



# Why I got a master's degree

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**W**hy I got a master's degree is because I was afraid. I decided to take the additional course work I needed for the degree because I was afraid that if I didn't, somewhere down the road—when I'm, say, 65 years old—someone would tell me I must have an advanced degree to practice as a PA. (I know that learning gets harder with age.

I didn't want to trust that my deteriorating, 65-year-old brain would perform effectively under the pressure of trying to take the required courses.)

If I didn't love taking care of patients, I would have just ridden it out. I would have assumed that if having a master's degree ever became a requirement to practice as a PA, I would probably be grandfathered (grandmothered?) in. I have more than 35 years of experience as a clinical PA. I figure that being allowed to continue in a new age of required master's degrees should not be a problem. But, that's only a guess on my part.

## Tougher than I thought

I must say that for me, taking the master's courses was not a walk in the park. In the first place, much has changed since my formal education as a PA concluded in 1980. My decision to earn a master's forced me to learn about topics such as evidence-based medicine, the critical analysis of research, research techniques, Healthy People 2010, leadership skills, and ethical dilemmas in film. I would not have elected to attend a CME lecture that covered any of those topics that are outside my specialty.

Fortunately, I took my classes with an open mind, and I did learn a great deal. Distance course work com-

ing from my alma mater let me feel connected to a secure and familiar home base. The teachers were excellent, and my classmates were a pleasure since they were experiencing the same things that I was. (Well, come to think of it, my classmates did not have to experience four hurricanes and the power loss that

came with them. I was frustrated when I had to perform assignments in haste and then rush to shut down the computer because of power surges from storms. I enjoyed my in-class experience at the University of South Florida as much because I had real live people sitting next to me as I did for the content.)

Getting a master's was also a challenge because I

work full time and have twin 17-year-old high-school seniors and a transplant surgeon husband (who is not home much to help around the house). Getting my weekly chores done during evenings and weekends, plus writing papers and participating in online discussions, took a lot of time. I can say that at my age now, I was much more easily distracted while I was taking my courses than I can remember being during my PA program or my residency, and I was frustrated much more easily. I'm sure that my family would confirm that I was pretty obnoxious when a deadline was looming. My supervising physician commented on my "all business" demeanor and was truly relieved when a stressful homework situation was revealed as the cause.

## And maybe not over yet?

I did breathe easier after I pressed the submit button for the last assignment. But my elation was short-lived. About a week later, I opened one of our PA publications to find an article by Jim Cawley (who was one of my teachers during the Yale portion of my PA surgical residency) entitled "Doctorate nurses and credential creep."<sup>1</sup> I wanted to scream! (Picture Mr. Bill and his

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“OH NO!!!”) I had just finished what I thought would be my last round of formal education, but this article reports the recent decision by the nursing profession to transition to doctoral preparation for all advanced practice nurses.

Cawley states, “. . . one of the factors that led the PA profession to move to the master’s degree was that the NP [nurse practitioner] had already established itself on the master’s level, and that in order for PAs to compete successfully with NPs in the medical marketplace, PAs needed to have similar-level preparation.” Based on what I see where I work, I predict that this will be true. It will be true merely on a hiring level, not justified by financial rewards for the number of degrees one may possess.

And what about the confusion that may occur when a PA holds a doctoral degree? Psychologists and doctorate level teachers are called “Doctor.” What would we be called? Doctor PA? (Talk about an ambiguous name!) In what field would we be able to receive a doctorate degree if we just want to be clinical PAs? I think my supervising physician would love to have me do all of her research, even if I have no interest in a specific topic she may want to study.

My master’s courses have been weighted toward teaching me how to use the current literature in the service of my patients and how to do research that has the goal of improving patient care. Only after I completed the courses did I realize how important it was to update and develop my leadership skills and my ability to do research in order to make evidence-based decisions during patient care, and to take the time to assess the medical literature that we see in journals and disseminated by the media.

I do not know if I would pursue a doctorate as a PA. What capabilities would a doctorate degree allow me to acquire, as a dependent practitioner, that I do not currently have? I don’t think that any course I take will be as valuable to me as the skills I have developed and the experience I have gained since my graduation from my surgical residency. What is the point of subjecting myself to the pressure of another academic program when it will not change what I do each day at work? For me, performing well academically also grows less meaningful because of the activities I would have to miss while I complete requirements. I want to be able to travel to the cities where my children will go to college and be there for them.

In his article Cawley states, “In the evolution of the health professions, the desire to obtain advanced degrees as a means of establishing legitimacy and status seems logical and inevitable. . . . It’s also possible that the PA profession could decide to resist the trends of ‘credential creep,’ pledging once again its

linkage . . . to physicians, yet also risking being left behind in the health professions mix.” Well, Jim, I will bask in the glow of my newly earned master’s degree for now. Considering my priorities, a doctorate is back burner material. □

**REFERENCE**

1. Cawley JF. Doctorate nurses and credential creep. *Advance for Physician Assistants*. Nov-Dec 2004;12:20.

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