Purpose

• The U.S. Bureau of Labor Statistics projected that the growth of physician assistants (PAs) in clinical practice is expected to increase by 26% from 2012 to 2022.¹
• Currently, there are 196 accredited PA programs and another 61 in development.²
• Clinical rotations are an integral part of PA education.⁴
• The national accrediting organization for PA education (ARC-PA) states that programs are expected to provide students with supervised clinical experience that is available to the students to meet program expectations and acquire the competencies needed for clinical PA practice (Standard P4.02).³
• There is an increasing concern among PA programs that it is becoming more difficult to find clinical sites.⁴
• According to a 2013 Physician Assistant Education Association (PAEA) Issue Brief, one of the major issues affecting involves financial compensation.¹

The 29th Annual Report on Physician Assistant Educational Programs in the United States, 2012-2013 reported that 21.7% of all PA programs paid for supervised clinical rotations.¹

The objective of this study was to assess how many PA program directors think there is a shortage of clinical rotation sites for their program, to describe where they encounter competition, and whether they provide payment for clinical rotations.

Methods

Sample: Physician assistant program directors
Instrument: 29-question online survey via Survey Monkey.
Procedure: Email was sent to PA program directors using email addresses obtained from the PAEA Program Faculty Directory in December, 2014.
Four days later a subsequent email was posted on the program directors’ Listserv (pds@lists.paeaonline.org). One week later an email was resent to the program directors who had not responded.

This was followed by a reminder posting on the PA program directors’ Listserv.

Analysis: Two programs were excluded as they did not meet the criteria requiring the responding programs have at least one year of students in matriculation, which was set for the pilot test.

Only pilot testing was used to validate the instrument. Self-report bias is a potential limitation. Response rates were not collected from the survey participants.

Limitations

• PA schools from more than 60 mi away come and take or dilute our students. This is a problem 10 years ago. PA educators were going to more bedside to get real-life experience. Today, they do not have the same opportunities. We are required to pay for rotations, and this is causing a competition with other PA programs.
• The increased number of programs and the non-adherence to state laws regarding state authorization for clinical practice by out of state institutions is a significant concern moving forward.

Conclusion

1. The number of PA programs expands, the relative shortage of preceptors and training sites, as well as competition for those sites, will undoubtedly intensify.
2. Programs that use non-monetary incentives to recruit new sites may be more successful in providing financial compensation, despite philosophical objections. This may add an additional element in competing for securing clinical sites.
3. Additional steps at the program, university, and accreditation level may need to be developed in order to address this growing problem.
4. Further collaboration on an organizational level with the Physician Assistant Education Association (PAEA) and the American Association of Medical Colleges (AAMC) may help improve access to supervised clinical rotations and reduce competition.

References

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