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Strategic Recommendations for New PAs entering the Workforce in 2020-2025 –

A Literature Review

By

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Augsburg University

INTRODUCTION:

The physician assistant profession celebrated its 50th Anniversary in 2017 with 106,200 jobs in the US market, earning a median salary of \$106,000[1,2]. There are multiple factors that have contributed to the success of physician assistants (PAs) across the country, some of which include their training, lateral mobility, and continuing demand for medical practitioners. Becoming a PA is challenging and demands substantial academic and financial investments [3]. However, the road to success for a new PA after graduation still has its obstacles such as the competition with the large number of nurse practitioners, the ever-changing demands of medicine and the health care market, and many more. These factors can create stress and anxiety for new PAs who are applying for their first professional jobs. According to Forbes, anxiety can lessen the ability for thoughtful preparations and for formulating intelligent and in-depth questions during a job interview. Furthermore, anxiety can reduce drive and resilience while increasing pessimistic thinking following rejections [4]. With insightful and well-informed preparations, new PAs can gain a competitive edge and become more desirable to employers when compared to their peers and their direct competitors - nurse practitioners. This paper aims to combine available literature on the physician assistant profession as well as business concepts, especially those in innovation, to provide new PAs with strategic recommendations for seeking employment, for the years 2020-2025 by answering the following questions:

1. How can a new PA convince an employer to hire him/her instead of a nurse practitioner (NP)?
2. Which considerations should new PAs have when applying for or accepting their first job?
3. How can a new PA provide value to an employer that are beyond the scope of their medical practice?

METHOD

The author enrolled in Augsburg University, Master of Business Administration's MBA 596: Managing Innovation – an 8-week long course in the summer of 2018. Materials and assignments from this course were collectively used to comprise the business and innovation portion of the recommendations in this literature review.

For the literature, peer-reviewed articles were found by using the PubMed search engine. Keywords used were “physician assistants”, “nurse practitioners”, “physician extenders”, “advanced medical providers”, and “primary care”. Forty-three articles with keywords were discovered, and ten were included in this review due to their relevance to the topic. Most articles and data about PAs and NPs are from the United States, with one exception of a qualitative study from the Netherlands. Another criterion for inclusion was the topics of the studies, and articles were chosen if they examined or discussed the differences between PAs and NPs, the market trends and demands for PAs, the wage differences and projections for the profession, and the current strengths and weaknesses of the PAs in 2018.

Other non-peer-reviewed sources include the AAPA 2017 Salary Report, the PA Workforce update in 2017 by the PAEA (Physician Assistant Education Association), and other articles on the American Academy of Physician Assistants (AAPA) website.

DISCLAIMER

The author has no disclosure or disclaimer.

DISCUSSION

Physician Assistants vs. Nurse Practitioners in the Job Market

Though only one year older than the physician assistant profession, in 2017, there were twice as many nurse practitioners (NPs) as there were PAs (234,000:106,200) [1]. Both professions

provide the US health care market with mid-level, advanced medical practitioners who can provide quality services for their patients and bring in reliable revenue for their employers. With the numbers stacked against them, new PAs must be resourceful and knowledgeable in advocating for themselves and the profession during an interview with a potential employer. This can be accomplished through strategic preparations and understanding the effectiveness of PAs when contrasted with NPs.

Overall effectiveness of PAs vs NPs

Physician Assistants are trained in the medical model, which includes curricula in medical science and behavioral and mental health [5]. They are also well-versed in critical thinking and medical decision making. Nurse practitioners provide care that may be similar to the care provided by PAs, but are trained in a nursing model and therefore have a different approach to practicing medicine. The nursing model focuses on health and wellness promotion, disease prevention, health education, and counseling in addition to health assessment, diagnosis, and treatment [5]. However, differences in training are not enough to create a strong argument for choosing to hire a PA. For example, a qualitative study in the Netherlands examined the factors influencing general practitioners' decisions in hiring a PA vs an NP. The researchers found that employers' previous experience with each profession and the legislations regarding them have a considerable impact on their hiring decisions and practices [6]. Interviewees must be able to concisely describe their profession, answer questions with evidence-based responses, drawing on well-conducted studies to substantiate their position.

A 2018 research study examined the effectiveness of PAs and NPs in managing patients with Diabetes Mellitus Type 2 (DMII) and cardiovascular diseases (CVD) in the Veteran Affairs (VA) system's outpatient settings by measuring outcomes in treatments received by patients. The

results showed that though there are more NPs than PAs within the VA system, they are equal in the effectiveness of their treatment for patients with chronic diseases.

Another interesting finding from this study is that nurse practitioners recently received a favorable decision from the VA system. The decision expanded the NPs' scope of practice and left it at the discretion of each individual facility to determine the level of physician supervision [7]. PAs can benefit from the same decision to grant them more autonomy in team setting and a decrease in administrative burden. Expanding their scope of practice should be a high priority for PAs, as well as having an understanding and agreement of their designated role within the organization that they are looking to work for.

Physician Assistants and their roles in the market

A 2014 study by Everett et al looked at a large, national physician group which employed many PAs and NPs at various hospitals and clinics to care for Medicare patients with diabetes in the United States. The study split the PAs and NPs' duties into seven roles and matched them with their clinical practice. Beyond showing that NPs and PAs were effective in managing diabetic patients for this physician group, the study found that PAs serve, on average, four roles within their practice, of which were mostly supplementary roles [8]. It suggested that these roles were most likely the results of the negotiations between the PAs/NPs and their supervising physicians. More importantly, it concluded that due to serving many supplementary roles, PAs and NPs in this particular group were not functioning at the upper limit of their scope of practice. It is important to understand and meet the demands of an organization; however, new PAs should ask questions to learn about the roles they are expected to fill within the health system or physician group and try to negotiate for those that would yield a competitive wage and higher job satisfaction along

with professional fulfillment. It would also be beneficial to negotiate for autonomy along with roles during an interview as these are intertwined [5,8].

For employers new to hiring PAs, they have to consider multiple factors like the professional comparability of PAs and their current physicians as well as the cost vs benefits of adding on the services of a PA [5,8]. New PAs should provide concrete evidence of the profession's contributions to the growing need for medical providers, especially in primary care, to persuade employers to hire them. Hooker and Everett recognized the need for such a study and they addressed just that in their 2012 review [9]. This literature review asked: "To what extent do PAs contribute to effective, safe and efficient team-based primary care?" The authors discovered that the majority of PAs in rural settings practice primary care and perform similarly to their physician counterparts [9]. PAs are both cost-effective and beneficial to employers from a labor perspective as they order the same amount of laboratory tests and imaging or less when compared to physicians, yet they deliver the same quality of care [10]. In most cases, PAs order resources and treatment similarly to physicians per visit, but the total cost is more economical, in part due to the physician assistants' lower salary [8,9]. Cost-saving is always a focus within any organization; therefore, detailing how a PA can aid with cost-saving measures while providing quality services to patients can be a helpful in securing a job.

Physician Assistants vs Nurse Practitioners with regards to Return of Investment

A comparative analysis in 2017, published in the Journal of the American Academy of Physician Assistants (JAAPA), examined the return of investment (ROI) for advanced medical practice degrees of PAs, NPs, and registered nurses (RNs). With their calculation, adjusted and controlled for inflation and interest rates of student loans, the authors concluded that PAs have the highest return of investment than NPs and RNs [10]. There was not a significant difference in ROI

between RNs and NPs due to added tuition, the time out of the workforce for training, and less amount of time working as a provider. This barrier may influence an RN's decision to remain in their current position instead of becoming an NP [10]. This information can be used in multiple ways by new PAs as they prepare to enter the workforce. First, this may mean that there will not be as much of an output of NPs in the near future as RNs may make different choices for their careers based on their ROI. Secondly, PAs might argue that since they have more years to spend in the workforce as advanced medical practitioners, they have more time to gain experience, hone their skills, and have more loyalty to the organization that hires them.

As mentioned above, new PAs face may face higher stress and anxiety after graduation and before finding employment. Financial stressors include, the cost of obtaining certification and license to work in their states and student loan repayments. Since the return on investment for PAs is high, new graduates can rest assured that their early financial obligations can be easily offset in the long run. They should not let anxiety steer them towards less desirable employment opportunities, or away from seeking ways to best demonstrate they are an excellent candidate during their job interviews.

Physician Assistants and Specialty Selection

In addition to setting themselves apart from the nurse practitioners when entering the workforce, new physician assistants should also know what job characteristics constitute the best fit for their skills and professional interests beyond simply meeting their personal interest in a certain specialty. In 2017, PAs held more jobs in specialties (especially in surgery) than in primary care, a statement speaking both to the demand for PAs and the diversification of the profession [3] Choosing the correct specialty requires a certain degree of discernment and consideration, and this

section aims to provide recommendations for job selection based on reports of salary, job satisfaction, professional fulfillment, and challenges that might be specific to certain specialties.

One of such challenges are burn out rates among working PAs. According to a report by the American Academy of Physician Assistants in 2018, physician assistants in Emergency Medicine have the highest rate of burnout, followed by internal medicine and primary care respectively [11]. Multiple factors contribute to this result such as heavy workload, administrative burden, etc. This is particularly important for new PAs who wish to enter Emergency Medicine for their first job as they are at risk of getting burned out too early in their career based on the current reported burnout rate [11]. The report also shows that PAs within their first five to nine years of working scored the highest on measures of burnout such as feeling exhausted at work, feeling interpersonally disengaged, or feeling completely burned out [11]. The specialties that report the least amount of burnout are the pediatric subspecialties. However, PAs working in pediatric subspecialties report having the lowest level of professional fulfillment while those in Emergency Medicine have the highest. These factors can contribute to the level of stress that a PA is under, and as of 2017, one in eight PAs said that they were currently considering quitting their jobs due to stress [3,11]. For PAs who changed specialty in 2016, their top three reasons were, respectively: better work/life balance, better compensations and benefits, and moved [3]. Understanding the current challenges that PAs are facing within their specialties is crucial in strategically choosing a career that would set them up for future success as well as personal and professional fulfillment.

Physician Assistants and wages

The AAPA reported the median salary for PAs in 2017 was \$106,000 [2] For those in specialties, this number was even higher. PAs in Emergency Medicine at the 90th percentile in

Minnesota reported earning \$201,000 in 2017, while PAs of the same percentile of earning in surgical subspecialties in Washington reported \$157,000 [12]. These are some examples of promising and encouraging trends of PAs' salary. The AAPA 2017 Salary Report showed that in just one year, PAs' median base salary increased by 5.2% and median hourly wage increased by 9.1% [12]. Quella et al, reported physician assistants' wages had exceeded inflation for the 14-year period between 2000 and 2013, and the demand for PAs is predicted to exceed supply well into 2025 [13].

The literature review revealed investigations into the gender wage gap within the PA profession. The AAPA 2017 Salary Report points out that the mean base salary differed by 7% between male and female PAs, even after factors such as years of practice, number of hours worked, bonuses, specialties, and whether or not the PA was in a leadership position or owned part of the practice [12]. The PA Workforce Update 2017 by the Smith reports that in 2016 male PAs earned an average of \$7,985 more than their female counterparts (after other variables were adjusted for) and that males were more likely to receive bonuses based on survey responses [2]. These findings agree with those in the study by Smith et al in 2016 which examined the AAPA salary report from 2009. In this study, the multivariate analysis shows the gender wage gap to be \$9,536. The deficits become larger for female PAs between the age of 30 and 50 and even worse for those PAs in their 50s [14]. An analysis of the gender differences in physician pay by Sasser in 2005 noted that female physicians made a tradeoff between career and family by entering specialties that were compatible with their family responsibilities and by working fewer hours than male physicians [15]. The author argued that the same goes for physician assistants. Though the wage gap has decreased since 2009, there are still variables yet to be discovered [12,14]. One factor that can help explain the difference in wage may be the time that female PAs have to take

off from work to attend to their pregnancy and the duties that come along with it. These career interruptions pause female career development while male counterparts continue to advance. This is especially true for male PAs who work on the same team as the female PAs on maternal leave [14]. Female PAs may also be more likely to relocate to accommodate a male partner's employment, and depending on the new location, there may or may not be the same level of pay for the female PA [14].

Interestingly enough, the study by Smith et al in 2016 found no significant differences in salary between minority and white PAs [14]. African American PAs did as well as their White, Hispanic, and Asian colleagues. Hispanic PAs do financially well in almost all areas in the country. The few exceptions are attributed to regional variations, namely the mountainous regions and the D.C. area.

Physician assistants and wage negotiation

It is apparent that new PAs will likely enter a favorable market within the next five years. The wages are high and have endured through inflation and even a recession in 2008 [12]. Therefore, they should not hesitate to negotiate their wages and benefit packages with their employers, especially female PAs as data has repeatedly shown that they are facing a wage gap [2,11]. New PAs should review reports on the current earnings of their colleagues in the same specialty, state, and with a similar level of work experience (those who have 1-3 years of work experience). The AAPA salary report can be helpful, as well as other sources such as the Bureau of Labor Statistics website. Negotiating a salary, if done correctly, is not the same as being confrontational. With concrete evidence and conviction, new PAs can encourage their future employers to help narrow the current wage gap by agreeing upon a fair wage for their employees. Furthermore, negotiating a fair starting wage can have long lasting effects on a PA's career. Future

raises and bonuses are commonly determined based on their starting salaries. If PAs decide to change jobs, their new salaries will most likely be influenced by their previous one. The compounding effects of the starting wage are tremendous and therefore should not be taken lightly.

Physician Assistants and Business Innovation

Management teams of hospitals and large health systems require their leaders to be well-versed in both medicine and business. These leaders understand that the yearly viability of their organizations depends on their ability to innovate. As the national demand and expectations for more efficient and affordable health care continue to expand, it is important for health care systems to be competitive with one another in. These can range from patient care and services, safety, procedures and techniques, etc. The global market has become increasingly competitive, and companies that choose not to keep up with their innovation will most likely go out of business [16]. This section examines ways by which companies typically manage their innovations and provide basic strategies for new physician assistants to be receptive to their organization's changes in order to become more essential to their employers, which subsequently helps boost their job security, positions, and salaries.

Innovation Portfolio and Businesses

Many companies, regardless of size, have a variation of what Nagji called an "Innovation Portfolio" [16]. A department that is designed specifically for innovative work within the company can have different names based on their scope of practice (R&D, for example); however, they all have an innovation portfolio to help keep track of what the company's focus is regarding innovation, what the resources are allocated for, what the other teams are doing with their own innovative work, and what the customers are expecting of the company's products [16]. For most

companies, the main focuses of innovation can be broken down to three categories: core, adjacent, and transformational.

Core innovations are those made to optimize existing products for existing customers that are essential to improve or maintain interest, satisfaction, and customer loyalty. These are often made within companies that are well-established and function on a larger scale and they take up to 70% of the resources allocated for innovation [16] However, they only bring in about 10% of the revenue generated through innovation. For a health system or hospital, a core innovation can be anything from shorter waiting time, faster services, or a decrease in infection rate. Adjacent innovations involve drawing on existing capabilities and turning them into new business ventures. An example of this is Procter and Gamble's Swiffer, which is built on customers' assumption that a proper floor-cleaning tool is a long-handled mop [16] For a diversified industrial company, this type of innovation takes up about 20% of the budget and generates roughly the same amount of revenue. QuickMedx, the predecessor of the CVS' MinuteClinic, is a good example for adjacent innovations in health care. The first centers were opened in the Minneapolis-St Paul area in MN in 2000 as a response to the demand for easier and more accessible health care. The demand for this walk-in convenience led to MinuteClinic's rapid growth and eventually its partnership with CVS Corporation (now CVS Health[®]) in 2004. The new model allowed for fast diagnosis and treatment as well as quick prescriptions preparations and delivery for patients at an affordable cost [17]. The company achieved this partially through utilizing in-house PAs and NPs. By creating a new service based on two existing businesses, CVS Health[®] successfully created an adjacent innovation that helped expanded the MinuteClinic to over 20 states. At the other extreme end lies transformational innovation. As the name suggests, this type of innovation produces a product that is market-changing and revolutionizes the way people live their lives, such as the smart phone or

Andreas Grüntzig's balloon angioplasty [18]. Transformational innovations do not happen often and do not always receive significant funding and resources (roughly 10%); however, once they come to fruition, they can bring in about 70% returns of initial investment [16]. Nagji points out that not every company or organization follow the 70:20:10 ratio with their innovation portfolio. For example, leading consumer goods companies that tend to invest more in core innovation and very little in transformational innovation as a business strategy, will tend more towards "Play not to lose" rather than "Play to win" at this stage [16]. On the other hand, a mid-staged technology firm will spend less resources on improving their core products (which are most likely few in number) and diverts most of it towards adjacent or transformational innovations in order to create their breakthrough product.

Physician Assistants and Innovation – A Step Ahead

Physician assistants have medical training. However, unless they choose to obtain further education in business administration or management, the business aspect of medicine would be unfamiliar to them. With the duties at their workplace and the demand to keep up with medical literature and practice guidelines while maintaining a healthy work/life balance, PAs will likely find it challenging to venture into the world of business. However, having a basic understanding of how their hospitals or health systems develop new ways to create revenue and knowing when to jump on board can make a difference in their careers. Seeking ways to improve core products or processes at their workplace can be beneficial for PAs who work for large systems (the VA, for example). Adjacent innovations are, for the most part, the most common within the medical world as there are countless opportunities for organizations to expand and create new services or products based on what they already have. As PAs gain experience, they should strive to develop a fresh, proprietary insight into customer needs, demand and technology trends, market structure,

competitive dynamics, and other market variables so that when the opportunity arise, they can pitch their idea to shareholders of the hospitals/health systems and hopefully develop a new adjacent innovation. Some examples of feasible participation in adjacent innovations for PAs include taking part in the opening of a specialty clinic (like the QuickMedx clinics in the early 2000s) or co-authoring in a research study that aims to find a new way to manage or treat a disease or develop a new technique. Transformational innovations in medicine may be hard to come by for PAs, unless they are directly involved with the research and development activities of their organization. PAs should look for opportunities to develop revolutionary change to both the currently available products and customer experience. Practicing medicine consumes significant effort and energy; however, if PAs understand how to take the right risks to support innovations for the future of healthcare, their careers could be launched into a new level of success.

CONCLUSION

The current climate of job market favors the physician assistant profession, and the trends indicate that it will continue to do so well into the near future. These opportunities do not come without challenges from other factors facing the market, and new PAs need to be aware of them and work to find ways to actively compete against them. Understanding the effectiveness and efficiency of their profession and how they perform when pitched against NPs in medicine can help PAs secure a job with an employer who are choosing between hiring one and not the other. Once hired, being involved with the innovation portfolio within their organizations, can help open new opportunities for PAs to build their careers.

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APPENDIX:

Table 1. Types of innovation and their definitions

Type of innovation	Definition
Core	Optimizing existing products for existing customers that are essential to improve or maintain interest, satisfaction, and customer loyalty
Adjacent	Utilizing existing capabilities to create new products or services
Transformational	Developing breakthroughs in products or processes that are new and game-changing to the market

Table 2. Examples of innovation in the general and health care markets

Type of innovation	General Market	Health care Market
Core	Improved fuel economy for vehicles	Improved wait time Improved infection rate
Adjacent	P&G’s Swiffer Amazon’s one-click shopping	CVS MinuteClinic Digital droplet PCR
Transformational	Netflix online streaming services 3M Post-It notes	Balloon angioplasty The TIPS procedure



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