

# Routes to Rural Readiness: Enhancing Clinical Training Experiences for Physician Assistants

**Eric H. Larson**

Natalia Oster

Samantha Pollack

Andrew Jopson

Holly Andrilla

Davis Patterson

Collaborative for Rural Primary care Research, Education, and  
Practice (Rural PREP)

RTT Collaborative Annual Meeting

April 7, 2021

# Acknowledgment and Disclaimer

This research was supported by the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement #UH1HP29966. The information, conclusions and opinions expressed in this presentation are those of the authors and no endorsement by BHW, HRSA, or HHS is intended or should be inferred.

# Rural PREP

## The Collaborative for **Rural** Primary care **R**esearch, **E**ducation, and **P**ractice

- **Mission:** Improve and sustain rural health through community engagement and research in primary care health professions education
- **Aims:**
  - Conduct and promote research
  - Disseminate research, tools, evidence-based practices
  - Build a community of practice

University of Washington, Ohio University,  
University of North Dakota + partners



# The Rural Pipeline

Thirty years ago, Talley (1990) told us that:

- Rural docs come from rural places
- Rural residency training leads to rural practice

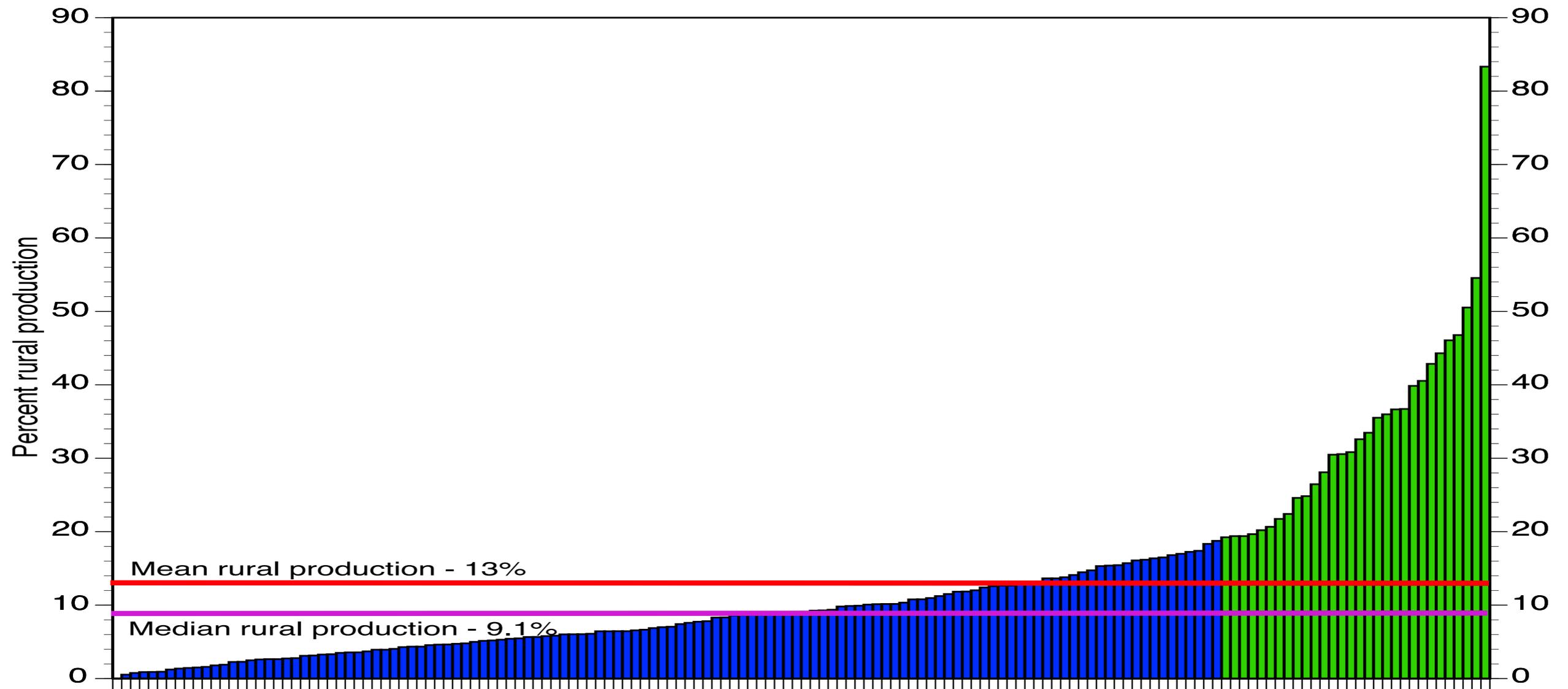
Five years ago in a systematic review, Goodfellow (2016) told us the same thing.

*What about PAs?*

# Background – WWAMI RHRC studies

- Role of PAs (and NPs) in rural care continues to grow, especially in outpatient settings.
- A majority of surveyed PA programs expressed commitment to training PAs for rural careers, but a smaller proportion actively recruit rural students and require rural clinical training.
- About 12% of PAs graduating between 2000-2010 went to rural locations but production was highly concentrated in a small number of programs.
- Success in producing rural PAs is linked to:
  - rural program mission,
  - recruitment of rural students,
  - and rural clinical training activities.

# Proportion of 2000-2012 graduates in rural practice by program.



# Research Questions

- **What approaches have PA programs used to prepare PAs for the transition from education to rural primary care and effective practice? (focusing on PA clinical training)**
  - **APPROACH** – PA Program Survey - 28 items - conducted by email
  - **RESPONSE** – 113/178 programs responded (63.4%). 61 programs self-identified as having strong rural mission.
- **How do rural-oriented primary care programs partner with rural practices in creating effective rural training experiences?**
  - **APPROACH** – Semi-structured interviews with Program Directors from a sample of strong rural mission programs.
  - **RESPONSE**– Thirteen Program Directors interviewed.
- **What is the value to rural practices of providing clinical training for PAs? And what supports do practices need to do this?**
  - **APPROACH** – Semi-structured interviews with rural PA preceptors suggested by Program Directors.
  - **RESPONSE**– Thirteen rural PA Preceptors (Physicians and PAs) interviewed.

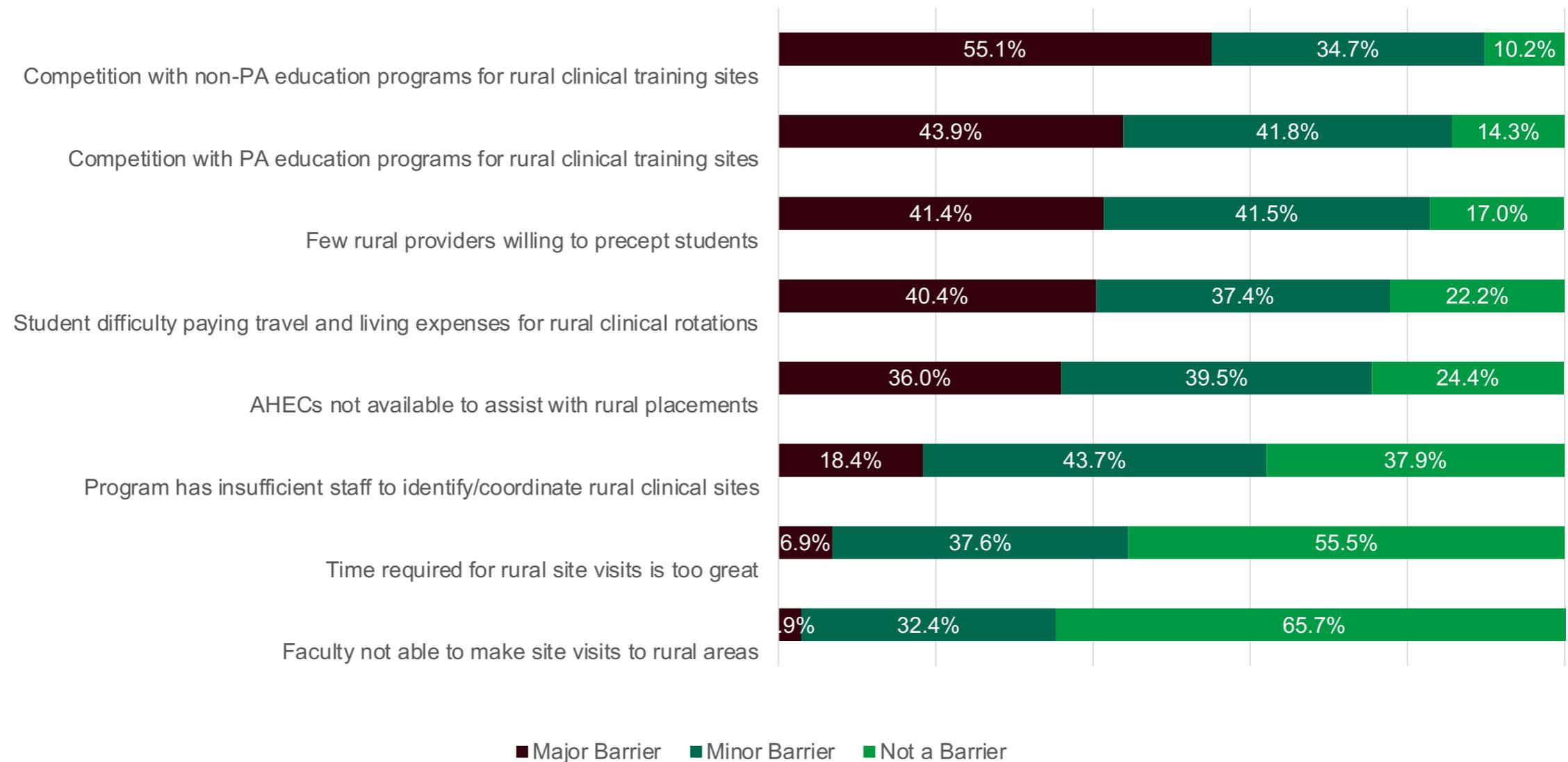
# Survey Results (Phase 1)

# Rural-oriented admissions and training

	Rural Mission "Very Important" (n=61)	Rural Mission "Very Important" (n=52)
Recruiting from rural areas	70.0%	15.4%
Rural background is admission criterion	51.7%	11.5%
Rural clinical experience is admission criterion	31.7%	11.5%
Requiring all students to do rural clinical training	45.7%	0.0%
Requiring some students to do rural clinical training	23.7%	26.7%
Requiring rural family medicine rotation	33.2%	2.2%
Requiring rural non-family medicine rotation	12.1%	2.2%
Stand-alone rural course in didactic training	12.1%	0.0%

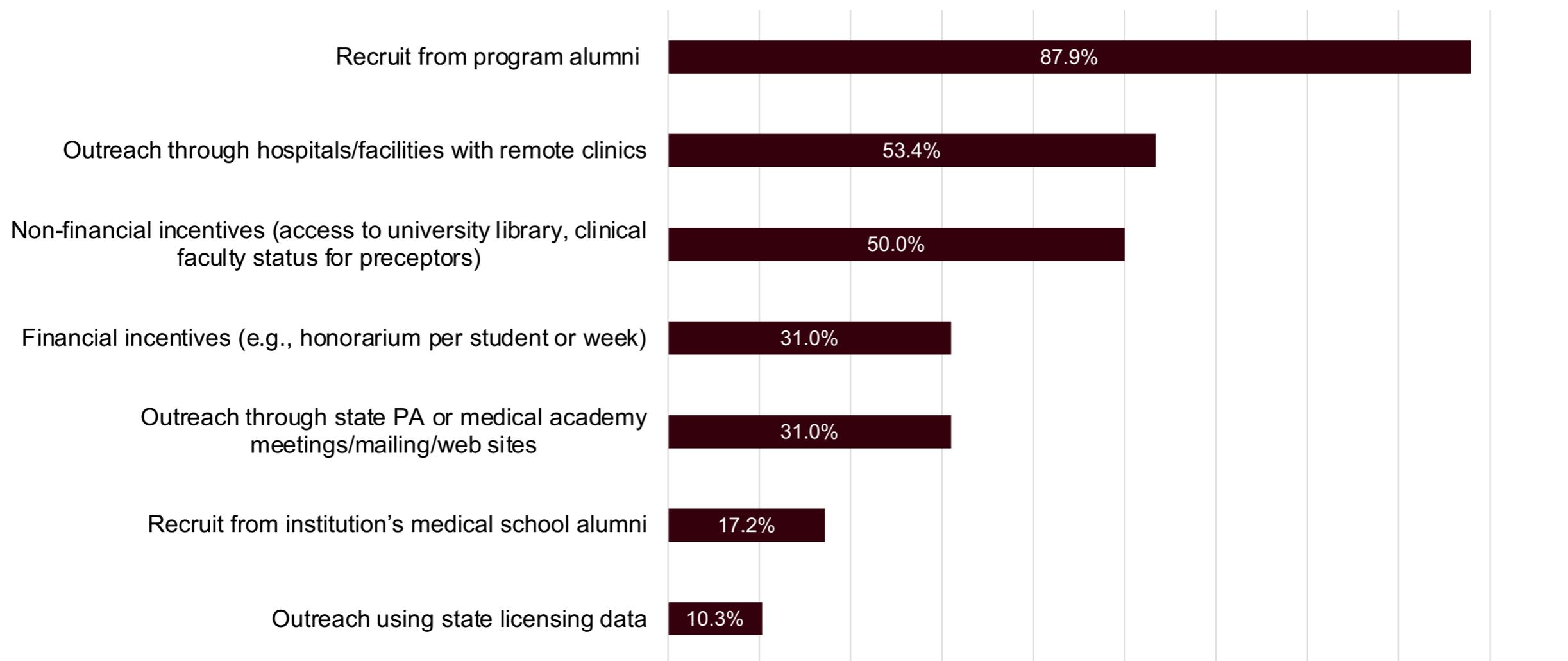
# Barriers to Rural Clinical Training

(Rural oriented programs, n=61)



# Recruiting rural preceptors

(Rural-oriented programs, n=61)



# Program Director Interviews (Phase 2)

# Themes from Program Director Interviews - 1

## What makes a rural site work?

- Rural preceptors committed to teaching (and with willing patients)
- Rural students - though all reported success with urban students too
- Preceptors committed to introducing students to the community, not just the clinic
- Long-term relationships between program and preceptors

# Themes from Program Director Interviews - 2

## What inhibits Program Directors in providing rural training?

- Housing/transportation!
- Shortage of preceptors
- Competition with medical schools
- Inability to provide financial incentives to preceptors
- Fewer placements related to incorporation of small clinics/hospitals into larger systems (not a universal view)

# Rural Preceptor Interviews (Phase 3)

# Themes from Rural Preceptor Interviews - 1

## What makes students successful in rural rotations?

- Willingness to “jump in”
- Eagerness to learn, pursue all opportunities as they arise
- Rural background helps, but is not necessary
- Interest in the community
- Preceptors thought students were generally well-prepared didactically

# Themes from Rural Preceptor Interviews - 2

## What barriers do rural preceptors face?

- Housing/transportation for students
- Lost productivity and income (non-financial incentives are appreciated)
- Hands-on skill of students are sometimes more limited than they expect
- Some noted administrative problems with precepting in larger systems (not universal)

# Themes from Rural Preceptor Interviews - 3

## Why do preceptors precept?

- A commitment to “pay it forward”
- Enjoyment of teaching
- Recruitment– most had hired former students at some point (“...a three month interview!”)
- Relationship with academic institution and/or training program

# Summary

*In the short run, maintaining and enhancing the quality and quantity of rural clinical training for PAs will require:*

-PA programs to encourage and coach students about importance of the enthusiastic “can-do” mentality that our rural informants value.

-Practical solutions to student housing shortage and costs, perhaps involving rural communities, AHECs, regional rural health organizations, and others.

# Summary

*Long-term maintenance and enhancement of rural clinical training for PAs may also require:*

- Convening PA and other health professions programs (across and within academic institutions) to develop cooperative solutions that could rationalize the allocation of training slots.
- Continuing exploration of incentives that acknowledge and compensate providers for loss of clinical productivity when teaching.

Thank you!

# Contact

Eric H. Larson, PhD

ehlarson@uw.edu

**Follow us on social media**  
**@ruralprep**

<https://ruralprep.org/>

# Help us improve



**Title: Enhancing Rural Clinical Training Experiences for PAs**

**Long link:** <https://redcap.iths.org/surveys/?s=YETCNXLFAK>

**Short link:** <https://redcap.link/y7clveqz>

**Bit.ly:** <http://bit.ly/EnhancingRuralTraining>