

**Society of Emergency Medicine Physician Assistants (SEMPA)
Emergency Medicine Physician Assistant Postgraduate Training
and Emergency Medicine Physician Assistant
Practice Guidelines**

- I. The Society of Emergency Medicine Physician Assistants (SEMPA) strongly encourages physician groups, hospitals and educational institutions to adopt training and educational opportunities to prepare physician assistants seeking to practice emergency medicine. SEMPA recommends that hospitals, educational institutions and medical groups that are establishing *postgraduate emergency medicine training programs*ⁱ for physician assistants:
 - A. Utilize a curriculum based on *The Model of the Clinical Practice of Emergency Medicine (American Board of Emergency Medicine)*ⁱⁱ and one that prepares the physician assistant to manage critical, emergent and lower acuity patients.
 - B. Appoint a board-certified emergency physician as medical director and an emergency medicine physician assistant as program director.
 - C. Obtain accreditation of the program through the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)ⁱⁱⁱ.
 - D. Offer training and experience that would minimally meet the standards established by SEMPA as appended.
 - E. Where appropriate or valuable, provide clinical rotations into specialty areas to gain specific procedural or cognitive skills germane to the practice of emergency medicine.
 - F. Completion of a post-graduate training program should prepare the candidate to sit for the Certificate of Added Qualifications (CAQ) granted through the National Commission on Certification of Physician Assistants (NCCPA)^{iv}. (See SEMPA's *official statement on the CAQ*)
 - G. Work collaboratively to share resources and curricula with other entities providing or hoping to provide postgraduate specialty training in emergency medicine and commit to assisting new and start-up programs.
 - H. Collaborate with SEMPA, the American Academy of Physician Assistants (AAPA) and the American College of Emergency Physicians (ACEP) in creating excellence in the practice model of the physician-PA^v team approach to emergency medicine.
 - I. Support and encourage membership and active participation by physician assistants in SEMPA.

- II. SEMPA recommends that new graduate physician assistants without emergency medicine experience or PAs newly entering the field of emergency medicine:
 - A. Seek appropriate experience(s) and education that parallels the training curriculum for emergency medicine postgraduate training as outlined above.
 - B. Document learning and procedures in a log fashion for credentialing purposes and proof of experience.
 - C. Consider the CAQ granted through NCCPA as verification of learning and experience when eligible.
 - D. Obtain basic national credentials such as Advanced Cardiac Life Support (ACLS), Comprehensive Advanced Life Support (CALS), Advanced Trauma Life Support (ATLS), and Pediatric Advanced Life Support (PALS).
 - E. Actively participate in the specialty through membership in SEMPA.
- III. SEMPA recommends that all physician assistants in emergency medicine:
 - A. Pursue continuing education in emergency medicine, minimally 25 hours Category I Continuing Medical Education annually, through SEMPA-, ACEP- or AAPA-approved or sponsored educational programs.
 - B. Document maintenance of skill competency by ongoing experience or demonstration in skills lab.
 - C. Actively participate in the specialty through membership in SEMPA.
 - D. Maintain other credentials as needed such as CALS, ATLS, ACLS, PALS, etc.
 - E. SEMPA recognizes that the NCCPA Certificate of Additional Qualifications is one way for physician assistants in emergency medicine to demonstrate advanced practice knowledge.
 - F. Volunteer as preceptors for undergraduate physician assistant student rotations in emergency medicine and pursue opportunities to teach, mentor and support physician assistants seeking postgraduate training in emergency medicine.
- IV. Hospitals and emergency physician groups should have policies and practices in place that minimally:
 - A. Permit emergency medicine physician assistants to practice to their full scope of knowledge and experience.
 - B. Recognize the training and experience of physician assistants who have not completed formal postgraduate training programs but can document training and experience consistent with these guidelines.
 - C. Integrate emergency medicine physician assistants into the medical staff and have opportunities to share in governance, management and other functions of the department or group.

- D. Apply the principles of the physician-PA team as articulated by AAPA.
 - E. Have systems in place to provide meaningful and timely supervision of emergency medicine physician assistants to minimally include peer review, individual case review and ongoing quality improvement.
 - F. Support and encourage ongoing education for physician assistants in emergency medicine.
 - G. Support and encourage membership and active participation by physician assistants in SEMPA.
 - H. Have guidelines specifying supervising physician responsibilities, including factors that trigger when supervising physician consultation should be obtained.
- V. Emergency medicine residency programs should consider:
- A. Integrating training modules to enable residents to learn the role of “physician leader” of the physician-PA team.
 - B. Operate emergency medicine physician assistant postgraduate training in parallel with physician residencies to build team experience and competency.

**Standards for Postgraduate Training of Emergency
Medicine Physician Assistants Adopted by the
Society of Emergency Medicine Physician Assistants
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1. Provide a minimum 3,000 hours or 18 months of direct-patient care in an emergency department, preceptored by an experienced emergency physician.
2. Provide a didactic component based on *The Model of the Clinical Practice of Emergency Medicine (American Board of Emergency Medicine)*^{vi} and one that prepares the physician assistant to manage critical, emergent and lower-acuity patients.
3. Provide broad experience in managing the conditions presenting to the emergency department.
4. Have documented procedural experiences to minimally show understanding of:
 - Intubation and difficult airway management
 - Emergency criccothyroidotomy
 - Chest tube insertion
 - Ventilator management
 - Procedural sedation and rapid sequence intubation
 - Fracture and dislocation management
 - Slit lamp and tonometry
 - Additional skills as determined by preceptor or program
 - Intra-osseous placement

- Central line placement
- Capnography
- Advanced EKG interpretation
- Radiographs, Computerized Tomography, Magnetic Resonance Imaging, ultrasound basic interpretation
- Simple and advanced wound closure
- Cardiac resuscitation (to include cardioversion and cardiac pacing)
- Arterial access for blood gas and monitoring
- Lumbar puncture
- Use of bedside ultrasound
- Joint aspiration and injection
- Additional skills as determined by preceptor or program
- Skills should be obtained through patient, cadaver or simulation laboratory teaching.

5. Demonstrate and document team leadership knowledge and skills in the management of:

- Cardiac arrest
- Shock
- Respiratory arrest
- Traumas
- Unresponsive patient(s)
- Overdose patients
- Diabetic ketoacidosis and other endocrine emergencies
- Obstetric and gynecologic emergencies
- Pediatric emergency
- Oncologic emergency
- Hazardous material exposures
- Mass casualty events
- Other situations as determined by preceptor or program

Resources

ⁱ Consider using the designation “Fellowships” or other label in lieu of “Residencies” to maintain compliance with Centers for Medicare and Medicaid Services (CMS)ⁱ and the Accreditation Council for Graduate Medical Education (ACGME)

ⁱⁱ American Board of Emergency Medicine -
http://www.abem.org/PUBLIC/portal/alias_Rainbow/lang_en-US/tabID_4223/DesktopDefault.aspx

ⁱⁱⁱ Accreditation Review Commission on Education for the Physician Assistant -
http://www.arc-pa.org/postgrad_programs/

^{iv} National Commission on Certification of Physician Assistants -
<http://www.nccpa.net/Emergencymedicine.aspx>

^v American Academy of Physician Assistants,
http://www.aapa.org/uploadedFiles/content/Common/Files/PI_PhysicianPATeam_v5%20-%20052711%20UPDATED.pdf

^{vi} American Board of Emergency Medicine -
http://www.abem.org/PUBLIC/portal/alias_Rainbow/lang_en-US/tabID_4223/DesktopDefault.aspx