Formal Postgraduate PA Training
Is it for You?

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Background

- The PA profession was born in the 1960s (Jones, 2007).
- PA undergraduate training programs are based on the medical model of training.
- Post graduate PA specialist training is most commonly on-the-job-training, but formal training programs are available.
Background

- The first formal postgraduate PA program (in surgery) started in 1971 at the Montefiore Medical Center (Polansky, 2007).
- In 1988 there were only seven formal postgraduate PA programs in five different specialties (Polansky, 2007).
- Currently, there are over 50 formal postgraduate PA programs in over 17 specialties (APPAP, 2009).
Background

- Why the significant increase in programs?
  - The growth in the last 10 years has been in part secondary to the Accreditation Council of Graduate Medical Education (ACGME) restriction of residents’ work hours in 2002 (Will, Budavari, Wilkens, Mishark, & Hartsell, 2010).
  - Medical institutions have found that a formal postgraduate PA specialty training program is a cost-effective way to fill the need for specialist PAs as they attempt to fill house staff positions left vacant by residents.
Programs Available Today (APPAP, 2009)

- Surgery (15)
  - Bassett Healthcare Multispecialty Surgical Program
  - Duke University Medical Center
  - Emory Physician Assistant Postgraduate – CT Surgical
  - Geisinger Medical Center - General Surgery
  - Johns Hopkins Hospital
  - Medical College of Wisconsin
  - **Methodist DeBakey CV Surgery**
  - Montefiore Medical Center
  - North Shore University Hospital CT Surgery
  - Norwalk/Yale
Programs Available Today (APPAP, 2009)

- Surgery (continued)
  - St. Joseph Mercy Hospital - CT Surgery
  - **Texas Brain and Spine Institute - Neurosurgery**
  - The Hospital of Central Connecticut - General Surgery
  - University of Arizona – Neurosurgery
  - WakeMed Health and Hospitals
Programs Available Today (APPAP, 2009)

- Emergency Medicine (11)
  - Albany Medical Center
  - Albert Einstein Medical Center
  - Arrowhead Regional Medical Center
  - Bassett Medical Center - Rural Emergency Medicine
  - Iowa Emergency Medicine
  - Johns Hopkins Bayview Medical Center
  - Marquette University Aurora Health Care
  - New York Presbyterian Hospital-Weill Cornell Medical Center
  - Regions Hospital, MN
  - Staten Island University Hospital
  - U.S. Army/Baylor University - DScPA Studies
Programs Available Today (APPAP, 2009)

- Critical Care (7)
  - Bridgeport Hospital – Trauma/Burn/Surgical Critical Care
  - Intermountain Medical Center - Trauma/Surgical Critical Care
  - Johns Hopkins Hospital
  - St. Luke's Hospital
  - UMass Memorial Medical Center
  - Wake Med Health and Hospitals
  - Winthrop University Hospital - Surgical Critical Care
Programs Available Today (APPAP, 2009)

- Orthopedics (4)
  - Arrowhead Orthopedic Surgery PA Residency Program
  - Illinois Bone and Joint Institute
  - NYU Hospital for Joint Disease
  - Watauga Orthopedics

- Psychiatry (3)
  - Cherokee Mental Health Institute
  - Regions Hospital
  - University of Iowa Carver College of Medicine
Programs Available Today *(APPAP, 2009)*

- Heme/Onc (2)
  - The University of Texas MD Anderson Cancer Center
  - Mayo Clinic Arizona Postgraduate PA Fellowship in Hospital Internal Medicine - with optional Hematology/Oncology Track
- OB/GYN (2)
  - Arrowhead-Riverside Physician Assistant OB/GYN Program
  - Montefiore Medical Center
- Urology (2)
  - Rosalind Franklin University / Chicago Medical School
  - UT Southwestern Medical Center at Dallas
Programs Available Today (APPAP, 2009)

- Cats and Dogs
  - Center for Dermatology and Dermatologic Surgery, Wash DC
  - Geisinger Medical Center - Neuroscience Residency
  - Mayo Clinic Arizona Fellowship In Otolaryngology
  - University of Kentucky PA Residency in Neonatology
  - University of Missouri - Acute Care PA Residency
Background

- There are obvious advantages to formal training, however only 2.9% of graduate PAs apply and complete a formal postgraduate PA program (Jones & Cawley, 2009).

- This is probably due to the “small number of programs, limited enrollment, and the fact that postgraduate PA training is not currently a precondition for licensure, employment, or reimbursement for clinical services” (Jones & Cawley, 2009, p. 153).
Background

- Politically charged issue—the career flexibility of a PA is at risk.
- A number of the PA leaders today are strongly opposed to limiting the flexibility of the PA profession (APPAP, 2009).
- A number of factors suggest the trend is going the way of favoring specialty training:
  - Increased number of specialty programs.
  - Formal postgraduate programs are being accredited.
  - Specialty certification exams are now being offered.
Research Questions

- What are the views of informally-trained specialist PAs regarding the role of formal postgraduate physician assistant (PA) programs?
Rational

- There are many editorials and opinions from PA professional leaders regarding the future of formal postgraduate PA training programs.
- Research has been done looking at the views of postgraduate program directors and postgraduate residents regarding formal postgraduate PA specialty training programs (Asprey & Helms, 1999, 2000).
- The views of the informally-trained PA specialists have not been examined.
Purpose

- The purpose of this research was to survey informally trained PAs, who make up the majority of specialty PAs, to explore their views regarding the role of formal postgraduate PA training.
- Discussion and debate by the PA profession on this topic will likely determine the direction the PA profession will go in the future.
- So far, the informally trained PA specialists have not shared their view on this topic and should be part of the discussion.
Methods

- **Research Design**
  - The study design was a quantitative, non-experimental, descriptive study.

- **Study Participants**
  - A non-probability consecutive sample.
  - Study participants came from the membership of the Texas Academy of Physician Assistants (TAPA).
  - An electronic link to the survey was distributed via emails sent to the TAPA membership.
Methods

• Study Participants (cont)
  • Participants met the following inclusion criteria:
    • A PA practicing in a specialty practice.
    • A PA that obtained postgraduate training by informal means.
  • Exclusion criteria included:
    • A PA practicing in a primary care specialty.
    • A PA who obtained his or her postgraduate training in a formal training program.
Methods

- This project was approved by the A. T. Still University Institutional Review Board (IRB).
- TAPA board of directors approved the data collection instrument as well.
Methods

• Survey Development
  • The survey tool was developed using simple statements that the participants can either agree or disagree with scored using a 6-point Likert-type scale, ranging from 1 (agree) to 6 (disagree).
  • Feedback from PA faculty and practicing PAs were used in developing the specific statements and establishing validity of the survey.
  • A small Pilot study was conducted after IRB approval.
Methods

• **Data Collection**
  • Email from TAPA contained the survey cover letter as an attachment.
  • The letter introduced the research topic, define terms, and provide a link to the electronic survey via Survey Monkey.
  • No personal data was collected to protect the anonymity of the participants.
Statistical Analysis

- The demographic information will be displayed graphically.
- The questions regarding attitudes and behaviors were measured via an ordinal Likert-type scale.
- The results of the surveys were examined using descriptive statistics including medians, frequencies, and percentages.
Results

- Description of Sample
  - Response rate 27%
    - 14% of the respondents were formally trained.
Sample Demographics

Age
- 20-30
- 31-40
- 41-50
- 51-60

Years of Practice
- 0 to 10
- 10 to 20
- 20 to 30
- 30+

Gender
- Male
- Female

Ethnicity
- Caucasian
- Hispanic
- Black
- Native American
- Asian
- Pacific Islander

Informal vs Formal Training
- Informal
- Formal
Results

- Description of Sample
  - Response rate 27%
    - 14% of the respondents were formally trained.

- Analysis
  - Central Tendency (median) for each question (see Table)
Median Likert-typed scores of Informally Trained Participants’ View

<table>
<thead>
<tr>
<th>Survey Statements</th>
<th>*Count (n)</th>
<th>Median Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I did not choose to attend a formal training program because it was not a consideration in my career development plans.</td>
<td>136</td>
<td>5</td>
</tr>
<tr>
<td>2. I did not choose to attend a formal training program because there was not a program in my specialty.</td>
<td>136</td>
<td>4</td>
</tr>
<tr>
<td>3. I did not choose to attend a formal training program because of the additional financial burden it would impose.</td>
<td>135</td>
<td>5</td>
</tr>
<tr>
<td>4. I did not choose to attend a formal training program because I was not selected for one of the very limited training opportunities available in my specialty.</td>
<td>133</td>
<td>1</td>
</tr>
<tr>
<td>5. I did not choose to attend a formal training program because it wouldn’t help me secure a position with an employer in my chosen specialty.</td>
<td>136</td>
<td>4</td>
</tr>
<tr>
<td>6. Compared to my formally trained colleagues, I feel at a disadvantage with my clinical skills because of my informal on the job training.</td>
<td>133</td>
<td>1</td>
</tr>
<tr>
<td>7. Compared to my formally trained colleagues, I feel at a disadvantage in my earning potential because of my informal on the job training.</td>
<td>133</td>
<td>1</td>
</tr>
<tr>
<td>8. Compared to my formally trained colleagues, I feel at a disadvantage for my promotion potential because of my informal on the job training.</td>
<td>133</td>
<td>1</td>
</tr>
<tr>
<td>9. I believe that a recognized national certification program should be available for my specialty.</td>
<td>130</td>
<td>3</td>
</tr>
<tr>
<td>10. I believe that recognized national certification should be a requirement for employment in my specialty.</td>
<td>130</td>
<td>1</td>
</tr>
<tr>
<td>11. I believe that attending a formal postgraduate specialty training program should be a requirement for certification in my specialty.</td>
<td>130</td>
<td>1</td>
</tr>
</tbody>
</table>

*Note: The above statements were rated by a Likert-type scale. 1=Disagree very much, 2=Disagree moderately, 3=Disagree slightly, 4=Agree slightly, 5=Agree moderately, 6=Agree very much.

*The count equals the total number of respondents, minus the 24 formally trained specialist PAs, minus missing data?
Factors that led to informal training versus formal training

• Questions 1-5

• 1. I did not choose to attend a formal training program because it was not a consideration in my career development plans.
• 2. I did not choose to attend a formal training program because there was not a program in my specialty.
• 3. I did not choose to attend a formal training program because of the additional financial burden it would impose.
• 4. I did not choose to attend a formal training program because I was not selected for one of the very limited training opportunities available in my specialty.
• 5. I did not choose to attend a formal training program because it wouldn’t help me secure a position with an employer in my chosen specialty.
Figure 1. This figure demonstrates the frequencies of responses regarding the respondents' choices of choosing informal versus formal specialty training (see questions 1-5 in the Table). The x axis represents the specific survey topics. The y axis represents the frequency of responses.
Comparing the informally trained PA and the formally trained PA with regards to clinical skills, earnings, and job promotion potential

- Questions 6-8

- 6. Compared to my formally trained colleagues, I feel at a disadvantage with my clinical skills because of my informal on-the-job training.

- 7. Compared to my formally trained colleagues, I feel at a disadvantage in my earning potential because of my informal on-the-job training.

- 8. Compared to my formally trained colleagues, I feel at a disadvantage for my promotion potential because of my informal on-the-job training.
Figure 2. This figure demonstrates the frequencies of responses of informally trained specialist PAs regarding factors comparing clinical skills, earning and promotion potential with their formally trained colleagues (see questions 6-8 in the Table). The x axis represents the specific survey topics. The y axis represents the frequency of responses.
Recognizing specialty training through certification and whether the certification process should be tied to the type of training

• Questions 9-11

• 9. I believe that a recognized national certification program should be available for my specialty.
• 10. I believe that recognized national certification should be a requirement for employment in my specialty.
• 11. I believe that attending a formal postgraduate specialty training program should be a requirement for certification in my specialty.
Figure 3. This figure demonstrates the frequencies of responses of informally trained specialist PAs regarding factors regarding their views on specialty certification (see questions 9-11 in the Table). The x axis represents the specific survey topics. The y axis represents the frequency of responses.
Discussion

- Career Choices
  - Formal training was not a consideration for most specialist PAs.
  - Competition for limited training slots was not a factor.
  - No advantage in the job market.

- Clinical skills, earning and promotion potential
  - No perceived difference from the informally trained PAs view.
  - Consistent with formally trained PAs views (Brenneman, Hemminger, and Dehn 2007)

- Certification
  - Not needed, not wanted, but...
Discussion

• Is formal training on the rise?
• Will voluntary specialty certification become a condition of employment?
• Further research?
  • Can these views be duplicated on national level?
  • Examining views of soon-to-be graduating PAs as to what influences their decision making process regarding postgraduate education.
Study Limitations

• Limited to PA members of TAPA
  • Not all PAs belong to this professional organization
• Informally trained PAs have biases
  • They did not need formal training why should anyone else
Conclusions

- This study gave a voice to informally trained specialists PAs.
- 2 future paths:
  - As a profession do we want to maintain informality and flexibility?
  - As a profession do we follow our physician colleagues into advanced formal postgraduate education, specialty certification, and limited flexibility.
Thanks for your attention!

Questions?
References


References


References
