

Credentials and Core Clerkships: *Who's training our PA Students (and does it matter)?*

Elana A. Min¹, W. Patrick Bowden², Laura R. Gerstner³, Jennifer R. Guthrie⁴, Sam Ritchey¹

¹Northwestern University Feinberg School of Medicine PA Program, Chicago, IL, ²Oregon Health and Science University School of Medicine PA Program, Portland, OR, ³Campbell University PA Program, Buies Creek, NC, ⁴Butler University PA Program, Indianapolis, IN

Introduction

Supervised clinical practice experiences (SCPE) are the mainstay of a PA Program's clinical phase. Evaluating the effectiveness of these experiences is one of the primary roles for the clinical education team.

Per the ARC-PA accreditation standards, preceptors may be:

- a) board certified physicians
- b) PAs teamed with board certified physicians or
- c) other licensed health care providers experienced in their area of instruction.

This study compares student-submitted, end-of-rotation evaluation scores for two discrete preceptor groups, MD/DO and APPs, to determine if there is a statistically significant difference in scoring between groups.

Results

43%

of PA student preceptors are Advanced Practice Providers (APPs)

Students Evaluate APP Preceptors Higher than MD/DO Preceptors

Conclusion

- ❖ The data suggest that overall evaluation scores were higher for APP preceptors compared to MD/DO preceptors but was not statistically significant except for one program.
- ❖ The PA profession is unique in that its trainees are often supervised in clinical experiences by non-PA clinicians. Although the majority of preceptors remain MD/DO, with the expansion of PA and NP programs nationally, there is an increase in number of potential APP clinician preceptors for students.
- ❖ Lastly, more research is needed to evaluate additional clerkships (including electives, women's health and behavioral health) and PA programs located in other regions of the country.

Methods

- ❖ Retrospective data analysis
- ❖ SCPE data from three cohorts (2016-2018) from four PA programs (A, B, C, D)
- ❖ Different geographic regions, public and private institutions and those housed within or outside academic medical institutions.

Inclusion criteria were:

- 1) core rotations common across each of the programs (Family medicine/Primary care, Internal medicine, Surgery, Pediatrics, Emergency medicine)
 - 2) sites used a minimum of two times annually
- ❖ Preceptor categories: MD/DO and APP (PA & NP)
 - ❖ Preceptor = provider who spent >50% with the student (1 point given)
 - If equal supervisory representation = 0.50 each
 - ❖ End-of-rotation evaluation descriptive and inferential data were analyzed using SPSS version 25

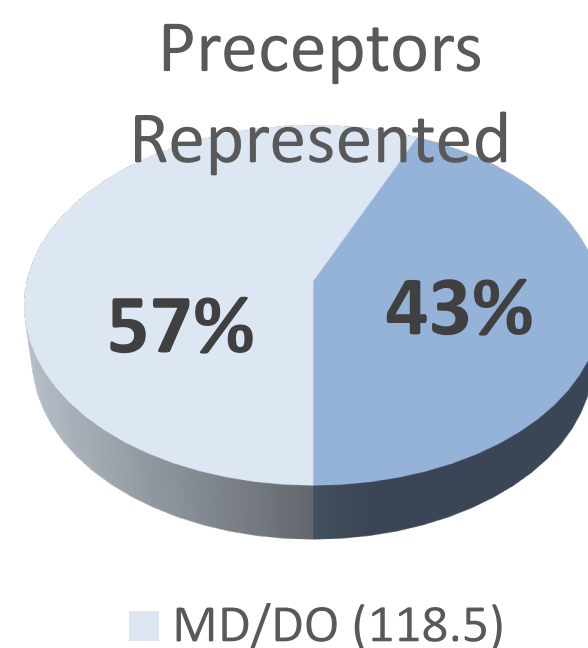
References

Accreditation Standards for Physician Assistant Education. Fourth Edition. <http://www.arc-pa.org/wp-content/uploads/2018/06/Standards-4th-Ed-March-2018.pdf> Last accessed 02/17/2019.

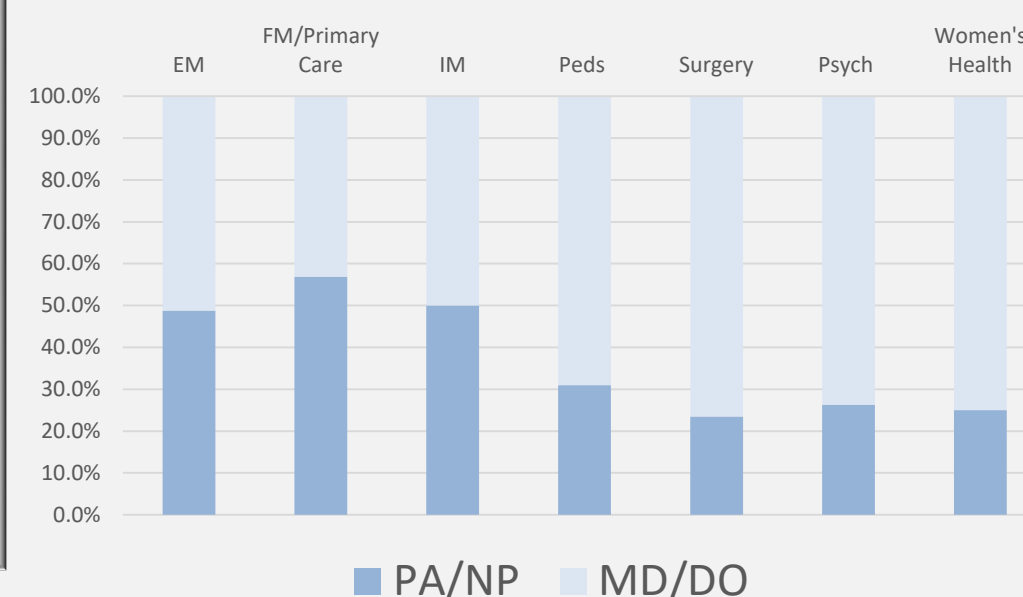
Dereczyk A, Dewitt R. Informed Practice: Students' Clinical Experiences in the Undergraduate Phase of an Accelerated Physician Assistant Program. *JPAE*. 2016; 27(2): 77-80.

Morici BD, Bradford P, Leese J. Investigational overview of supervised clinical practice experiences. *JPAE*. 2017; 28(3): 127-131.

Ward A, McComb S. Precepting: A literature review. *J Prof Nurs*. 2017; 33(5): 314-325.



Specialties Represented



- ❖ Overall evaluation scores (n=209) were higher for APP preceptors compared to MD/DO preceptors, but not found to be statistically significant.
- ❖ Individual program analysis showed higher evaluation scores for APPs vs. MD/DOs in each of the core rotations with a statistically significant difference in program B (p=0.001).

