice area, logging procedures, etc. of the PAs who are practicing in emergency medicine or urgent care. The tables included in this section of the report provide information on the responses to those questions. The majority of respondents indicated they have worked in a clinical practice between 1 and 10 years, and 81.66% of the total population has worked in a clinical practice less than 20 years.

Table 16. Years in Clinical PA Practice

Years Interval	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1-10	176	53.66%	383	49.87%	559	51.00%
11-20	90	27.44%	246	32.03%	336	30.66%
21-30	46	14.02%	98	12.76%	144	13.14%
31-40	16	4.88%	41	5.34%	57	5.20%
Total	328	100.00%	768	100.00%	1096	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.601 ^a	3	.457
Likelihood Ratio	2.627	3	.453
Linear-by-Linear Association	.352	1	.553
N of Valid Cases	1096		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 17.06.

There is no statistically significant difference in the years in clinical practice as a PA between the SEMPA and non-SEMPA groups.

The next table shows the responses to the question that asked PAs to indicate their years of experience in the emergency medicine or urgent care areas of practice. Similar to the results from the previous question, the majority of PAs have less than 20 years of experience in these specialty practices. Also, as with the preceding question regarding length of time in clinical practice as a PA, there is no statistically significant difference between the SEMPA members and the non-members' years of clinical experience in emergency medicine or urgent care.

Table 17. Years in Clinical Practice as an Emergency Medicine or Urgent Care PA

Years Interval	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1-10	216	65.85%	499	64.97%	715	65.24%
11-20	81	24.70%	217	28.26%	298	27.19%
21-30	27	8.23%	46	5.99%	73	6.66%
31-40	4	1.22%	6	0.78%	10	0.91%
Total	328	100.00%	768	100.00%	1096	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.317 ^a	3	.345
Likelihood Ratio	3.245	3	.355
Linear-by-Linear Association	.266	1	.606
N of Valid Cases	1096		

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 2.99.

Survey respondents were asked to provide information on the percentage of their clinical practice that is spent in emergency medicine or urgent care. One shortcoming in the survey question is that a determination cannot be made on whether the percentage of time is based on a full-time or part-time employment. Having this information would provide better data on the impact PAs have in the emergency medicine workforce.

Table 18. Time of Current Monthly or Annual Clinical Time Spent in an Emergency Medicine or Urgent Care Setting

Time percentage	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than 25%	8	2.44%	37	4.82%	45	4.11%
25%-49%	8	2.44%	24	3.13%	32	2.92%
50%-75%	9	2.74%	24	3.13%	33	3.01%
75%-100%	25	7.62%	64	8.33%	89	8.12%
100%	278	84.76%	619	80.60%	897	81.84%
Total	328	100.00%	768	100.00%	1096	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.277 ^a	4	.370
Likelihood Ratio	4.622	4	.328
Linear-by-Linear Association	4.043	1	.044
N of Valid Cases	1096		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.58.

The SEMPA members and non-members show no statistically significant difference concerning the monthly or annual time spent in an emergency medicine or urgent care practice setting.

Table 19. Primary Practice Site

Primary Practice	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Emergency Department	246	75.00%	501	65.75%	747	68.53%
Fast Track	57	17.38%	154	20.21%	211	19.36%
Triage	5	1.52%	3	0.39%	8	0.73%
Urgent Care	20	6.10%	104	13.65%	124	11.38%
Total	328	100.00%	762	100.00%	1090	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	29.225 ^a	3	.000
Likelihood Ratio	27.506	3	.000
Linear-by-Linear Association	8.056	1	.005
N of Valid Cases	992		

There are statistically significant differences between SEMPA members and non-members concerning the practice site. While the majority of both groups work in the emergency department, 75% of SEMPA members work in that practice setting as compared to 65.75% of non-members. Both SEMPA members and non-members are more likely to work in the emergency department, followed by fast tracks. However, a larger percentage of non-members are more likely to work in urgent care (13.65%), as compared to 6.1% of SEMPA members.

Table 20. Practice in State of Residence

Practice in State of Residence	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	311	94.82%	737	95.96%	1048	95.62%
No	17	5.18%	31	4.04%	48	4.38%
Total	328	100.00%	768	100.00%	1096	100.00%

Chi-Square Tests

	Value
Pearson Chi-Square	.721 ^a
Continuity Correction ^b	.474
Likelihood Ratio	.700
Fisher's Exact Test	
Linear-by-Linear Association	.721
N of Valid Cases	1096

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.36.

b. Computed only for a 2x2 table

As indicated in the preceding table, the majority of all respondents have a clinical practice in their state of residence. There was no statistically significant difference between the SEMPA and non-member groups in this area. California, Florida, and New York were the three states with the highest numbers of respondents for both groups.

Table 21. Population Size of the Community or Service Area

Population Size	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Metro (250,000 - 1 million)	78	24.30%	225	29.53%	303	27.98%
Metro (1 - 3 million)	36	11.21%	87	11.42%	123	11.36%
Metro (Greater than 3 million)	21	6.54%	39	5.12%	60	5.54%
Non-metro(Less than 2500)	5	1.56%	16	2.10%	21	1.94%
Non-metro (2500-10,000)	27	8.41%	42	5.51%	69	6.37%
Non-metro (10,000-25,000)	40	12.46%	55	7.22%	95	8.77%
Non-metro (25,000-250,000)	114	35.51%	298	39.11%	412	38.04%
Total	321	100.00%	762	100.00%	1083	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.209 ^a	6	.027
Likelihood Ratio	13.674	6	.033
Linear-by-Linear Association	.990	1	.320
N of Valid Cases	1083		

The table above provides information on the population size of the community or service area in which the PA's clinical practice is located. The two largest segments indicated by both SEMPA members and non-members were metro (250,000 – 1 million) and non-metro (25,000 – 250,000). There is a statistically

significant difference between SEMPA members and non-members concerning the population size they serve; however, there is no clear pattern about the relationship between the population size and the groups.

Annual Patient Volume

The survey included a question to gather information on the annual patient volume in the PA’s primary employer’s emergency department. The question allowed PAs to provide open ended responses, with instructions to only use numeric digits in the responses. The individual responses for this question will be provided as an appendix of this report.

Table 22. Active Members of the Medical Staff

PAs Serve as Active Members of Medical Staff	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	177	54.13%	444	57.81%	621	56.71%
No	150	45.87%	324	42.19%	474	43.29%
Total	327	100%	768	100%	1095	100

The majority of all respondents indicated that PAs serve as active members of the medical staff at their work sites. There was no statistical difference in the responses of SEMPA members and non-members.

Table 23. Membership on Hospital Committees

PAs Serve on Hospital Committee	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	149	45.57%	321	41.80%	470	42.92%
No	178	54.43%	447	58.20%	625	57.08%
Total	327	100%	768	100%	1095	100

The majority of both groups indicated that PAs do not serve as members of hospital committees at their work site. There was no statistical difference in the responses of SEMPA members and non-members.

Table 24. Number of PAs Providing Locum Work

Status of Providing Locum Work	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	53	16.16%	107	13.93%	160	14.60%
No	275	83.84%	661	86.07%	936	85.40%
Total	328	100.00%	768	100.00%	1096	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Sig. Exact (1-sided)	Sig.
Pearson Chi-Square	.914 ^a	1	.339			
Continuity Correction ^b	.744	1	.388			
Likelihood Ratio	.899	1	.343			
Fisher's Exact Test				.351	.194	
Linear-by-Linear Association	.913	1	.339			
N of Valid Cases	1096					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 47.88.

b. Computed only for a 2x2 table

As noted in the table above, the majority of all respondents indicated they are not involved in locums work. Furthermore, there was no statistically significant difference in this activity between the SEMPA and non-SEMPA respondents.

Table 25. Percentage of On-site Physician Supervision by an Emergency Medicine Attending

Frequency	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than 25%	30	9.15%	60	7.81%	90	8.21%
25-50%	15	4.57%	17	2.21%	32	2.92%
50-75%	6	1.83%	16	2.08%	22	2.01%
75-100%	11	3.35%	60	7.81%	71	6.48%
100%	241	73.48%	575	74.87%	816	74.45%
Never on-site	25	7.62%	40	5.21%	65	5.93%
Total	328	100.00%	768	100.00%	1096	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.326 ^a	5	.014
Likelihood Ratio	14.817	5	.011
Linear-by-Linear Association	.371	1	.542
N of Valid Cases	1096		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.58.

The majority of all respondents indicated they have 100% on-site physician supervision. Although there is a statistically significant difference between SEMPA members and non-members, there is no clear pattern in the difference.

Table 26. Method of Logging Procedures

Logging Method	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Manually	190	58.10%	410	53.46%	600	54.84%
On line	50	15.29%	148	19.30%	198	18.10%
Other	87	26.61%	209	27.25%	296	27.06%
Total	327	100.00%	767	100.00%	1094	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.971 ^a	2	.226
Likelihood Ratio	3.028	2	.220
Linear-by-Linear Association	.865	1	.352
N of Valid Cases	1094		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 59.18.

There was no statistically significant difference in how the two groups log their procedures. As indicated in the table, both the SEMPA members and non-members primarily log their procedures manually.

Table 27. Method of Tracking Procedures Logged

Tracking Method	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
By professional society	14	4.28%	30	3.91%	44	4.02%
By the PA	165	50.46%	380	49.54%	545	49.82%
By supervising physician	52	15.90%	176	22.95%	228	20.84%
Others	96	29.36%	181	23.60%	277	25.32%
Total	327	100.00%	767	100.00%	1094	100.00%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.579 ^a	3	.035
Likelihood Ratio	8.787	3	.032
Linear-by-Linear Association	.479	1	.489
N of Valid Cases	1094		

There was a statistically significant difference between some methods of tracking procedures used by SEMPA members and non-members. 15.9% of SEMPA members' procedures are tracked by their supervising physician, while 22.95% of non-members report using this method. The percentage of other tracking methods seems to be similar.

Emergency Medicine Skills

A considerable portion of the survey was dedicated to gathering information on the specific clinical skills performed by PAs working in the emergency medicine specialty. PAs were asked to rate how often they perform each of the tasks listed, using the following scale:

1 – Never

2 – At least once a week

3 – At least once a month

4 – At least once every six months

5 – At least once a year

6 – Not credentialed

The response data is provided in the following tables. The first table shows the actual count of responses for SEMPA and non-SEMPA members, and the second table provides the percentages for those responses. The third and fourth tables provide the same information for the total of both groups.

Table 28. Practice Frequency Table (SEMPA vs. Non-SEMPA) – By Count

Practice type	SEMPA						Non-SEMPA					
	1	2	3	4	5	6	1	2	3	4	5	6
Rapid Sequence Intubation	91	11	53	61	45	67	262	22	63	98	124	199
Cricothyrotomy	189	0	0	2	34	103	395	0	2	6	55	310
Needle thoracentesis	149	0	5	27	61	86	346	2	10	48	110	252
Chest tube thoracotomy	122	0	13	37	79	77	306	0	16	77	118	251
Central line placement	117	9	33	48	47	74	277	28	60	76	98	229
Interosseus line placement	142	0	10	51	79	46	361	2	13	72	141	179
Venous cutdown	191	0	1	6	30	100	439	3	2	14	54	256
Procedural sedation	45	49	106	60	16	52	140	100	198	138	37	155
Arterial line placement	160	7	9	15	36	101	370	9	14	40	60	275
Reduction of major joint dislocations	29	59	122	81	24	13	71	137	247	186	72	55
Closed fracture reduction	41	71	108	74	18	16	78	147	183	228	72	60
Multiple layer laceration repair	2	192	88	38	7	1	6	415	229	96	19	3
Arthrocentesis	51	30	88	108	38	13	104	80	189	256	86	53
Lumbar puncture	74	29	66	63	46	50	189	62	156	143	71	147
Slit lamp exam	27	190	73	24	9	5	78	379	197	68	20	26
Emergency ultrasonography performance	97	54	46	26	7	98	250	95	61	52	29	281
Write admission orders	91	148	25	9	3	52	258	309	68	34	15	84
Prepare admission histories and physicals	148	112	9	5	7	47	371	246	31	16	19	85
Provide medical direction for EMS	123	101	22	19	10	53	347	159	77	40	27	118

“1”= Never; “2”= at least once a week; “3”=at least once a month; “4”=at least once every 6 months; “5”= at least once a year; “6”= not credentialed

Table 29. Practice Frequency Table (SEMPA vs. Non-SEMPA) – By Percents

Practice type	SEMPA						Non-SEMPA					
	1	2	3	4	5	6	1	2	3	4	5	6
Rapid Sequence Intubation	4.82	1.04	6.04	8.09	7.55	6.36	5.64	1.00	3.47	5.81	10.11	6.59
Cricothyrotomy	10.01	0.00	0.00	0.27	5.70	9.77	8.50	0.00	0.11	0.36	4.48	10.27
Needle thoracentesis	7.89	0.00	0.57	3.58	10.23	8.16	7.44	0.09	0.55	2.84	8.96	8.35
Chest tube thoracotomy	6.46	0.00	1.48	4.91	13.26	7.31	6.58	0.00	0.88	4.56	9.62	8.32
Central line placement	6.19	0.85	3.76	6.37	7.89	7.02	5.96	1.28	3.30	4.50	7.99	7.59
Interosseus line placement	7.52	0.00	1.14	6.76	13.26	4.36	7.77	0.09	0.72	4.27	11.49	5.93
Venous cutdown	10.11	0.00	0.11	0.80	5.03	9.49	9.44	0.14	0.11	0.83	4.40	8.48
Procedural sedation	2.38	4.61	12.09	7.96	2.68	4.93	3.01	4.56	10.90	8.18	3.02	5.14
Arterial line placement	8.47	0.66	1.03	1.99	6.04	9.58	7.96	0.41	0.77	2.37	4.89	9.11
Reduction of major joint dislocations	1.54	5.56	13.91	10.74	4.03	1.23	1.53	6.24	13.60	11.02	5.87	1.82
Closed fracture reduction	2.17	6.69	12.31	9.81	3.02	1.52	1.68	6.70	10.08	13.51	5.87	1.99
Multiple layer laceration repair	0.11	18.08	10.03	5.04	1.17	0.09	0.13	18.91	12.61	5.69	1.55	0.10
Arthrocentesis	2.70	2.82	10.03	14.32	6.38	1.23	2.24	3.64	10.41	15.17	7.01	1.76
Lumbar puncture	3.92	2.73	7.53	8.36	7.72	4.74	4.07	2.82	8.59	8.47	5.79	4.87
Slit lamp exam	1.43	17.89	8.32	3.18	1.51	0.47	1.68	17.27	10.85	4.03	1.63	0.86
Emergency ultrasonography performance	5.13	5.08	5.25	3.45	1.17	9.30	5.38	4.33	3.36	3.08	2.36	9.31
Write admission orders	4.82	13.94	2.85	1.19	0.50	4.93	5.55	14.08	3.74	2.01	1.22	2.78
Prepare admission histories and physicals	7.83	10.55	1.03	0.66	1.17	4.46	7.98	11.21	1.71	0.95	1.55	2.82
Provide medical direction for EMS	6.51	9.51	2.51	2.52	1.68	5.03	7.47	7.24	4.24	2.37	2.20	3.91
Total	100	100	100	100	100	100	100	100	100	100	100	100

“1”= Never; “2”= at least once a week; “3”=at least once a month; “4”=at least once every 6 months; “5”= at least once a year; “6”= not credentialed

Table 30. Practice Frequency Table (All Respondents) – By Count

Practice type	Never	At least once a week	At least once a month	At least once every 6 months	At least once a year	Not credentialed
Rapid Sequence Intubation	353	33	116	159	169	266
Cricothyrotomy	584	0	2	8	89	413
Needle thoracentesis	495	2	15	75	171	338
Chest tube thoracotomy	428	0	29	114	197	328
Central line placement	394	37	93	124	145	303
Interosseus line placement	503	2	23	123	220	225
Venous cutdown	630	3	3	20	84	356
Procedural sedation	185	149	304	198	53	207
Arterial line placement	530	16	23	55	96	376
Reduction of major joint dislocations	100	196	369	267	96	68
Closed fracture reduction	119	218	291	302	90	76
Multiple layer laceration repair	8	607	317	134	26	4
Arthrocentesis	155	110	277	364	124	66
Lumbar puncture	263	91	222	206	117	197
Slit lamp exam	105	569	270	92	29	31
Emergency ultrasonography performance	347	149	107	78	36	379
Write admission orders	349	457	93	43	18	136
Prepare admission histories and physicals	519	358	40	21	26	132
Provide medical direction for EMS	470	260	99	59	37	171

Table 31. Practice Frequency Table (All Respondents) – By Percent

Practice type	Never	At least once a week	At least once a month	At least once every 6 months	At least once a year	Not credentialed	Total
Rapid Sequence Intubation	32.21%	3.01%	10.58%	14.51%	15.42%	24.27%	100.00%
Cricothyrotomy	53.28%	0.00%	0.18%	0.73%	8.12%	37.68%	100.00%
Needle thoracentesis	45.16%	0.18%	1.37%	6.84%	15.60%	30.84%	100.00%
Chest tube thoracotomy	39.05%	0.00%	2.65%	10.40%	17.97%	29.93%	100.00%
Central line placement	35.95%	3.38%	8.49%	11.31%	13.23%	27.65%	100.00%
Interosseus line placement	45.89%	0.18%	2.10%	11.22%	20.07%	20.53%	100.00%
Venous cutdown	57.48%	0.27%	0.27%	1.82%	7.66%	32.48%	100.00%
Procedural sedation	16.88%	13.59%	27.74%	18.07%	4.84%	18.89%	100.00%
Arterial line placement	48.36%	1.46%	2.10%	5.02%	8.76%	34.31%	100.00%
Reduction of major joint dislocations	9.12%	17.88%	33.67%	24.36%	8.76%	6.20%	100.00%
Closed fracture reduction	10.86%	19.89%	26.55%	27.55%	8.21%	6.93%	100.00%
Multiple layer laceration repair	0.73%	55.38%	28.92%	12.23%	2.37%	0.36%	100.00%
Arthrocentesis	14.14%	10.04%	25.27%	33.21%	11.31%	6.02%	100.00%
Lumbar puncture	24.00%	8.30%	20.26%	18.80%	10.68%	17.97%	100.00%
Slit lamp exam	9.58%	51.92%	24.64%	8.39%	2.65%	2.83%	100.00%
Emergency ultrasonography performance	31.66%	13.59%	9.76%	7.12%	3.28%	34.58%	100.00%
Write admission orders	31.84%	41.70%	8.49%	3.92%	1.64%	12.41%	100.00%
Prepare admission histories and physicals	47.35%	32.66%	3.65%	1.92%	2.37%	12.04%	100.00%
Provide medical direction for EMS	42.88%	23.72%	9.03%	5.38%	3.38%	15.60%	100.00%

Simplifying the data from the preceding tables, the table below shows the percentage of emergency medicine PAs who report that they perform a number of procedures (irrespective of the *frequency* with which they perform them). The data included in the tables provided in this section may be useful for further analysis by content area experts in emergency medicine.

Table 32. Summary of Procedures Performed by Emergency Medicine PAs

Procedure	Performed by % of PAs
Multiple layer laceration repair	73.1%
Reduction of major joint dislocations	71%
Arthrocentesis	69.8%
Closed fracture reductions	68%
Slit lamp exam	64.7%
Procedural sedation	54%
Lumbar puncture	52%
Rapid sequence intubation	43.1%
Write admission orders	39.5%
Interosseus line placement	37.7%
Central line placement	35.9%
Chest tube thoracotomy	34.7%
Provide medical direction for EMS	32.3%
Prepare admission histories and physicals	28.8%
Emergency ultrasonography	28.1%
Needle thoracentesis	26.8%
Arterial line placement	18.2%
Venous cutdown	11.4%
Cricothyrotomy	10.9%

PAs Not Clinically Practicing in Emergency Medicine or Urgent Care

Twelve SEMPA members and 35 non-members indicated they are not currently involved in clinical practice in emergency medicine or urgent care. This section includes response data for the questions that were answered by those respondents.

The first question asked respondents to indicate their current primary work site or occupation. The responses were as follows:

Table 33. Primary Work Site or Occupation for PAs Not Practicing Emergency Medicine or Urgent Care

Work Site or Occupation	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Health care administration	0	0%	3	9.38%	3	6.98%
PA education	5	45.45%	3	9.38%	8	18.60%
Health care related information technology	0	0%	1	3.13%	1	2.33%
Other	6	54.56%	25	78.13%	31	72.10%
Total	11	100%	32	100%	43	100.0%

The second question asked PAs who are no longer practicing in emergency medicine or urgent care if all of their previous clinical practice had been in the emergency medicine or urgent care specialty areas. The responses are provided in Table 34.

Table 34. All Previous Clinical Experience as an EM or Urgent Care PA

All Previous Clinical Experience was as an EM or Urgent Care PA	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
YES	3	25.00%	8	23.53%	11	23.91%
NO	9	75.00%	26	76.47%	35	76.09%
Total	12	100.00%	34	100.00%	46	100.00%

A question was also included to garner information on the number of years the respondents had been involved in clinical PA practice prior to leaving their clinical practice. The responses are provided below:

Table 35. Total Years in Clinical PA Practice Prior to Leaving Clinical Practice

Years Interval	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1-10	3	37.50%	12	38.71%	15	38.46%
11-20	2	25.00%	10	32.26%	12	30.77%
21-30	3	37.50%	7	22.58%	10	25.64%
31-40	0	0%	2	6.45%	2	5.13%
Total	8	100.00%	31	100.00%	39	100.00%

The final question for this group of PAs asked them to indicate how many years they had spent in emergency medicine or urgent care prior to leaving that practice. The responses are provided in Table 36.

Table 36. Years in Clinical Practice as an Emergency Medicine or Urgent Care PA Prior to Leaving Clinical Practice

Years Interval	SEMPA		Non SEMPA		All Respondents	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
1-10	2	22.22%	30	93.75%	32	78.05%
11-20	3	33.33%	2	6.25%	5	12.20%
21-30	4	44.44%	0	0%	4	9.76%
31-40	0	0%	0	0%	0	0%
Total	9	100%	32	100%	41	100%

Conclusions

At a time when the U.S. health care system is under intense scrutiny and practitioners, politicians and patients are all focused on quality and cost of care, it is important to understand the qualifications and role of physician assistants. This study reveals that PAs working in emergency medicine bring training and—about 70% of the time—prior work experience in the emergency department—to the many settings in which they practice. Though most get their post-PA-program education in emergency medicine through on-the-job training, they also pursue ongoing education in the form of CME activities, and one in 10 pursues a formal residency in emergency medicine. With varying degrees of frequency, they perform a broad spectrum of procedures and tasks in emergency medicine, from preparing admission histories and physicals to complex procedures like cricothyrotomies.

A comparison of PAs who are members of the Society of Emergency Medicine PAs (SEMPA) with non-member emergency medicine PAs reveals a few notable differences. SEMPA members have more formal education as indicated by the more frequent obtainment of a masters degree. SEMPA members also appear to utilize distance training to obtain their postgraduate degree more frequently than “traditional” education; however, their formal training was reported to be completed in a residency program more often than non-members. SEMPA members reported having more medical experience prior to becoming an emergency medicine PA, with approximately 77% of SEMPA members versus only 65% of non-members indicating prior medical experience. It also appears that a larger majority of SEMPA members work in the emergency department (75%) are less likely to work in urgent care than the non-members.

Survey of Emergency Medicine Physician Assistants

Page 1 - Question 1 - Open Ended - One Line

[Mandatory]

Please provide your NCCPA ID number so we can match your responses to demographic information we already have on file and save you from having to provide that data in this survey.

Remember, when your responses are aggregated into the report on findings, your answers and demographic information will be reported anonymously.

Page 1 - Heading

Educational and Training Experiences

Page 1 - Question 2 - Choice - One Answer (Bullets)

[Mandatory]

Please indicate the degree you received when you graduated from your PA program.

- Certificate
- Associate
- Bachelor
- Master

Page 1 - Question 3 - Choice - Multiple Answers (Bullets)

[Mandatory]

Please indicate any postgraduate degrees you have received. (Check all that apply.)

- Master
 - Not applicable
 - Doctorate, please specify description or degree title
-

How did you receive your postgraduate degree?

- Distance Learning
 - Traditional Program
 - Other, please specify
-

Please indicate your experience in the Emergency Department prior to PA education. (Check all that apply.)

- EMT/Paramedic
 - None
 - RN
 - Other, please specify
-

How did you receive your Emergency Medicine training? (Check all that apply.)

- Formal residency
 - On-the-job training
 - Other, please specify
-

Are you currently clinically practicing in emergency medicine or urgent care?

- Yes
- No [\[Skip to 23\]](#)

Salary and Benefits

Page 5 - Question 8 - Choice - One Answer (Bullets)

What is the type of your primary base pay?

- Salary
 - Hourly wage
 - Other, please specify
-

Page 5 - Question 9 - Choice - One Answer (Drop Down)

What is your annual base pay?

- less than \$50,000
- \$50,000 - \$59,000
- \$60,000 - \$69,000
- \$70,000 - \$79,000
- \$80,000 - \$89,000
- \$90,000 - \$99,000
- \$100,000 or greater
- I prefer to not provide this information.

Page 6 - Question 10 - Choice - Multiple Answers (Bullets)

[Mandatory]

What other types of compensation do you receive? (Check all that apply.)

- Administrative pay
 - Compensation based upon productivity or performance
 - On-call services pay
 - Overtime
 - Supervision of EMT crews
 - Surgical assist fees
 - Other, please specify
-

Please indicate whether your employer covers all, none, or a portion of the following benefits.

	All	Partial	None
Professional liability insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Term life insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension/retirement fund	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State license fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DEA fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NCCPA fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional organization dues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical publications/PDA updates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your annual vacation allotment?

- None
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- 5 weeks
- 6 weeks
- Greater than 6 weeks

What is your approximate annual CME benefit?

- None
- Less than \$500
- \$500 - \$999
- \$1000 - \$2000
- Greater than \$2000

What is your annual paid CME time-off allotment?

- None
- 1 week
- 2 weeks
- greater than 2 weeks

Are you currently a member of the following professional organizations? (Check all that apply.)

- AAPA
 - I do not belong to any professional organizations.
 - SEMPA
 - State PA Constituent Chapter of AAPA
 - Other, please specify
-

Experience and Current Work Site

How many years have you worked as a clinical PA on a full-time or part-time basis?

- Drop down options from 1 - 40

How many years have you worked as a clinical emergency medicine or urgent care PA on a full-time basis?

- Drop down options from 1 - 40

Approximately how much of your current monthly or annual time as a clinical PA is spent in an emergency medicine or urgent care setting?

- less than 25%
- 25% - 49%
- 50% - 75%
- greater than 75% but less than 100%
- 100%

Which best describes your primary practice site?

- Emergency Department - Work in the core emergency department, addressing all patient needs
- Triage - Work within the Emergency Department, triaging patients for appropriate placement in the Emergency Department and handling preliminary interventions (i.e., places orders, initiates treatment, etc.)
- Fast Track - Work in the Emergency Department in the fast track area (e.g., non-acute, minor emergencies)
- Observation Unit - Within the Emergency Department, focusing on the ongoing evaluation and assessment of low-risk patients who require extended stay in the Emergency Department
- Urgent Care (Stand Alone) - Off-site urgent care facility (i.e., not formally connected to an Emergency Department)

Do you practice in the state (or country or territory) in which you reside?

- Yes **[Skip to 14]**
- No

Please indicate the state (or country or territory) of your clinical practice.

- Drop down with options for each state, DC, Guam, Puerto Rico, Virgin Islands, Australia, Canada, United Kingdom, Military, Other

What is population size of the community or service area in which you practice?

- Non-metro - Less than 2500
- Non-metro - Between 2500 and 10,000
- Non-metro - Between 10,000 and 25,000
- Non-metro - Between 25,000 and 250,000
- Metro - Between 250,000 and 1 million
- Metro - Between 1 and 3 million
- Metro - Greater than 3 million
- Military

What is the approximate annual patient volume in your primary employer's Emergency Department? (Please provide numeric digits only. Examples: 5000, 21000)

Do PAs at your work site serve as active members of the medical staff?

- Yes
- No

Do PAs at your work site serve on hospital committees?

- Yes
- No

Do you provide locums work?

- Yes
- No

Approximately how often do you have on-site physician supervision by an Emergency Medicine attending?

- Less than 25%
- Between 25 - 50%
- Between 50 - 75%
- Between 75 - 100%
- 100%
- Never on-site, but available through other means

Emergency Medicine Skills

Please indicate how often you perform the following airway related emergency skills for which you are credentialed. If you are not credentialed to perform any of the skills, please select that option.

	Never	At least once per week	At least once per month	At least once per every 6 months	At least once per year	Not credentialed
Rapid Sequence Intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cricothyrotomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you perform the following breathing related emergency skills for which you are credentialed. If you are not credentialed to perform any of the skills, please select that option.

	Never	At least once per week	At least once per month	At least once per every 6 months	At least once per year	Not credentialed
Needle thoracentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest tube thoracotomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you perform the following circulation related emergency skills for which you are credentialed. If you are not credentialed to perform any of the skills, please select that option.

	Never	At least once per week	At least once per month	At least once per every 6 months	At least once per year	Not credentialed
Central line placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interosseus line placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Venous cutdown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you perform the following other emergency skills for which you are credentialed. If you are not credentialed to perform any of the skills, please select that option.

	Never	At least once per week	At least once per month	At least once per every 6 months	At least once per year	Not credentialed
Procedural sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arterial line placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction of major joint dislocations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close fracture reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you perform the following urgent care procedures for which you are credentialed. If you are not credentialed to perform any of the skills, please select that option.

	Never	At least once per week	At least once per month	At least once per every 6 months	At least once per year	Not credentialed
Arthrocentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lumbar puncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slit lamp exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency ultrasonography performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you perform the following skills for which you are credentialed. If you are not credentialed to perform any of the skills, please select that option.

	Never	At least once per week	At least once per month	At least once per every 6 months	At least once per year	Not credentialed
Write admission orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare admission histories and physicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide medical direction for EMS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you log the procedures you perform?

- Manually
 - Online
 - Other, please specify
-

How are the procedures you log tracked?

- I am responsible for tracking my own clinical procedures. [\[Skip to 25\]](#)
 - My supervising physician reviews and maintains the tracking of my procedures. [\[Skip to 25\]](#)
 - A professional society provides the tracking of my procedures. [\[Skip to 25\]](#)
 - Other, please specify
-

Questions for Non-clinically Practicing PAs

Please indicate your primary current work site or occupation.

- PA education
 - Health care administration
 - Health care related information technology
 - Other, please specify
-

Was all of your previous clinical practice as a PA in emergency medicine or urgent care?

- Yes
- No

Prior to leaving clinical practice, how many years were you involved in clinical practice as a PA?

- Drop down options 1 - 40

How many of those years did you practice as a PA in emergency medicine or urgent care?

- Drop down options 1 - 40

Professional Practice Issues

Recently the NCCPA Board of Directors reaffirmed its commitment to offering a mechanism for the achievement of a voluntary PA specialty credential. An NCCPA workgroup is developing the model for the specialty credential program, which will be launched no later than 2011. As the model develops, NCCPA will continue to work with the AAPA and physician and PA specialty organizations. NCCPA is committed to engaging PAs in dialogue about the specific elements of the specialty credential program, and your feedback on the following questions will be provided to the workgroup for consideration.

In your opinion, what would be the important components to include in a voluntary specialty credentialing program in Emergency Medicine? (Select all that apply.)

- An assessment of clinical skills in Emergency Medicine (practical exam)
 - An exam that tests cognitive skills and knowledge in Emergency Medicine
 - Documented Continuing Medical Education hours in Emergency Medicine
 - Documented experience, education, or training in Emergency Medicine
 - Other, please specify
-

Have you ever been asked to provide any type of Emergency Medicine credential in addition to your NCCPA certification when seeking employment or advancement opportunities in Emergency Medicine?

- Yes
 - No
 - Additional Comment
-

Have you ever lost opportunities for Emergency Medicine employment or advancement due to a lack of an Emergency Medicine credential?

- Yes
 - No
 - Additional Comment
-

Thank You Page

On behalf of ACEP, SEMPA, and NCCPA, thank you very much for your responses. You will be notified when the report from this study is available.