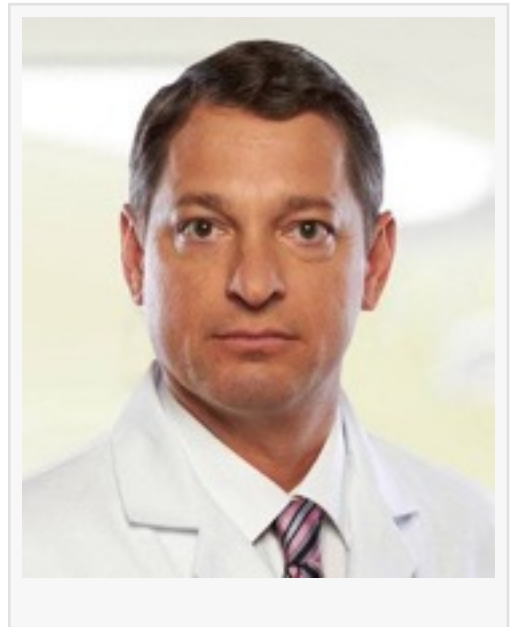


# Physicians' Absence in Emergency Room NP Decision-Making

*Study reveals that NP's in the ER use more resources and achieve less favorable outcomes compared to physicians, emphasizing the importance of experience*

SANTA BARBARA, CALIFORNIA, UNITED STATES, November 7, 2023 /EINPresswire.com/ -- "We find that, compared to physicians, NPs (nurse practitioners) use more medical resources: They require longer lengths of stay and incur higher costs. Yet, they achieve less favorable patient outcomes as measured by 30-day preventable hospitalizations" ... David Chan, Jr., Working Paper 30608, National Bureau of Economic Research ([https://www.nber.org/system/files/working\\_papers/w30608/w30608.pdf](https://www.nber.org/system/files/working_papers/w30608/w30608.pdf)).



[Greg Vigna, MD, JD, national malpractice attorney](#), "There are various points of care that are critical to rendering safe and effective care in the hospital setting. Clearly, the emergency room is on the top of the list as the basic decision as to which patients require emergent diagnostic studies are made, as well as which patients require admission for diagnoses and which patients require emergent surgeries to prevent neurological loss for patients who present with spinal infections, cauda equina syndrome, stroke, and sepsis. The results of this study should not come as a surprise, as the current training requirements of nurse practitioners are poor when compared to the training of physicians."

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NP's in the workforce with a lack of real-life patient care is dangerous and needs to be offset by the requirement that NP's gain experience at the bedside providing care as registered nurses (RN)."

*Greg Vigna, MD, JD*

What else did the study show?

"We show that experience may play a role in the NP-physician gap in some (though not all) outcomes.

We show NP responses to lower skill in their clinical decision-making, in calling on external resources and setting prescription thresholds; these responses, in turn, manifest as lower productivity.

We show that the NP effect is larger for more complex and severe patients, suggesting a comparative disadvantage for NPs in treating these patients”

Experience Matters NP vs. Physician, by the American Medical Association:

- 1) Physicians complete between 12,000 and 16,000 hours of total patient care hours. NPs provided 500-750 hours.
- 2) Years of Residency/Fellowship training: Physicians: 3-7 years, NPs are not required.

Dr. Vigna explains, “The nursing profession needs to recognize that many of their most talented are bypassing the bedside and going directly into Nurse Practitioner. This pathway is draining the nursing pool talent that is required at the bedside and is leading to never-event type outcomes including serious Stage 3 and Stage 4 decubitus ulcers. Nurse Practitioners who are flooding the workforce with the lack of real-life patient care is dangerous and needs to be offset by the requirement that Nurse Practitioners gain the needed experience at the bedside providing care as a registered nurse (RN).”

Dr. Vigna continues, “Clearly, if a Nurse Practitioner wants to provide emergency room care as a career choice, they should spend four years providing emergency room care as an RN in an ICU. You can’t replace real-life experience with a paper certificate that can be had online.”

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care, sepsis, and neurological injury. Dr. Vigna is available for legal consultation for families and patients who have suffered severe injuries due to hospital-related negligence. The [Vigna Law Group](#), along with Ben C. Martin, Esq., of the Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, jointly prosecute hospital malpractice and nursing home neglect cases, nationwide.

Resources:

<https://www.ama-assn.org/practice-management/scope-practice/3-year-study-nps-ed-worse-outcomes-higher-costs>

[https://www.nber.org/system/files/working\\_papers/w30608/w30608.pdf](https://www.nber.org/system/files/working_papers/w30608/w30608.pdf)

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