

PA Panel Notes

PA's We Heard From:

- **Alyssa Flatmoe** – Hospital Medicine
- **Jenny Albreicht** – Endocrinology
- **Elizabeth Middleton** – Hospice and switched to Infectious Disease
- **Cooper Jackson** – Emergency Department Residency

Questions From the Meeting:

- **What does your day to day look like?**
 - **Rounding Service:** Get in around 7-7:30 and review charts/notes, then rounds and make a plan. She then talks to the physician to finalize the plan and puts orders in and adds notes to charts. She gets done around 4. She also has swing shifts from 2-11pm where she has about 50 patients and has the service pager so that nurses can page with questions. She works 7 days on, 7 days off.
 - **100% Clinic:** She works with nonemergent cases, so it is business hours Mon-Fri with no weekends or holidays. She gets 60 minutes for a new patient and 30 minutes for a follow-up visit. She keeps her patients throughout their care for continuity. She is very autonomous and runs her own show.
 - **Emergency Department:** He is in a fellowship and can pick his own patients to some extent. The ED has a lot of variety, and they have to deal with whatever comes through the door. He gets many cool experiences from his fellowship such as anesthesia rotations to practice intubation, time in the ambulance, and time in the helicopter. ED does require nights, weekends, and holidays but there isn't on call or requests to deal with outside of your shift. Once your shift is done, your responsibilities are done.
- **What are good things to boost a resume?**
 - **Shadow** in a variety of PA specialties and in fields other than PA such as NP and MD. This is helpful to know why you want to be a PA and not something else in healthcare.
 - For **patient care experience**, try to get as close to a PA as possible. This means work in the same area as PAs so you can see what they do on the

daily if you can. Be able to collect pieces along the way with your PCE and speak toward them when asked. Be able to talk through what each experience gave you, what you learned, and how you plan to apply it in the future. How are these experiences going to shape you as a future PA?

- Write down specific examples so that you have experiences to draw from. Many admissions committees ask behavioral questions such as “Tell me about a time when...”
- **Scribing** does not count as PCE for most schools, but it can be very helpful to get to know the flow of a care visit, getting familiar with vocab, labs, orders, and diagnoses.
- **What is your favorite/ most rewarding part about being a PA?**
 - When I can explain something to a patient and the light bulb goes on
 - Building connections
 - Patient interactions, especially successful ones
 - **Palliative**: I cannot fix this person’s life, but I can make it better
 - Connection with colleagues: on a team to support patients
 - **ED**: seeing people improve in front of your eyes
- **What are your frustrations with being a PA?**
 - Inefficient charting at the start was bad → chart crashing
 - When going to each nursing home, people would get frustrated if not everyone was seen
 - Had to set boundaries
 - Found the right fit in a different job
 - Dealing with insurance
 - People falling through cracks of healthcare system
 - People may not have primary care so they need to use ED as primary care
 - People may not have a good plan
 - Do they have a safe place to discharge to?
- **What does residency look like? (Cooper)**
 - You do not need a residency/fellowship, but it provides intensive training in something that you are passionate about. It gives you more practice with the advanced skills.
 - Most common residencies/fellowships are ED and critical care.

- His goal is to be at a rural ED, so he wants to be confident in procedural skills and dealing with traumas and very sick patients. When you are the only provider there, it becomes your responsibility.
- He does rotations in:
 - Labor and delivery rotations
 - Anesthesia for intubations
 - Ambulance
 - Helicopter
 - And more
- **What is your best advice for future PAs?**
 - Keep going and remember the goal of why you are taking the hard classes
 - CNA work and such are not glamorous, but you learn a lot
 - Bigger goal out there, you will not be where you are right now forever
 - Your career starts when you decide that's what you want to do
 - Show up 100% and be invested in each step along the way
 - You can learn from every interaction
 - Ask questions
 - Be grateful for opportunities given
 - Have faith in the process and patience with yourself. Trust your abilities!
 - Don't compare too much
 - Try your best to work on a positive mindset
 - Be your own cheerleader
 - Be mindful about burnout. Make sure you take time to focus on what things lift you up and the *why* behind your practice.

More Questions:

- **Alyssa**
 - What did you feel most unprepared for in PA school?
 - *I was definitely told that PA school is like "drinking from a firehouse," so in a way I felt prepared for that. In actuality, I didn't know how to handle it. On my first day of PA school, we were told that "Repetition is the key to learning" and that really stuck with me! I would often get stressed at the beginning when my study methods/notes weren't as organized as my classmates. What I found the most helpful was repetitive, active studying. Active studying can include making quiz questions, flash cards, teaching it to someone else,*

note taking, etc. Passive studying (just reading through the material) does not help it stick as well.

- What was the biggest challenge you had to overcome to become a PA?
 - *One of the biggest challenges I faced was learning to be flexible. The phrase "Learning to pivot is more important than learning to plan" is super helpful to remember no matter what stage you're in - applying to PA school, getting through school, or in daily patient care. Every single day there are things that don't go as planned. There were a couple of exams that I didn't pass, and it's easy to feel like you aren't meant to be a PA if you fail at something. See every failure as another opportunity to grow! I am now much more confident in the material that I failed the first time. It's better to know your shortcomings while in school so you can become stronger in these areas before becoming a provider. It's evident in working with several other providers that some have learned how to handle failure/changes in plans, and some have not. The more you can take curveballs in stride and not get anxious about every little setback or mishap, the better PA you will become. I recommend practicing this every chance you have now in your everyday life :)*
- What was the hardest class in didactic year and how did you get through it?
 - *We had systems-based learning, and I found Hematology to be the hardest. I found the book "Clinical Physiology Made Ridiculously Simple" to be super helpful especially for this unit!*

- **Jenny**

- How did you handle the rigorous coursework while maintaining a good GPA?
 - *The GPA doesn't matter in PA school--passing and material comprehension matter. You will not get a 4.0 GPA in PA school (coming from someone who thought she would after maintaining a 4.0 in undergrad) but that's ok. It's not a competition anymore. With that, finding students who you get along with and study well with was crucial. It helped with material comprehension and picking up on details you might miss if you tried to do it all alone. Quizzing each other and sharing notes we did A LOT. It also helped greatly with mentally surviving the rigor of it all. I also studied in almost all of my free time. Maybe once per month I'd take a full day off, otherwise per week it was usually just Friday after class I would take off from studying. That might not be necessary in longer programs or certain students who can read something once and not forget it, but UWL is only 1 year didactic so it's going full throttle from start to finish and free time is precious because the info keeps piling up each M-F during classes.*
- What were your favorite clinical rotations in PA school?
 - *I enjoyed my hospital rotation the most. It was a great team I got to work with but also the medicine practiced was broad and new and exciting. I also*

surprisingly enjoyed psych more than I thought I would. I got to see a lot of cool inpatient psych pathologies and spend time with different types of therapists/counselors throughout the system.

- How did you de-stress at school?
 - *To de-stress while also staying healthy, I think it's so important to get physical activity. If you let this important part of health maintenance slide, everything can go south for you very quickly. Our class was pretty close, so we'd often go get a drink after a test or go to Pettibone beach after summer anatomy exams. Some classmates kept more to themselves because they were older and had families, but for those of us who were younger and used to the camaraderie of spending time with classmates like in undergrad, this helped to commiserate in the challenging periods and celebrate in the triumphant times.*

- **Elizabeth**

- How did hospice and palliative care change your perspective on patient care?
 - *One of my attendings on Palliative/Hospice used to say, "don't just do something, stand there!" It is so easy to offer and do intervention after intervention for patients, even those with terminal illnesses. The vast majority of healthcare spending is in the last 2 years of life. So many patients can be helped by time spent having thoughtful conversations about what their priorities are as they near the end of life. For most, it is not increasing hospitalizations and interventions. I heard a lot of patients express regret: had they only known their time was short, they would not have spent the time, money, and effort on healthcare. It also makes you see what life is all about, and makes you feel deep gratitude for your own life and face your own mortality.*
- How do you collaborate with your supervising physician?
 - *Typically, I go see my patients independently and then review them with my attending face-to-face. Usually, they meet my new consults and then do not see my patients again unless there is a unique problem, I request it, I am off, or for some reason I am unable to follow up with the patient in the clinic and they need to. There are some cases where I do not need their input and I am essentially independent and they sign off on my work, and there are some cases where I am really unsure and need their expertise.*
- How easy is it to transfer between specialties?
 - *It isn't, but it's worth it! This is where having a supportive team with a good on-boarding process is essential. I was only 3 years out of PA school when I made the change, so there were still things that 'rang a bell' from school. I*

think if you make this change 10+ years after graduating, it would be more challenging, depending on your experience in that specialty.

- **Cooper**

- What challenges do you face every day?
 - *I think the challenge of every patient being different and although you may have the knowledge, it's the application in different patient situations that is tough. Medicine is really an art and no 2 patients are treated exactly the same.*
- How did you go about starting to write your personal statement?
 - *Start early start early start early! It doesn't all have to be written in a day. It is good to have an outline of all the things you have done to help try and organize yourself before you put pen to paper.*
- How do you manage your time as a PA? How did you manage your time in PA school?
 - *Time management is different for everyone but for me when I had a task at hand, I would be laser focused until it's complete and then I can enjoy the rest of my day. Separate hard work from fun time, because if you're stressed about all the stuff you have to do while "trying" to have fun you're not having fun at all. It's key to staying sane in PA school.*