Physician Assistant Program Directors’ Attitudes, Practices, and Plans Regarding Financial Compensation to Clinical Sites

Original Research Paper Presentation

Gerald Glavaz, DHSc, MPAS, PA-C
Christy Eskes, DHSc, MPA, PA-C

October 18, 2013
Acknowledgments

Dr. Jeffrey Alexander

Dr. Denice Curtis
Purpose

- To clarify PA Program Directors’ attitudes on the topic of paying for clinical sites
- To shed light on current practices and future plans regarding compensation to clinical sites
Background

- PA Program Directors frequently feel pressured into paying clinicians and administrators for clinical sites (Simons, 2010).

- PA Programs that pay preceptors are pressured to recover those funds by raising tuition (Simons, 2010).
Some PA educators believe payments for clinical sites are fair and necessary (Simons, 2010).

Others regard these payments as undermining the traditional altruistic motivations for teaching students (Glavaz & Sivahop, 2011).
Background

- Medical schools that cannot pay for clinical sites report losing sites to programs that pay (Mangan, 2010).
Background

- AMA recently adopted a policy opposing “extraordinary compensation” for clinical training sites that would limit or displace students from other programs (AMA House of Delegates, 2012).

- Lack of a common framework for paying clinical faculty often lead to conflicts between clinical faculty and medical school program administrators (Jones & Gold, 2001).
Rationale & Significance

- The provision of financial compensation to preceptors may potentially improve or worsen the current critical shortage of preceptors and clinical sites (Simons, 2010).

- "the most significant challenge facing expansion of PA education is clinical training sites” (Hanson, 2012, p. 1)

- If programs are unable to expand enrollments because of a preceptor shortage, the PA profession will be unable to respond to the future demands of health care in the U.S. (AAPA-PAEA, 2011).
Rationale & Significance

- Results of this study may provide a clearer picture of how competitive the market for clinical sites and preceptors will be long-term.
Methods: Research Design

- The study design was a quantitative, cross-sectional, descriptive survey.
Methods: Study Participants

- Study participants were the 163 program directors of each PA program granted continuing or provisional accreditation by the ARC-PA.

- Exclusion criteria were limited to PA programs that had been granted probationary status.

- The research protocol was approved by the A.T. Still Institutional Review Board
Methods: Instrumentation

- Preliminary version distributed to PA’s for feedback at ATSU Winter Institute 2012.

- Pilot test of survey was distributed to five PA educators to establish face validity and further refine the instrument.

- Distributed to panel of experts to establish content validity
Methods: Data Collection

Surveys were distributed via e-mail using an e-mail address list provided by the Physician Assistant Education Association.
Data Analysis

- IBM SPSS Statistics (version 21) was used for statistical analysis
- Descriptive statistics such as frequencies and percentages were calculated for all study variables.
Results

Sponsoring Institution (%)

- University: 64.9%
- 4-year college: 18%
- Community College: 5.2%
- Military (0%)
- Hospital (0%)
- Academic Health Center
- Other*: 1.7%

*The sole respondent to this question answered “Medical School”.
Results

Program in Existence (%)

- 1-5 years: 16.9%
- 6-10 years: 3.9%
- 11-20 years: 27.3%
- 21-30 years: 5.2%
- 31 or > years: 46.8%
“I believe that payment for clinical sites is an acceptable practice” (N = 78)
Results

Although most respondents (69.2%) indicated that paying for clinical sites was not an acceptable practice, almost half (42.3%) believed that it would be acceptable to pay if there were standards and definitions for equitable and fair payments.
Results

Respondents were more likely to perceive payments for clinical sites as acceptable when payments are made for administrative costs associated with teaching their students (38.6%) and if clinical sites were in critically underserved areas (35.9%).
Currently
In One Year
In Three Years

Characteristics of Program Payment Practices – Current and Future

Percent of Programs Paying Preceptors

14.3
26
47.4
Results

- Although most respondents (85.7%) indicated that their programs do not currently pay for clinical sites, almost half (47.4%) anticipate that their programs will be paying clinical sites in three years.

- Almost 35% believe that the cost of such payments will be passed on to students in the form of increased tuition.
Discussion

The findings of this study indicate that the prevalence of clinical site payment practices may increase dramatically under conditions where standards and definitions for fair and equitable payments exist.
Discussion

Programs may be expanding their clinical site payment practices due to:

• pressures from administrators and preceptors (61%)
• having lost sites in past year as a result of not paying (65.4%)
• the belief that programs in their areas are paying sites (70.2%)
• the belief that such practices are an effective tool for recruiting and retaining preceptors (25.6%)
Discussion

As PA programs pass on the cost of paying for clinical sites to students in the form of increased tuition, programs risk losing highly qualified applicants from lower income families.
Limitations

- Limited demographic information was collected preventing possible analysis of data by region.
- Self-selection may have introduced some bias as people with strong feelings may have been more likely to respond.
- Survey instrument was unpublished, non-standardized.
Strengths

• High response rate (high degree of validity and generalizability).

• Significant external validity (sample demographics similar to target population)

• This study is the first of its kind to examine PA program director attitudes and future payment plans for clinical sites.
While most program directors believe that paying clinical sites is not an acceptable practice, many are open to making such payments under certain conditions.

Despite concerns that paying for clinical sites may result in monopolies and bidding wars, and students will end up paying for a significant portion of such payments, almost half of all program directors anticipate they will be paying clinical sites in three years.
A future where paying sites is the norm has the potential to change the very culture of PA education. Competition for clinical sites would evolve from its current state where nonfinancial rewards to sites are emphasized to one where financial incentives play a significant role.
Future Study

- Further research is warranted to:
  - further define standards and definitions for fair and equitable payments to clinical sites
  - further explore other sources of pressures to pay for clinical sites from competing stakeholders, such as medical schools and other healthcare professions.


Questions?

Thank You!