

DEPARTMENTAL CASE STUDY

This exemplifies one potential leadership structure for a department within a hospital or health system.

“Smith Academic Medical Center”

- Top ranked academic medical center
- Level I Trauma Center
- Approximately 60,000 visits per year
- 40+ PAs staff ED, observation unit, and urgent care
- Nursing Union

There are three levels of management within the department of emergency medicine. There are several PA Coordinators, each of whom are designated a specific task or area such as PA new hire onboarding or PA/ medical students.

Each PA Coordinator rolls up to two Chief PAs, who roll up to a PA Director for the emergency department. That PA Director reports directly to the Department Chairman but has a dotted line to the Director of PA Services for the hospital.

Pros

- Allows for more PA involvement and multiple levels of leadership within one department
- Allows for managerial latitude such as managing direct reports, ability to hire and fire from a leadership role based on performance (but they may still remain in their PA clinical role), mentorship, resume building, and task delegation

Potentially FTE neutral positions

- Coordinators are salary neutral but receive small bonus compensation for additional work. In some hospitals, bonuses are at departmental discretion, while salary increases involve HR approval.
- Chief PAs/Leads and PA Director receive salary increases (% based).

Challenges

- Standalone leadership structure, unlike other departments

Considerations for Applicability

Due to nursing union regulations, nurses and NPs report up through the Chief Nursing Officer while PAs report up through the Chief Medical Officer. Having two siloed reporting structures creates managerial challenges within departments such as pay equity, scheduling, hiring process, and promotional tracks.

