

Emergency Medicine Physician Assistant Practice Guidelines

September 2021

- I. SEMPA recommends that all physician assistants (PAs) in emergency medicine (EM) should:
 - A. Pursue continuing education in emergency medicine, minimally 25 hours Category I Continuing Medical Education annually, through SEMPA, the American College of Emergency Medicine (ACEP) or the American Academy of Physician Assistants (AAPA) approved or sponsored educational programs.
 - B. Document maintenance of skill competency by ongoing experience or demonstration in skills lab.
 - C. Maintain other credentials as needed such as Advanced Cardiac Life Support (ACLS), Comprehensive Advanced Life Support (CALS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Program (NRP), etc.
 - D. Completion of the National Commission on Certification of Physician Assistants (NCCPA) Certificate of Additional Qualifications in Emergency Medicine (CAQ-EM) is one way for physician assistants in emergency medicine to demonstrate advanced practice knowledge and experience.
 - E. Where possible, serve as preceptors for physician assistant student rotations in emergency medicine and pursue opportunities to teach, mentor and support physician assistants seeking postgraduate training in emergency medicine.
 - F. Actively participate in the specialty through membership in SEMPA
- II. SEMPA recommends that PAs newly entering the field of emergency medicine should:
 - A. Seek appropriate experience(s) and education that parallels the training curriculum for emergency medicine postgraduate training as outlined below.
 - B. Document learning and procedures for credentialing purposes and proof of experience. Seek employment opportunities at a site that includes an established standardized onboarding program with components including but not limited to emergency medicine didactic materials, clinical mentoring, experiential logs, assessment tools, task proficiency, standards of practice and evaluation metrics.⁵⁻⁷

- C. Completion of the CAQ-EM granted through NCCPA as verification of knowledge and experience, when eligible.
 - D. Obtain national credentials such as ACLS, CALS, ATLS, PALS and Neonatal Resuscitation Program.
 - E. Actively participate in the specialty through membership in SEMPA.
- III. SEMPA recommendations for emergency medicine physician assistants (EMPAs) practicing in a critical access hospital practice setting:
- A. Follow recommendations for all physician assistants in emergency medicine (I).
 - B. Follow recommended guidelines as outlined in the Rural EMPA Practice Guidelines.
- IV. SEMPA recommends that hospitals, educational institutions, and medical groups that are establishing postgraduate emergency medicine education programs for physician assistants should:
- A. Utilize a curriculum based on *The Model of the Clinical Practice of Emergency Medicine (American Board of Emergency Medicine)*¹ 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 EMPA as program director.
 - C. Obtain accreditation of the program through the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)², when this is a viable option. Follow the Accreditation Standards for Clinical Postgraduate PA Programs, current edition, Approved by the ARC-PA.
 - D. Follow the SEMPA Postgraduate Education Program Standards published in 2015 and revised in 2021.
 - E. Where appropriate or valuable, provide clinical rotations into specialty areas, such as critical care, orthopedics, pediatric emergency department, etc., to gain specific procedural or cognitive skills germane to the practice of emergency medicine.
 - F. Completion of a postgraduate training program should prepare the candidate to sit for the CAQ-EM granted through the NCCPA³ within three (3) years of practice. (See SEMPA's official statement on the CAQ)
 - G. Work collaboratively to share resources and curricula with other entities providing or planning to provide postgraduate specialty training in emergency medicine and commit to assisting new programs.

- H. Ensure the availability of sufficient training opportunities for all learners when establishing a program.
 - I. Support and encourage membership and active participation by physician assistants in SEMPA.
- V. Hospitals and emergency physician groups should have policies and practices in place that minimally:
- A. Permit EMPAs 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 EMPAs 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.⁴
 - E. Have systems in place to provide meaningful and timely evaluation of EMPAs and feedback 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 the creation and administration of onboarding programs for physician assistants less experienced in emergency medicine that are ideally developed by or minimally in collaboration with and for physician assistants with components including, but not limited to, emergency medicine didactic materials, clinical mentoring, experiential logs, assessment tools, task proficiency, standards of practice and evaluation metrics.
 - H. Ensure that PAs have appropriate means of communicating with attending emergency medicine physicians for collaboration and that guidelines for recommended collaboration at the practice site are outlined.
 - I. Support and encourage membership and active participation by physician assistants in SEMPA.

VI. Emergency Medicine Curriculum Recommendations

Curriculum content recommendations should be modeled after the most recent American Board of Emergency Medicine (ABEM) Model of the Clinical Practice of Emergency Medicine.¹

VII. Procedural and Practice Experience Recommendations for EMPAs

- A. Have documented procedural experiences to minimally show understanding of:
1. Intubation and difficult airway management
 2. Emergency cricothyroidotomy
 3. Chest tube insertion
 4. Ventilator management
 5. Procedural sedation
 6. Rapid sequence intubation
 7. Fracture and dislocation management
 8. Slit lamp and tonometry
 9. Additional skills as determined by preceptor or program
 10. Intraosseous placement
 11. Central line placement
 12. Capnography
 13. Advanced EKG interpretation
 14. Radiographs, Computerized Tomography, Magnetic Resonance Imaging, ultrasound basic interpretation
 15. Simple and advanced wound closure
 16. Cardiac resuscitation (to include cardioversion and cardiac pacing)
 17. Arterial access for blood gas and monitoring
 18. Lumbar puncture
 19. Bedside ultrasound
 20. Joint aspiration and injection
- B. Skills may be obtained through patient, cadaver or simulation laboratory teaching.

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

1. Cardiac arrest
2. Shock
3. Respiratory arrest
4. Traumas
5. Unresponsive patient(s)
6. Overdose patients
7. Diabetic ketoacidosis and other endocrine emergencies
8. Obstetric and gynecologic emergencies
9. Pediatric emergency
10. Oncologic emergency
11. Hazardous material exposures
12. Mass casualty events
13. Other situations as determined by practice site

- VIII. SEMPA Emergency Medicine Resources
- A. SEMPA 360 Annual Conference – multiple lectures and procedural and interactive practice-based workshops
 - B. [EM Academy Lecture Series](#)
 - C. [SEMPA Live](#) Events and [SEMPA Live On Demand](#) Monthly Lectures
 - D. [Emergency Medicine Toolkit for Practicing PAs](#)
 - E. [Free Open-Access Medical Education](#) recommendations
 - F. [SEMPA Procedures Course](#)
 - G. [SEMPA Point of Care Ultrasound Course](#)
 - H. SEMPA Virtual Grand Rounds
 - I. SEMPA membership discounts to [practice management resources](#)

References

- 1 Beeson MS, Ankel F, Bhat R, Broder JS, Dimeo SP, Gorgas DL, Jones JS, Patel V, Schiller E, Ufberg JW, 2019 EM Model Review Task Force; Keehbauch JN, American Board of Emergency Medicine. [The 2019 Model of the clinical practice of emergency medicine](#). J Emerg Med 2020 May 28.
- 2 [Accreditation Standards for Physician Assistant Education](#), Fifth Edition. 2020, Sept. Accessed 2021, May 20.
- 3 [Emergency Medicine CAQ](#). The National Commission on Certification of Physician Assistants. Accessed 2021, May 20.
- 4 [Optimal Team Practice](#). American Academy of Physician Assistants. Accessed 2021, May 20.
- 5 Morgan P et al. Emerging Practices in Onboarding Programs for PAs and NPs. JAAPA: 2020 Mar; 3.3, 3, 40-46.
- 6 Sanchez et al. Emerging Practices in Onboarding Programs for PAs: Program Content. JAAPA: 2020 Sep; 3.3, 9, 38-42.
- 7 Anglin et al. Emerging Practices in Onboarding Programs for PAs: Strategies for Onboarding. JAAPA: 2021 Jan; 3.4, 1, 32-38.