

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

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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

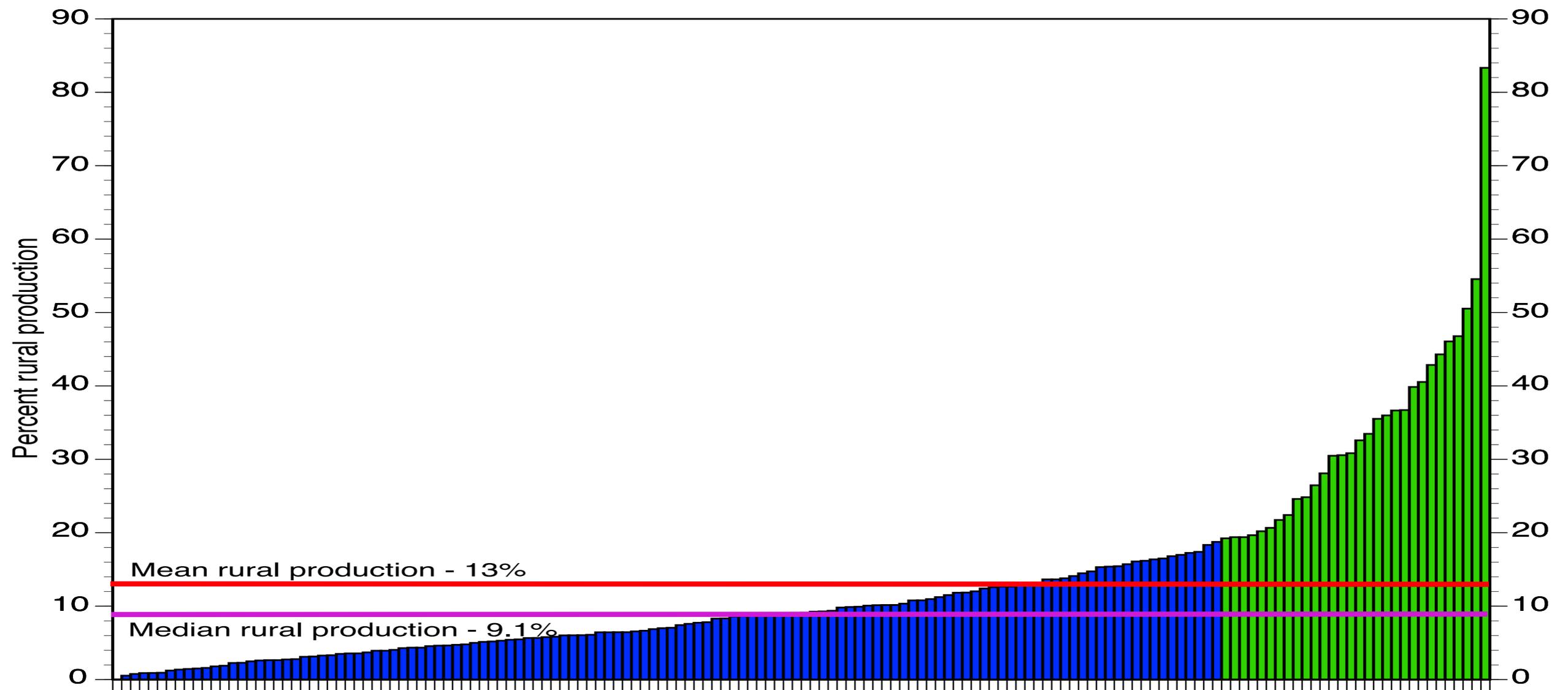
Five years ago in a systematic review, Goodfellow (2016) told us the same thing.

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.

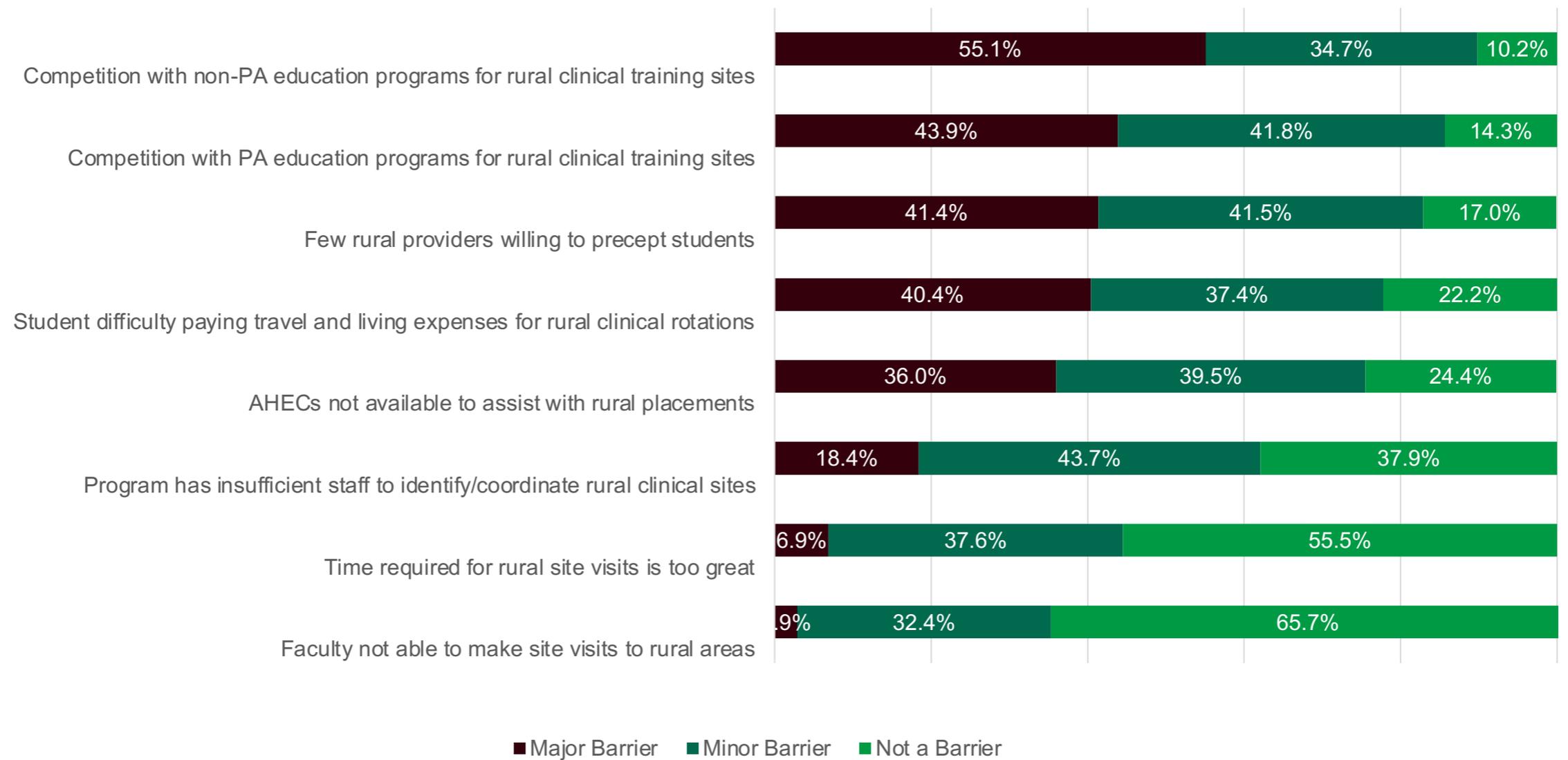
Survey Results (Phase 1)

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% |

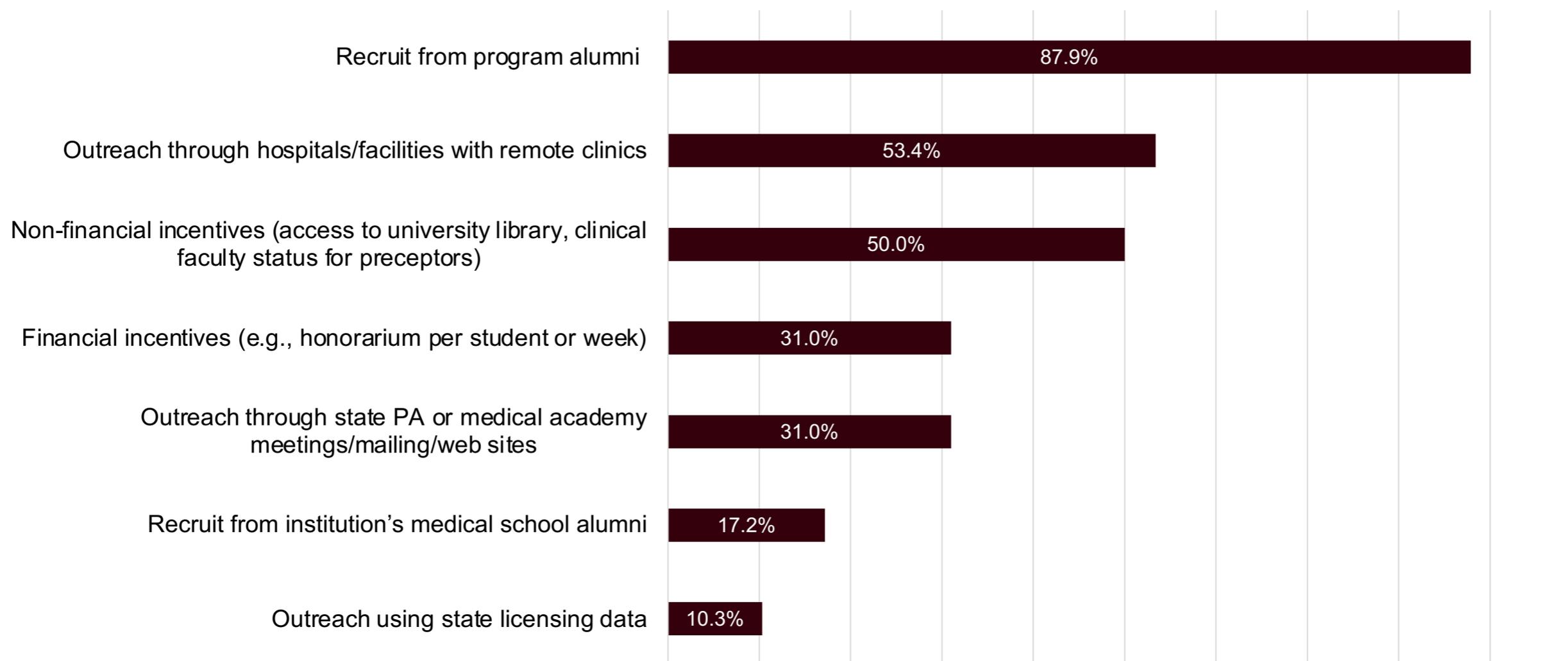
Barriers to Rural Clinical Training

(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!

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