

New faces in health-care ranks

Wade Hemsworth
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Ivan Wong was sure there was a better way.

The Hamilton orthopedic surgeon was leading a large practice, including a busy office on Victoria Avenue North and surgeries next door at [Hamilton General Hospital](#).

But there were patients he couldn't see, and he didn't have enough time to spend with the ones he did have, a problem that permeates his profession.

What he needed was an assistant — one qualified to do the work he didn't have time to do, and to do it the way he preferred.

Now he has one, making him one of Ontario's first physicians to test drive an idea that has been part of the American medical landscape for four decades: the physician assistant. Nearly but not quite doctors, their role is to shorten the lineup for care by lightening the load for physicians.

Ohood Elzibak had finished a degree in health sciences and was eager to enter the medical profession, but not to spend the years in residency and fellowship she would have needed to reach Wong's level.

After two years of specific training at [McMaster University](#), she started as Wong's physician assistant in September.

"I was willing to accept that I am not going to be an independent practitioner," she said. "I'm never going to be a surgeon, but it was exciting to know there were opportunities to be in the operating room and to be interacting with patients in the clinic and to do that in a more condensed fashion."

Elzibak is one of 21 to come out of McMaster's first graduating class, whose formal convocation was last fall.

Today, more than 65 physician assistants are working in Ontario hospitals and medical offices, most of them having been trained in the U.S., in Manitoba or in the Canadian Forces, which started using physician assistants in 1984.

Though their professional relationship is still in its early months, Wong and Elzibak say it is already creating better care.

"With Ohood, now I'm able to see more patients, spend more time and give them more information, and they're able to contact my office and talk to her directly," Wong said. "On basic questions, she can answer for me. Anything that's abnormal or different she refers to me."

The key, both say, is seamless communication, including a common understanding of what situations demand his specific attention.

"She knows me probably better than I do right now, which is fantastic," Wong said. "She knows my mannerisms, the way I speak, the way I understand things, the way I hear things."

Elzibak said trust is critical.

"You're almost like their right hand," she said. "You learn to read their moves or anticipate what they're going to ask you to do, or be a step ahead to help the doctor be more efficient and help the practice run well. The end goal for everyone is you want the patient care to be the best it can be."

The physician assistant is specifically trained to be an extension of the MD, using the same skills to assess, diagnose and treat patients, but all under the supervision of a licensed physician.

The idea is to improve care without driving up costs, by having assistants take care of the routine aspects of a physician's work, freeing doctors to concentrate on more complex aspects of care.

"They can speed things up significantly," said John Cunnington, director of McMaster's physician assistant program.

He uses the analogy of a plumber who can only fix one tap at a time, and gets more done by hiring an assistant, overseeing all the work and doing the hard parts himself.

In an emergency room setting, he said, that can mean the assistant stitching a routine cut so a doctor can spend more time looking at a head injury.

PAs have long been part of the Canadian military's medical service, and have been at work in civilian care in Manitoba since 1984, but the inaugural McMaster class is the first to be trained at an Ontario university. The only other university program in the province is at U of T.

The McMaster training follows the same small-group, problem-based learning model the university uses for training doctors, and most of the same information, but in condensed form.

McMaster's accelerated physician training is 32 months long, while PAs study for 24: half in the university setting, half in the field.

Wong had worked in the States before setting up his Hamilton practice, and returned to Canada convinced that physician assistants make medicine better.

His clinic is now involved in a research study to measure the change since Elzibak arrived, but he said he already knows his practice is caring for more patients and giving each one more attention than before.

Elzibak, now 23, had been planning a career somewhere in medicine, but wanted one that offered a more balanced lifestyle than that of a physician.

"I knew I wanted to be in health care. I just didn't know which route I wanted to take to be in health care," she said. "What attracted me most was the fact that you get to be in a clinical setting, you're interacting with patients, and at the same time, you're applying the foundations of medicine, but without necessarily having to go through the traditional medical school route," she said.

Simply getting into the physician assistant program was an accomplishment in itself. There were 250 applications for 21 places in the first class, a success rate of one in 12. That compares with this year's 3,548 applications for 203 spaces in the university's MD program, or one in nearly 18.

Today, all 21 members of Elzibak's inaugural class are working in the field, six of them in Hamilton. They all had jobs within two months of graduating, suggesting a strong demand for their services.

The union representing Ontario nurses is also familiar with that demand, but thinks nurses and nurse practitioners should be the ones to fill it, not physician assistants.

Linda Haslam-Stroud, president of the [Ontario Nurses' Association](#), said Ontario's Health Ministry would have done better to push colleges and universities to increase the number of spaces for nurses, since they are directly accountable for the quality of their care.

"I would suggest to you that the nurse practitioner can do (most), if not all of what a physician assistant is doing, and here's the difference: a nurse practitioner is regulated," she said. "We have to answer to minimum standards. We have to answer to our registration, to our college, and we have to answer to our patients and the public."

She questions whether bringing in PAs, who receive a minimum annual salary of \$75,000, is the best value, since many earn more than nurse practitioners, who are registered nurses with extended qualifications.

"Why do we even have physician assistants?" she said. "We have nurse practitioners who can actually do more than a physician assistant and are regulated, and we have a pretty clear guarantee of quality care for our patients."

Physician assistants are regulated indirectly, at least for the time being. Their performance comes under the umbrella of their supervising physicians through existing legislation.

Cunnington said explorations are under way that could bring physician assistants into the [Ontario College of Physicians and Surgeons](#), in a model that would be similar to Manitoba's.

Cunnington agrees there is some overlap in the work of nurse practitioners and physician assistants, but he draws a clear line between their roles.

"Nurses are not assistants to physicians," he says, pointing out that nurses provide care independently, usually within teams, sometimes in their own practices, while physician assistants operate specifically under the supervision of doctors.

whemsworth@thespec.com

905-526-3254



Physician assistants give MD's a hand. Dr. Ivan Wong and physician assistant Ohood Elzibak talk to a patient at their Victoria Avenue practice. Kaz Novak/The Hamilton Spectator Source: The Hamilton Spectator