

## Limitations

I recently finished a week on the hospital service. During that week I had no office responsibilities and only 25 - 30 inpatients to consume my 12-hour days. Actually, the summer doldrums seem to be hitting the hospital and with the “snowbirds” out of town, the week was tolerable.

As I have done for years, I agree to precept for medical professionals that are gaining experience in pulmonary and critical care. This week I had the opportunity to mentor one of the professionals that will soon be providing primary care, in my opinion, to the infirmed citizens of the United States of America.

Of course, you know I am referring to nurse practitioners. Over the past 30-plus years, I have been a preceptor to physician assistants, nurses, nurse practitioners, medical students, residents, and fellows. All possess one similar trait; they are like “puppies.” They are enthusiastic, want to learn and are excited with any bit of new insight that can be provided. Mostly they all have the raw skills and tools of the trade but don't have the experience. It really is rewarding to see them hear things and see the gleam in their eyes when some point they have been told to remember now, all of a sudden, makes sense!

The only difference is their experience. Physicians have a decided advantage in that they have, in most cases, been provided with basic physiologic background in order to understand patho-physiology. To me, this is essential and should be stressed more aggressively in medical education.

Experience is a great teacher as we all understand (well, maybe not Medicare). The group of students noted above is no exception. The PA has the most practical experience but the least background which leads to the physician supervision requirements. Most are like military corpsmen. Nurses have often a sparse background but soon receive a baptism of fire with reference to experience. While talking to one of my practitioner students and a PhD nursing administrator about nursing schools, it seems less emphasis is being placed on medicine while greater importance is stressed on administration and legal compliance. This is not a good approach in my estimation. Nursing core education is vulnerable to deterioration.

Most nurses that are driven to the next level, nurse practitioner, are often a rare breed. Most had the potential to a more advanced degree but were held back by family of financial instability. Most slowly assimilated experience and maintained the desire to want to understand what they see. Some, but not all, have worked their way up the ladder. Our nurse practitioner started as a respiratory therapist, then to nursing school, then critical care certification, then to nurse practitioner school, and now to certification as nurse clinical specialist. One of the most important things these nurses have learned is their limitations. Most successful nurse practitioners do know their limitations. Often, some of the residents and fellows have a difficult time recognizing that illusive point and admitting it.

Over the next few years I truly think the primary care physician will be squeezed out of practice for multiple reasons and most assuredly financial. Nurse practitioners seem to be multiplying quickly. The option to increase their salary 50 - 100% or more and work in a protected environment is appealing to these individuals. Nurse practitioner access at local supermarkets will offer quick access minor care, triage services, simple physical exam requirements, screenings and immunization. This may occur while you spouse shops for your evening meal!

The above opinion is controversial and should be controversial. Unfortunately, I feel that nurse practitioners are the wave of the future in medicine. I am not convinced this is the best option but with the down turn in the physicians available and the practice models in medicine, nurse practitioners are becoming a viable option. As I mentioned above, most have the determination and drive to achieve what many young physicians no longer are willing to work for. Physicians beware; nurse practitioners can practice independently by law. We are going to have to look seriously at how to deal with these changes. We need to maintain control over the practice of medicine and not allow other types of providers to practice with out oversight. If we ignore this trend, we will continue to see significant changes in the practice of medicine.

Think about this point. Do you agree or disagree? Let us hear from you.

**Jud Tillinghast, M.D.**  
**President**

Comments are welcome at *MCMS@medical-society.com*