PLEASE REVIEW THE FOLLOWING CASES BEFORE THE PRESENTATION
AND BE PREPARED TO DISCUSS

Case #1: The Breaking Point: A Case Study in Healthcare Provider Well-being

PA Sarah Chen was nearing the end of her third consecutive night shift in the emergency department. The department had been severely understaffed due to a Covid and Influenza outbreak among personnel. As she walked through the dimly lit corridor at 5 AM, her department chief intercepted her.

"I know you're exhausted, Sarah," the chief said sympathetically, noting her colleague's disheveled appearance and dark circles under her eyes, "but we've got a critical trauma case coming in. I need you to stay an extra hour to help stabilize the patient before heading home."

After the conversation, PA Chen retreated to the lounge. Alone, she removed a prescription bottle from her bag - Modafinil tablets (Schedule IV: Stimulant) that another PA had offered her "for emergencies." Despite her previous reservations about using prescription stimulants, she took one pill, then after a moment's hesitation, a second.

Case #2: Between Protocol and Practice: A Case Study in Pain Management Decision-Making

PA Maya Patel recently joined a busy primary care practice. During her third week, she encounters Mr. Thompson, a 58-year-old patient with a ten-year history of chronic back pain who is requesting a renewal of his monthly oxycodone prescription.

Upon review of Mr. Thompson's medical records, PA Patel notices:

- Limited documentation of previous pain assessments
- No recent imaging studies
- No documented attempts at alternative pain management strategies
- No record of a pain management agreement
- No recent urine drug screens

During the examination, Dr. Patel observes that Mr. Thompson's reported pain levels seem inconsistent with his physical presentation. She discusses her concerns with Dr. Roberts, the collaborating physician, recommending a comprehensive pain management evaluation before continuing opioid therapy.

Without reviewing the patient's chart, Dr. Roberts dismisses her concerns: "He's been a patient here for years. Just renew the prescription - we don't want to create problems with a stable patient."

Case #3: The Hallway Prescription: A Case Study in Professional Boundaries

PA Bob Williams, at Riverside Family Practice, is walking through the medical office building's lobby at the end of his clinic day when he encounters his close friend, James. James, appearing distressed, explains that he has all the symptoms of a sinus infection but couldn't keep his scheduled appointment due to an emergency work meeting. He's leaving for an international business trip tomorrow morning.

"I really need help, Bob," James pleads. "I can't travel feeling like this, and I don't have time to go to urgent care. You know my history - I get sinus infections all the time."

Without performing a physical examination or documenting the encounter, PA. Williams writes a prescription for azithromycin on his prescription pad. "This should take care of it," he says, handing over the prescription. "Text me if you don't feel better in a few days."

Case #4 A Question of Documentation: A Case Study in Medical Record Integrity

Emma Simpson, a 28-year-old patient, visits Lakeview Primary Care complaining of dysuria and frequent urination. PA James Martinez, takes her history and based on her symptoms, diagnoses a probable urinary tract infection. He prescribes nitrofurantoin and provides basic care instructions.

While completing his electronic health record (EHR) documentation, PA Martinez uses a templated note. Working quickly between patients, he fails to deselect

several auto-populated examination elements, including documentation of a complete pelvic examination that was never performed.

One week later, Ms. Simpson returns to the clinic reporting worsening symptoms. She sees Rachel Wong, the nurse practitioner, who reviews the previous visit's documentation, including the pelvic exam. When noted to the patient, she proclaims she did not have a pelvic exam. Dr. Wong realizes this conflicts with PA Martinez's documentation claiming a pelvic exam was performed at the previous visit.

Case #5: The Title Dilemma: A Case Study in Professional Identity

Dr. Maria Rodriquez completed her Doctor of Medical Science (DMSc) degree and began practicing as a Physician Associate in rural New Mexico two years ago. She quickly became an integral part of the community health center, known for her compassionate care, cultural sensitivity, and 24/7 availability through the clinic's telehealth platform.

The challenges began subtly:

- Patients, particularly Spanish-speaking community members, consistently referred to her as "*Doctora Maria*"
- Local medical staff, including nurses and technicians, began introducing her as "Dr. Rodriguez"
- The community newspaper featured her in a story about "local physicians serving the underserved"
- Her social media profiles, managed by the clinic's marketing team, didn't clearly specify her role
- Hospital records sometimes listed her as "Dr." in patient documentation

Dr. Rodriguez, concerned about maintaining the strong trust she had built with her patients, particularly those from traditionally underserved communities, found herself hesitating to correct these misunderstandings. She worried that explaining her role might diminish patients' confidence in her care or create barriers in the provider-patient relationship.

The situation came to a head when the state licensing board contacted her regarding a complaint. A patient, after discovering she wasn't a physician, alleged intentional misrepresentation and filed grievances with both the licensing board and the clinic administration.

Case #6 Beyond the Rules: A Case Study in Professional Boundaries

PA Alex Brown, at Riverside Family Practice, is going through a difficult personal transition following a recent divorce. During this period, he begins dating Sarah Martinez, the 25-year-old daughter of Mrs. Elena Martinez, who has been his patient for eight years.

Mrs. Martinez, who has trusted PA Brown with managing her chronic conditions including diabetes and depression, discovers the relationship through social media. Deeply uncomfortable with the situation, she confronts PA Brown during her next appointment. He responds defensively, stating that Sarah is an independent adult, and their relationship has no bearing on his professional care.

Distressed by both the situation and Dr. Chen's dismissive response, Mrs. Martinez files a formal complaint with the state PA regulatory board. After review, the board concludes that while no specific regulations were violated, the situation raises significant ethical concerns about professional boundaries and patient trust.

The case creates tension within the practice as other patients and staff members become aware of the situation. Several of PA Brown’s colleagues express concerns about potential impacts on patient relationships and practice reputation.

Case #7: Signs of Trouble: A Case Study in Provider Impairment

PA Austin Potenza recently joined the practice of Dr. James Miller, a respected cardiologist who has served the Riverside community for 25 years. Dr. Miller's reputation for clinical excellence and patient care has made his practice one of the most sought-after in the region.

Three months into his role, PA Potenza begins noticing concerning changes in Dr. Miller's behavior:

Initial Signs:

- Arriving increasingly late to morning clinics
- Missing important details in patient charts
- Making unusual clinical decisions
- Displaying uncharacteristic irritability with staff
- Canceling procedures last minute

The situation escalates when PA Potenza detects alcohol on Dr. Miller's breath during afternoon rounds. She observes him:

- Slurring words slightly during patient consultations
- Having difficulty with fine motor tasks
- Making documentation errors
- Missing critical lab results
- Becoming defensive when questioned about decisions

After carefully documenting these incidents, PA Potenza discreetly approaches several long-term staff members. Their responses reveal a pattern:

- The office manager acknowledges awareness but fears professional repercussions
- The lead nurse admits to covering for missed appointments
- The hospital's charge nurse confirms similar observations during rounds
- The practice administrator suggests "handling things internally"

PA Potenza attempts to address his concerns directly with Dr. Miller in a private meeting. He responds with hostility:

- Dismisses all concerns as "ridiculous"
- Questions his competence and experience
- Threatens to terminate his employment
- Suggests he's "trying to take over the practice"

Over the next several weeks, the situation deteriorates:

- A nurse reports finding empty alcohol containers in his office
- Two patients complain about his behavior
- A hospital pharmacist notes unusual prescribing patterns
- A surgical nurse reports him being unsteady during procedures

Case #8: Hidden Interests: A Case Study in Professional Disclosure

Dr. Susan Herren, PA-C, maintains dual professional roles:

- Primary position: Medical Science Liaison for BioPharm Solutions
- Secondary role: Frequent speaker at PA continuing education conferences

As part of her compensation package, she participates in the company's employee stock purchase program. Her investment portfolio now includes:

- Significant stock holdings in BioPharm Solutions
- Stock options as part of her benefits package
- Performance bonuses tied to company success

During her presentations to healthcare providers, she:

- Discusses clinical research findings
- Presents drug efficacy data
- Makes therapeutic recommendations
- Answers clinical questions
- Influences prescribing decisions

However, she does not disclose:

- Her financial stake in the company
- Her stock ownership
- Her performance incentives
- Potential conflicts of interest
- Financial relationships

Case #9: The Price of Integrity: A Case Study in Healthcare Billing Ethics

Dr. Michael Torres, a Physician Associate at Cornerstone Family Practice, notices disturbing patterns in the practice's billing procedures:

Observed Issues:

- Routine upcoding of office visits (billing level 4 visits for level 2 encounters)
- Adding procedures that weren't performed
- Billing for complete physical exams when only focused exams were done
- Documentation being altered after his sign-off to support higher billing
- Charging for services provided by medical assistants as if performed by providers

Specific Examples:

- Simple blood pressure checks being billed as comprehensive visits
- Basic medication refills coded as complex decision-making
- Routine follow-ups consistently coded as new patient visits
- Preventive services billed without documentation
- Telephone calls billed as office visits

After documenting these patterns for two weeks, Dr. Torres approaches Linda Matthews, the practice manager, with his concerns. Her response is troubling: "Listen, Michael, this is how we stay profitable. Dr. Anderson (the owner) sets the billing policies, not you. Focus on seeing patients and let us handle the business side. If you're not comfortable, maybe this isn't the right practice for you."
The situation escalates when Dr. Torres discovers:

- His provider number being used to bill for services on his days off

- Patient complaints about unexpected bills
- Insurance company queries about suspicious billing patterns
- Staff being instructed to alter documentation
- Pressure to see more patients with less time