

# Advancing the APP's Career – A Surgeon's Perspective

MVSS 2024

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**MCW Surgery**  
*knowledge changing life*

# Developing APP Career Pathways

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- ❑ We really aren't very good at this
- ❑ Background of our division
- ❑ They always come back
- ❑ Satisfaction/Engagement
- ❑ Tailoring career goals – highlight a few individuals
- ❑ Pathways in academic and non-academic practices

# Disclosure

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**We have almost no defined APP career pathways at MCW!!!**

**This is dry. Feel free to stop me and ask questions.**

# Our division...2009

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- ❑ 4 faculty covering 4 clinical sites
- ❑ 1 APP (Deb Lanza, NP/RVT, clinic only)
- ❑ 3 admin assistants and one part-time division manager
- ❑ 2 clinic nurses, one RN coordinator, 3 RVT in vascular lab
- ❑ OR “block time” 3 days/week
- ❑ 350 bed hospital with **30 general surgery residents**
- ❑ 2 fellows (1/year)

# Our division...2024

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- ❑ 13 faculty covering 7 clinical sites
- ❑ 13 APPs
  - ❑ 3 full-time with independent clinics, 7 inpatient (one hybrid)
  - ❑ 1 vein clinic, 1 VA inpatient, 1 community hospital inpatient
  - ❑ Adding 3 inpatient and 1 clinic
- ❑ 7 AA, 1 full-time senior DA, 1 full-time program manager, 2 surgery schedulers, one full-time research RN
- ❑ 5 clinic nurses, 3 MA, one manager, one service line director
- ❑ 2 OR (hybrid) every day, average utilization 101%
- ❑ 850+ bed hospital, **30 general surgery residents**
- ❑ 3 fellows (alternating 2/1 per year)

# What changed?

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- ❑ Community surgeons cutting back on vascular
- ❑ Health system consolidation
- ❑ Took over dialysis access from transplant surgery
- ❑ Improving quality
  - ❑ Top 1% mortality/morbidity in VQI and Vizient
  - ❑ Top decile Medicare CMI, top decile LOS, top quartile readmissions
- ❑ Hospital tripled in size with no change in housestaff complement
- ❑ Average daily census from 6.9 -> 20.1
- ❑ Shifting of workforce to APPs allowed all of this!

# How we do it

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- This will be different for everyone
- Clinic
  - APPs independent – wound care, LTFU (carotid/PAD/aortic)
  - Each APP helps support physicians, referrals, etc
  - All templates >95% full all the time
  - Vein clinic NP does procedures (sclerotherapy)
- Inpatient
  - 7a-11p M-F, 7a-5p Sa/Su/holidays
  - Moving to 24/7/365 in-house coverage with additional staff
  - No differentiation b/w NP/PA
  - Incentive pay for extra shifts during leave, etc (started with COVID and has continued)

# Nothing's perfect

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## Steve Robischon PA-C

- SVS APP steering committee, works with Audible Bleeding
- Left our inpatient service for outpatient oncology for family reasons
- Called 2 months later asking to come back
- Designed a new outpatient position

## Courtney Johnson PA-C

- Left for private practice position – I gave her 6 months – personal reasons
- Called after 18 months asking to come back
- Designed new position supporting access practice – hybrid inpatient/outpatient/OR  
– as happy as I have ever seen her

## Make it so they want to come back.



# Career Development - Background

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- APPs are not attending physicians
- APPs are not residents
- APPs are not medical students
- APPs are smart, independent people who want to have new challenges in their careers and things to look forward to!
- We stink at providing feedback and mentorship a lot of the time
- Keeping people engaged is the key to career satisfaction

# Career Development - Academic

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- Shift of work from housestaff to APPs – very intentional in many institutions
- Focus on individual talents – one size does not fit all
- “Terminal degree” and promotion
- Teaching
- Research
- Clinical work
  - wRVU models
  - “The intangibles”
  - Focus on the quality data! It will improve with APPs at the helm

# Steve

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- ❑ Originally inpatient only
- ❑ Left for family issues
- ❑ Came back months later, now with us for almost **15** years
- ❑ What changed?
  - ❑ Outpatient work allowed better schedule flexibility
  - ❑ Engagement with MVSS APP section
  - ❑ SVS APP section
  - ❑ Ultimately manager role
  - ❑ No research or teaching interest (beyond occasional APP student)
  - ❑ Highest capacity for work of anyone that I have known

# Chrystal

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- ❑ 8 years now
- ❑ Moving along academic pathway
  - ❑ DNP – we supported
  - ❑ Teaching NP courses at local university
  - ❑ Research – aortic dissection/trauma
  - ❑ Working with medical students, APP students
- ❑ Ultimately will be assistant professor
- ❑ Promotion along same pathway as faculty / same requirements

# Laura

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- No major teaching or research/academic promotion interest
- Interested in quality of care
  - Pain management pathway
  - Aortic dissection pathway
  - CEA pathway
  - VQI reviews with quality office staff
- Inpatient manager role – deferred to by APPs with 25+ years experience
- Working group on inpatient APP premium pay

# Engagement

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- ❑ Can't force someone to write or teach
- ❑ Focus on strengths and expanding interests
- ❑ Promote independence and let people struggle a little!
  - ❑ Hard to get young faculty buy-in for this
- ❑ Frequent discussions about satisfaction
  - ❑ I meet with all APPs quarterly
  - ❑ Separate yearly meeting for goal setting/EMERGE
  - ❑ Conflicts of some kind are universal, usually with junior faculty/fellows, but are also usually minor
- ❑ Ask what they want – don't put a square peg in a round hole
- ❑ Giving someone a project that is non-productive is worse than having no project

# Retention

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- ❑ Pay attention to your local market
- ❑ Set clear expectations for call, weekends, additional shifts/days, and reimbursement for such
- ❑ Don't let your department pay new grads more than established APPs
- ❑ This is a workforce of largely women of child-bearing age – need to accommodate family commitments
- ❑ Expand horizons – new opportunities are everywhere
  - ❑ Medical informatics
  - ❑ P/T committees
  - ❑ Leadership roles in departments/hospitals
  - ❑ Education

# Challenges (or... “opportunities”)

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- ❑ Pay scale – know the local and regional market
  - ❑ People talk
- ❑ Retention can be harder than recruitment
- ❑ Young group – need for family leave (have to have redundancy)
- ❑ Relationship with learners
- ❑ Continuously keeping people satisfied and engaged – we have a hard job and a challenging patient population



# The Future

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- ❑ **Defined pathways for leadership**
  - ❑ APP governance
  - ❑ Teaching/research commitments
  - ❑ Ancillary services (P and T, informatics, etc)
- ❑ **Defining the undefinable – work that isn't captured in a wRVU model**
- ❑ **You might all think that you have the best group of APPs in the country, but sorry you don't. I do.**

in conclusion, i have absolutely no  
idea what i'm talking about.



**Thank you!**