Introduction to Heartline and Paula Drevis

Welcome to Heartline, Changemaking in Healthcare. I'm your host, Dr. Andrea Austin, a board-certified emergency physician, physician development coach, and educator.

After years on the front lines, I've learned that real change in healthcare starts within. Each episode invites you to explore the inner work that unlocks clarity and bold leadership, because healing systems through changemaking begins with following our heartlines.

I am so excited today to have Paula Drevis with me. She is a master certified physician coach. She's passionate about helping healthcare providers reconnect with what matters most, envision bold futures and design lives they truly love, a firm believer that every provider deserves to feel empowered, valued, and fulfilled.

She creates a safe, supportive space for reflection, clarity, and growth. She completed her coach training at the Physician Coaching Institute. We are actually classmates in the same cohort of coaching.

And that's how I first got to know Paula. And we've gotten to know each other a lot more through a very exciting nonprofit that she has founded called the Provider Coach Project.

And I'm on their board of directors. And so I thought today would be a really great day to talk to Paula about all of the changemaking work that she's doing and especially how it relates to coaching.

So Paula, welcome to the podcast. Thank you so much, Andrea. So excited to be here with you. So we focus on changemaking. And when was the first moment that you recognized that you were a health care changemaker?

So I was 13. I was a candy striper in my local community hospital back in Astoria, Queens. in New York and I was assigned to the medical floors to empty out the pink plastic water jugs and make the beds.

We didn't have housekeeping making beds back then. And after my first shift, I went into the volunteer office and I asked for an immediate transfer to the emergency department.

I said, there's not enough action going on around here. There's not enough people that need my help here. I need to go to the emergency department. And I've been working in the ER ever since.

Wow. I think you've set a record for the earliest change making moment. That is so inspiring. So it goes all the way back to middle school for you. Yeah, it sounds corny, but it truly was a calling back then.

I mean, I was 13. I didn't know about the physician associate profession. I was doctors and nurses and I knew I wanted to be a doctor. I knew I wanted to help people get better.

And I wanted to be in the ER where they're at their most vulnerable and where I can make the biggest impact in their life. So I've been in the ER ever since.

Wow.

Early Calling to Emergency Medicine

So you spent quite a few years as a physician associate and can you walk the listeners through what your professional mix looks like now and what your career has been like?

Yeah, I've been a PA for the past 33 years and mostly emergency medicine my entire career. The big advantage of

being a PA is you can change practices and change specialties and so Along the way, I've done orthopedics.

I've done internal medicine. I've had like 15 years of internal medicine. I've done teaching at PA schools. I've worked in urgent care. When I turned 50, I went back to grad school and I got my MBA because I knew I wanted to go into more of an administrative leadership role.

And so currently I'm working for carbon health urgent care. as a medical director for their Los Angeles practice in Echo Park in Pasadena. And I left the emergency department officially this past Monday, actually.

That was a big month. Wow. Congratulations. That's a lot of years in the emergency department. And, you know, I think you've been working in emergency departments for how many years?

Did you say 33? 33. 33. What's changed in your career? Oh gosh, I mean, we've become corporate, obviously. In the beginning, there were no metrics and a lot has changed for the better, obviously, but it's become a business.

When I started practicing, there was no mention in PA school or in the hospital setting, there was no mention about the metrics and the business side of medicine.

Even in internal medicine, you know, you hang up your shingle, the patients come, you get paid, you make a living, everything is good. Now it's all these rules and regulations that you have to live by in order to get paid.

And obviously, the insurance companies are deciding what we're getting paid. So we don't spend as much time with the patients anymore. And it's become more of a business.

And I think a lot of the listeners, you know, we discussed quite a bit this tension between going back to school or not. And so you did go back and you got an MBA.

PA Career Growth and the Shift in Healthcare

Can you walk listeners through how you made that decision and what your reflections are about that experience Sure recognizing that medicine has become a business and There's a reason for that too We do need to understand how to run a business how to make money how to keep afloat in order to provide the service for our patients and not go out of business because then the community suffers being a PA and is a little more difficult, not impossible, but a little more difficult for PAs to go into leadership roles without that added training.

And different PAs are finding different ways of doing it. I chose to take the MBA route in order to have more of a background and an understanding of the business aspects of medicine.

And it's helped me in the prior urgent care that I worked, I became director of operations and then associate medical director. And then now in this practice at Carbon Health, I'm a medical director.

And I think the other thing that is hard for listeners and certainly when we're coaching clients is there's this tension and you started off with the beginning of the interview saying medicine used to be just put a shingle on your door and the patients came and then it's changed.

And for a lot of us, we just thought our careers were going to be taking care of patients. And it's becoming more clear for a variety of reasons that that may not be the route that everyone wants to do.

And so when you look back on your career, it's different. I think then maybe somebody that's in finance and in business and you take the next job and you climb up the corporate ladder, maybe it's starting to become more like that.

But what are some reflections that you have about that balance between planning your career and also that spontaneity and being open to new things? Sure.

think the most important thing I can say is listen to your heart and Never say never because you don't know where life is gonna take you again when I started out I was 13 I wanted to become a doctor and then in college I was pre-med I was English major writing major English literature and pre-med but I knew I wanted to go to med school until my Junior year of college when I discovered the PA profession and then I said well This is gonna get me to do what I want to do faster This is gonna get me to my patients faster and I won't have the same debt The timeline is a lot shorter.

So I went the PA route. I didn't plan for it. It just happened and throughout my career all I wanted was to see patients I wanted to work in the ER forever and then at some point I said okay this is great but now I want to see what happens after they leave the office I want to take more time with them I want to really get to know them and so I went into internal medicine I didn't plan it it just kind of fell in my lap so I think You can still practice medicine if you don't want to become corporate or if you don't want to deal with the corporate side, the business aspect, you can still practice medicine and do a great job.

But I wanted to follow that route at some point in my career because I wanted to affect more change on a bigger scale. And that's why I went into business school and got my MBA degree.

But not everyone's going to do it. So if each of us just follows our heart and our passion, we can't go wrong. It'll lead us down the path that we're meant to take.

I really, really like that because I think we get very used to a linear path. You graduate undergrad. Now I'm in PA school or I'm in med school and then I do residency and then I take this job.

I'm associate medical director and then I'll become medical director. And that can be a lot of pressure. on people to just keep going to the next thing.

Yeah, but it's not for everyone. Not everyone wants to become associate director or medical director, right? Some people go into teaching. I recently had a coaching session with a young woman who's a UCLA college student.

She's pre-PA. She wants to go into PA school and she wanted to just pick my brain and ask some questions and she feels like she wants to go into education.

So I don't know how long her clinical career will be, nor does she. After she graduates from UCLA, goes to PA school, she may go straight into education if that's what she wants, medical education.

So there are still different career paths that we can take. I think personally, I enjoyed having options and not being feeling stuck in that linear path like you mentioned.

Why limit yourself? Yeah, absolutely. When did coaching enter the story for you? So I was working for an urgent care practice, the one prior to carbon health, and the urgent care is connected with a family practice group.

Choosing an MBA and Expanding into Leadership

And one of the physicians in the family practice group sent an email out to all of us saying, Hey, I just became a physician coach and I need practice hours.

Does anybody want to practice with me, you know, being my client and immediately replied. Yes. I said, Oh, this is like a free therapy session or something.

I said, I'll take it. There's always something to talk about. And so I took it and I had no idea what coaching was at the time, obviously. And she had me sign the coaching agreement right there from the start, even though it was practice.

She went through the steps and it was a 45 minute session. We did it via zoom. It was during COVID. And I walked away from there and I said, Oh my God, what just happened?

Because obviously coaching is not about the coach giving you advice. It's not mentoring. It's not them telling you how to do what you want to do. It's about you discovering your own answers.

And I had the aha moment at the end to the issue that we were talking about. And I said, this is brilliant. I said, I want to do this for others. And that led me to PCI.

Yeah. I think that's a very common story is like, once your eyes have been opened, I think most of us just have this response of, ah, I wish it had been sooner in my career.

Oh my God. Oh my God. And even after we got into it, when we became coaches ourselves, looking back again, my 33 year year career, how could it have been different?

How much better would it have been for me if I had a coach when I was considering PA school versus medical school? Maybe I would have taken the medical school route if I had coaching or when I was struggling in PA school.

balancing life with school life, or when I was struggling with ER burnout, having a coach back then, I mean, it would have been huge. And there were traces, there were hints of coaching, I believe, at one of the big institutions, it's now Northwell Health in New York, back then it was Long Island Jewish Hospital.

They had a Training program, I think it was more, again, along the lines of corporate, if you wanted to be an administrator or go into administration.

But coaching was kind of hinted at the time, but there wasn't much awareness around it or much advertising, which is part of what we're doing with the providers coach project is bringing awareness.

to the profession of coaching, to the availability of it. Yeah. It's so important. You think about how much healthcare has changed and how much pressure healthcare professionals are under right now.

I don't know how we're going to do it without coaching. It seems like the faster we all get to coaching, then a lot of these different problems, I think we have a real shot at solving them.

Yeah. Obviously the answers are, we're going to get through it together. One person alone cannot fix this problem. We're going to get through it together and coaching alone is not the fix.

Obviously there are systemic fixes that need to be put in place. But the reason why coaching, I think is a big part of it is because nobody knows better what you should do than you.

Those answers that you're looking for within you and coaching guide you through the weeds, so to speak, to get to those answers, because the answers lie within us.

And how empowering are those aha moments when we figure out what our next step is going to be. It's very powerful. So you're not looking to someone else for answers.

You're finding them from within. I think that's so powerful.

How Coaching Entered the Story

Yeah, I just coached a few clients recently and, you know, we ask common things in coaching about values, about what you want your life to look like if you're on your last day and you're looking back, what you want your legacy to be, like these big questions.

And it's interesting how many people are just like, whoa, I've never thought about that. And these are physicians and other healthcare professionals that like deal with death.

So it's not like a mystery that we're all potentially, we're going to go through this. So I just think it's so fascinating that for so many of us, we're moving at such a rate of speed that we, without coaching, when are you asking these big questions?

Exactly. And who has the answers to those big questions? We all have them inside of us. No outside advisor or mentor or teacher is going to tell you what your values are.

We sometimes forget. And that's the value of coaching is reminding ourselves in school. We went through the values clarification and I reminded myself what's important to me.

But yeah, we have the answers to those questions, those big questions. Let's talk a little bit more since you brought it up about the provider coach project.

What is it? How did you come up with it? So in a nutshell, when we were all graduating from PCI, we were each talking about what path we want to take with this new education and new certification.

and many of us like yourself wanted to bring it into the institution and coach within a wellness program perhaps some had already established wellness programs or others were going to begin you know Nancy and Gita they were beginning their wellness programs within their institutions and again like yourself also wanted to become entrepreneurs and take that route I had a personal experience as a coachee that made me work to do this for others without the financial barriers of coaching for two reasons.

I want to bring awareness as a group. I want us to bring awareness to the medical profession that coaching exists, that it's there to help them, that they're not alone.

And I wanted to do it also as a stepping stone to other paid coaches. You know, we provide kind of one of their called coaching sessions where we have multiple coaches and you book a session.

It's kind of around Robin and you don't know which coach you're going to get. And so that allows you to have a coaching session, but it doesn't give you the opportunity to have the same coach for a longer arc.

If the topic is more complex, whereas if you end up loving the idea of coaching and you have the means to pay for a private coach, you know, this is an introduction to coaching and then you can seek your own coach.

But I wanted to take away the financial barriers behind it because I wanted to make it accessible to med students and PA students and nurses and PAs or residents, you know, people who maybe they don't have the means to pay for a private coach and maybe they don't need to pay for a longer arc, you know, a 10 session.

Coaching program, let's say maybe they just need to have one conversation to deal with one topic at the time And so I wanted to be able to provide Wow I mean that's just so inspiring because I think the number one reason I hear people Resist coaching is the cost.

So now we've really removed that Yeah. Yeah. I hesitated and I spoke to a lot of people about this to get advice. I don't want to do this to take away from the value of paid coaching, the value of having an experienced coach and the time that you're going to spend with that coach diving deep into topics.

You know, there's huge value in that. And eventually when the med student graduates and becomes a doctor or the PA student graduates, maybe they will Come across some extra cash or they'll use their CME funds There's lots of different ways of funding coaching and they'll choose to take advantage of that opportunity There's huge benefit from it.

So I don't mean to take away from the value of those paid coaches I just wanted to bring awareness again to the coaching profession and available.

Why Coaching Matters in Healthcare

Yeah, I mean to me I think As healthcare professionals, a lot of us naturally understand the value of continuity. We also understand the value of a drop-in.

You know, if you've got a big life event, career event, dropping in for a coaching session is probably better than not. Getting coaching just like if you have a laceration, it's better to go to the urgent care.

You don't need to go to your plastic surgeon necessarily. But then all of us also understand and I can attest as somebody who still gets coached. You know, I recently reached back out to my coach Sheree.

And I really didn't want to be coached by anyone else. And it's not that I don't think other people, I think there's tons of other qualified coaches, but I knew there was a continuity and that she had seen me in enough other circumstances.

We didn't have to do any of the history part. There's always a certain amount of context that you have to drop into a coaching session. And I just didn't have the energy to do that.

I didn't want to start over with anyone. So I completely echo what you say that having this option is really important. And I think a good way to get people familiar with it and to try it, you know, if you've been on the fence, you're like, I don't know, I don't want to pay for it.

Well, then just try it. What's the worst that'll happen? And then you may, like many of us, have one session and go, well, I'm not going to do medicines too hard right now.

I'm not going to do it without a coach. You know, why would a pro athlete has like six coaches, right? for us that are trying to save lives having one coach in our corner honestly makes a lot of sense.

Yeah, yeah. Hi everyone, it's Dr. Andrea Austin. If you've been feeling stretched thin or wondering who you've become in the middle of practicing medicine, Recalibrate might be exactly what you need.

This program creates identity level transformation for doctors because every single participant still practices clinical medicine, yet many have reshaped their careers, their schedules, and their sense of purpose through what they've learned here.

I'm very excited to be co-facilitating the 2026 cohort with the incredible Cherie Johnson, and we've redesigned the program to fit real physician lives.

There are two-hour group sessions twice a month from January 29th through July 2nd, every other Thursday from 3 to 5 p.m. We only have a few spots left and if you've been wanting to work with me individually, this will be the only way you can do it through spring of 2025. Yes, my personal coaching practice is fully booked and I'll only be taking on new clients if you're in the Recalibrate program.

If you want to take your growth even deeper, you can also register for the Heart of Medicine, our once-in-a-lifetime immersive conference in Australia.

a perfect capstone to their calibrate journey. It's unlike any professional event you've ever attended, and I'm really excited for the listeners of this podcast to join me in Australia.

Learn more and register at coachingfordoctors.net.au. You may also email me at andrea at andreaaustinmd.com for more information. And within the providers coach project, we have multiple coaches and they each have their own nuance and they each come from a different background and have their own, you know, uniqueness about themselves.

So I love that too. I've been coached as we had to do as part of our training, you know, we coached each other. So I kind of have my favorites too of who I want to talk to about certain topics.

And so there's definite value in being coached by different people, but When you have a specific problem, you know who to go to and like you said having your coach who knows you and who knows Your background is priceless.

And so again, this project is not meant to take away from the paid coaches. They're very valuable It's just meant to add to it. Similar to medicine, when PAs first came around, the doctors were in an uproar and saying, oh, they're looking to take our business away.

And obviously that is farthest from the truth. And now every doctor has their PA or two PAs or three PAs, you know, and the profession is much more welcome now.

And then when urgent came around, the ER said, oh, they can't go to urgent care. They need to come to the ER. and now we wish more patients would go to urgent care so i'm hoping the same thing with us that more and more coaches will appreciate you know the providers coach project for wanting to bring awareness to their invaluable professional yeah i mean for me what it really comes down to is like avoiding this scarcity mindset and we fall into it a lot in healthcare that the pie is only this big and I'm really worried that this person's slice of the pie is encroaching on mine instead of thinking like, wow, look at all the suffering that's happening in the healthcare community.

Founding the Provider Coach Project

And think how many physicians and nurses and PAs and NPs there are in the country and students That's a lot of people that would benefit from coaching and we don't have enough coaches for that right now.

And life goes on and we're living longer and there are more and more problems in healthcare and I feel like this is just an extension. You know, we all went into medicine with the same goal of helping people, right?

That's the common thread. wanting to do good and as i'm getting older and you know far from retirement but still thinking about how do i want to you know this kind of close to the last phase of my career what do i want to do and even beyond retirement i still have this desire and this energy to give back when i'm maybe i'll end up volunteering in a hospital someday but by coaching others and giving back to the profession I love.

It's just a really, really fulfilling way that I found I can provide this service and give back to others and help them along the way. Because again, we didn't have coaches when we were starting out our healthcare careers.

Lord knows we needed them. Yeah, I mean, it's wild to me. You know, I've been talking to so many medical students right now because we're in interview season.

And, you know, you think back to that period of time when you're selecting a residency program. What a perfect time for coaching, right? I mean, you talk to some of these students about how did you make this decision?

And in some ways, for some people, it feels very random. Or for a primary care specialty like emergency medicine or family medicine or internal medicine, it's like, well, I like a little bit of everything.

This just kind of seems like the right one. And then mid-career physicians sometimes, you know, it's like, wow, there might have been a better specialty based on your personality, your strengths, your values, but they didn't have a coach to help them unlock that.

And so I kind of feel like as a medical educator at this point, to not have a coaching session for picking a specialty is almost like the equivalent, I'm gonna say it, I'm gonna say something controversial, medical education malpractice.

I honestly think we need to find a way. It's negligence. How do we let these, I mean, think about these students. They're coming out with $100,000, $250,000, $300,000 of debt.

and we let them pick a specialty and we don't at least give them an hour's time with a certified coach to explore that

a little bit. Like, I'm saying that out loud right now.

I'm just like, what are we doing? Yeah, yeah, and again, it's a deeply personal decision many decisions that we make through our career They're personal only we know within us what we need to do if we dive into that if we take the time to explore our values and explore our goals and our desires and Life is so busy many of us don't take the time to reflect and to explore and so coaching kind of forces you to do that it allows you the space and the time You know, how do we start each session?

We just take a breath. We just pray. And do you do not like laughing because like, let's do one right now. Let's demonstrate. Let's take a breath. Like my goodness.

Like you think about how frenetic our clinical environments are and like how controversial, how counterculture and you take a breath, take a moment for yourself.

You're not constantly on full speed ahead. Constantly thinking constantly looking constantly listening. You need that Gosh, you just reminded me. I remember being a resident.

I was in this emergency department that was like notoriously like crazy, very, very busy. And I had like, sometimes as a learner, even at this phase in my life, you just get flooded.

You're just like done. Like, whoa, eventually your body just stops you. Like I need to stop for a minute, take a deep breath and refocus. And this attending looked at me and he said, don't you ever stop.

He was like, you have to be constantly moving. He's like, I don't care what you're doing, go check on another patient, be documenting. He's like, you can't stop, not even for a second.

And at the time, I remember thinking like, You're nuts. Like, this is not, but that's the culture. Yeah. Yeah. So that's why we opened up Provider's Coach Project to students because we're hoping, and I'm reaching out through LinkedIn and other connections, reaching out to the education programs, the med schools, the PA schools, the nursing schools, to try to incorporate coaching or at least start the conversation.

Even if it's not through Provider's Coach Project, maybe they develop their internal program of coaching, but to just incorporate this into their program so that it's the norm.

It's the expected norm and not something foreign or not a luxury, you know, to those who pay for it. I mean, I think I'm going to put it out here because let's face it, medical schools, PA schools don't do anything without accreditation standards.

And I think where we need to get to is coaching needs to be part of an accreditation standard. And in the meantime, for medical students, I'd encourage you To start looking, PA students, does your school have an internal coaching program?

There are some that do. I recently looked at a position that had posted at an institution that they were hiring an assistant dean or associate dean and the title was primarily coaching.

And developing their internal coaching. So I think it's happening. But I think the more we can keep talking that this isn't a luxury. This is people's lives.

They've invested, you know, six figures into their education. And along with the coaching and, you know, something we learned about in PCI that I think has a lot of power.

And I'm actually thinking about this for my incoming residents is I want them to do the disk assessment. What was your experience? Well, first, let's take a step back and talk a little bit for the audience about what the disk assessment is.

Coaching, Access, and the Value of Continuity

I mean, it's basically an assessment to determine, I guess, your style of communication, not only to reflect on your style, but also to learn tools and tips and ways of better communicating with those who are of other communication style from yourself, for instance, so it's di SC D is for kind of a dominant type of traits.

I is for influencer. S is for steadiness and C is compliant. Yeah. And so what I took out of when we did the disc assessment at PCI, what I learned the most was how to communicate with people who are opposite me or different from me.

Because you know I'm mostly D and some I and I have no problem communicating with other DS or other eyes But people who are more s or more see where you're a little opposite it helped me Open my eyes and helped me Understand ways of better communicating with them, which was very valuable And I think it's a great tool to use in teens not just as an individual But to open it up to your whole group to the residents in your program So they know and we can tell each other what we are, you know I'm a di someone else is an SC or si and we can learn how to better communicate how we Communicate to them and what we expect from them as well what we would appreciate from them Yeah, such a game-changer for me because I think we all friction Conflict is inevitable.

And so what it did for me is when, you know, now I have a conflict, I'm much quicker on my good days. I'm not going to say it's all the time, but on a good day to be like, Oh, this is an S and a C.

So for me being a D and an I, I like to make decisions and I like to move quickly and you know, if I can charm you while we're doing it, great. But the S and the C that's like, what's the details?

What's the 10 point plan? How are we making sure this like dots every I, crosses every T? Instead of thinking this is a person that wants to slow me down and they're a big jerk This is just a person that sees the world differently not worse.

Just differently Yeah, I needed to see in my life at all times You know, my husband is an SC. It's very funny. So we always say we're so opposite but thank God, you know Thank God and the things that I learned from PCI and from coaching have really helped communication at home, too.

You know, it's not just communication as a coach with my client, but it's helped me with communication with my husband. It's helped me with communication with my patients as well.

Yeah, a lot of value that we learned from coaching. Well, as we begin to wind down and do some rapid fire questions before we do that, is there anything else you'd like to share about the provider coach project with the audience?

No, again, I think we talked about it, about wanting to bring awareness to the profession of coaching, wanting to start early from medical school, PA school, nursing school, and just in general, medicine is hard.

COVID kicked our asses. There was a lot of psychological issues, which coaching is not. therapy, it's not mental health issues, but it just brought awareness that we need help, we need to lean on each other for help.

And it really fueled me and made me very passionate about wanting to bring this awareness that coaching exists and that we don't have to navigate through this career in medicine alone.

We don't have to give up on the career in medicine unless we really want to unless we find a different passion, of course, but many people end up walking away from their careers because they don't know how to navigate through it.

Reach out to your coach or reach out to us And we'll help you walk through it and decide your next steps. You know, no one should go in. Absolutely. We've said it a million times, but it's worth saying, and no one should go at it alone.

And then I'd also highlight what Sheree shares with me. And I love working with Sheree since she's a psychologist and a coach. Coaching is not therapy, but it is therapeutic.

And that is one. Yeah. Right? It's worth saying. It's therapeutic. It feels good. And that therapeutic effect can be just being heard. And then there's so many other things.

As we move to the rapid fire, what's your favorite book that you would recommend for the audience related to leadership and change making or coaching?

My god, okay.

Bringing Coaching into Training Programs

It's probably not what anyone else has said and I don't know if you're gonna like my answer but Jen Sincero you are a badass I just love that book and it's not a typical leadership book but it's an empowering book and she goes into it learning your why getting to know yourself getting to know what makes you tick and Pushing away all the nonsense and pushing away all the haters got a hate you got to do what you have to do So yeah, Jen sincerely badass and then what's a mantra that you return to when things get tough?

Okay, my husband and I say this all the time Leave it on the table Jefferson So Jefferson Fisher, I discovered him accidentally through Mel Robbins on a podcast and I started listening to him and I bought his book.

And he has a saying, leave it on the table, Jefferson. Sometimes you just got to walk away from a certain situation and not let it eat you up inside. Oh, there's a lot of those in healthcare.

That is a really, really good one. What's giving you hope? We talked about some hard things with healthcare. Yeah. What's giving me hope. So recently at Carbon Health, we started an urgent care fellowship and seeing these new grad nurse practitioners and PAs and the excitement they have.

for practicing medicine, which it reminds me of the excitement I had 33 years ago and the excitement I had when I was 13 and wanting to be transferred to the ER, the next generation.

That's what gives me hope. I'm going to ask you one more question. You just mentioned something, PA and nurse practitioners and I work with both. And I think it's very interesting about being a physician.

And I'm sure you know this already that physicians almost never get any training about working with advanced practice providers. It's very rare. Some systems do some type of training related to it, or at least they give you a few expectations, like this is what we expect of you when you work with an APP, but many provide none.

So now as a medical director that works with PAs and NPs, What would you say the similarities are and differences are and like advice to somebody working with a new NP versus a new PA?

Do you treat them exactly the same or are there some differences? So number one, they're not your competition. PAs are not doctors competitions. NPs are not PAs competitions.

We're all in it for the same purpose. We want to serve our patients, our communities. We want to make people's lives better. So we're all a team. Just like the nurses are part of the team, the medical assistants are part of the team, the x-ray techs are part of the team.

So don't think of PAs or NPs as your competition. We're not here to take your job away. You cannot be replaced. We are not here to replace you. We're part of the team.

As far as the training, there are differences between the trainings that PAs get versus nurse practitioners. These are just facts. It's not my opinion.

PAs are trained in the medical model. We learn from mostly the same textbooks that physicians do, and we learn all the different practices, whether the different subspecialties, whether it's medicine, gynecology, GYN, pediatrics, orthopedics.

We learn how to read EKGs, how to read x-rays. The medicine is the same. What medical students learn and what PAs learn. Our training is an abridged version of medical school.

And then obviously we don't do a residency. The first four years working as a PA that's your residency. You're learning on the job nurse Practitioners are obviously nurses first and either they have worked as an RN and have that nursing experience or they go straight to NP school and they do learn medicine as well, but their tracks are varied they can be a primary care nurse practitioner, adult nurse practitioner, and they're limited.

So I believe the adult nurse practitioner can't see children under a certain age. They're not trained to see pediatrics. So the training is different.

Their entry level knowledge base is different. But in the ER, for example, or in urgent care in the end the product once they complete, you know, if they go through a fellowship program like ours, or if you teach them on the job.

After a good six months to a year, the product is going to be very similar. You're going to have a licensed and trained professional who's trained to perform certain tasks, depending on the specialty.

DISC Communication Styles and Teamwork

We keep talking about ER. they're going to be trained to perform those tasks to the best of their abilities and then you keep them in line with certain standards that the ER has certain expectations and they have to fulfill those expectations.

So what I'm really hearing is talk to people, find out what their background was, what their educational experience, and I'll say there is a difference for me for somebody who went from undergrad straight into NP school versus somebody that practiced in a specialty of nursing for 10 years and then is an NP in that specialty.

And that's not judgment. It's just again to use language. It's factual. It's a different experience. Well, of course they work as a nurse. So number one, they know how to talk to people.

They know how to interview patients. That's a huge skill. They get comfortable with kids, you know how to interview kids, how to examine kids. The medicine comes later, you know, the NP who's been a nurse when they come out of NP school, they're still limited because they're still in the nursing mindset.

So it takes a while. Like I said, if they go through a fellowship program, that would be a huge service to them. And I'm so proud that carbon health is providing this fellowship program for urgent care.

But they'll come out of school and they'll still be in a nursing mindset. So there's a learning curve, you know, there's a lot more experience on the job training that nurse practitioners need, even if they've had that nursing background, but they definitely have a huge plus in already knowing how to interview and approach the patient.

I think that was really helpful and I would just encourage the leaders out there to be deliberate, be thoughtful in the way you're onboarding everyone, whether it's a physician in your organization or an NP or PA, and then also be mindful about communicating those expectations in the way that you're building those teams.

because I think there's just a lot going on. And so I really appreciate that you're in the leadership role that you are with your experiences and that you're also weaving in the coaching mindset as well.

So Paula, thanks for that bonus. I know we went totally off script. This was such a pleasure speaking with you. Can I just say I'm in awe of you. The more I learn about you, the more I hear about you, the more I observe from you.

I'm just amazed at everything you do. Your energy, even after your injury, you're just so strong and such a change maker. You know, I am just in awe of you.

Rapid Fire Reflections and Closing Thoughts

So I feel so blessed that you're on our board of directors. And then I have, you know, let you. Just thank you for coming into me. I'm officially blushing.

It's a real honor to be on this board and I'm excited. Actually, I'd love to keep talking with you and figure out how we can do more outreach. Cause I want to move the needle on this.

I think the best part about this podcast is sometimes we manifest things and it's not just going up into the air because we. Do the work behind it. So I think I've got my marching orders We've got to get some accreditation standards changed that coaching is not a nice to have we need it right now Absolutely.

Absolutely. Thank you so much Andrea Thanks for listening to Heartline, Changemaking, and Healthcare. If you're ready to deepen your own inner work or want to bring these conversations into your organization, visit andreaaustinmd.com.

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If you're an organization interested in supporting the wellbeing of your people, I'd love to connect on innovative solutions. Schedule a strategy session at andreaaustinmd.com.