

The Perceptions of Physician Assistants Regarding Doctorate Level PA Education

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Abstract. Many mid-level health care professions have implemented the clinical doctorate. The physician assistant (PA) profession has not implemented doctoral-level education. This cross-sectional study was designed to determine the perceptions of practicing PAs regarding the Doctorate of Physician Assistant (DPA). A survey was sent to a randomized sample of United States PAs that were in the database of the American Academy of Physician Assistants (AAPA). The results were analyzed using Chi-Square analysis and descriptive statistics. The response rate for this survey was 23% (n=1,500). The majority of the respondents were not in favor of the DPA (55.8%). The study results reveal a group of practicing PAs in the United States that do not favor the profession moving toward offering a DPA degree.

1. Introduction

With the recent movement of many medical professions to the doctorate level, especially the nurse practitioner profession, the physician assistant profession must evaluate the doctoral a degree as well. The doctoral program for physician assistants is a relatively new topic. Other mid-level health care professions; however, have made the move to the doctorate level. Some of these include: physical therapy, occupational therapy, podiatry, pharmacy, audiology, and now, nurse practitioner [1,2]. Many arguments are being made regarding the appropriateness of the physician assistant program moving to the doctorate level. Many believe that the doctorate for the physician assistant has already been accomplished in the medical doctorate (MD) or the doctor of osteopathic medicine (DO), especially since PAs receive their knowledge based on the medical curricula [1]. When surveying audiologists, the results showed that the majority were not certain if they wanted the doctorate [3]. There is no indication that a study has been performed to evaluate the United States' PAs perceptions toward the upward movement; therefore, the purpose of this study is to determine the perceptions of PAs in the United States regarding the DPA, and to determine the perceived benefits of the DPA among those PAs.

2. Experiment, Results, Discussion, and Significance

Experiment. This study was cross-sectional in nature and randomly sampled PAs from the United States. The American Academy of Physician Assistants (AAPA) membership list was used to obtain a randomized sample of PAs in the United States (n=1500). To assure an adequate sample size for generalization purpose, a sample calculation was conducted and determined to be 382 with a 5% margin of error, a 95% confidence level, based on a population size of 50,000, and a response distribution of 50%. Fifteen hundred PAs were surveyed to ensure a response rate of approximately 382. The survey consisted of multiple choice, Likert based, and dichotomous questions, and it was mailed out via the United States Postal Service. The survey assessed the current practice setting of the subject, their age, and their current terminal PA degree. Frequency statistics were used to determine the most common practice setting, terminal degree, and to determine the most common answer for all ten of the Likert based questions regarding the PAs perceptions of the DPA. Frequency statistics were also used to determine how many respondents were interested in the DPA and to determine their most important perceived benefit of the DPA. Descriptive statistics were used to determine the mean age of the respondents. A Chi-Square test was used to determine if there were any significant relationships between whether or not the respondents were interested in the DPA and their answers to the questions pertaining to their perceptions regarding the DPA. Another Chi-Square test was used to determine if there were significant relationships between the subject's terminal degree and the perceptions of the DPA. Surveys were collected from April 23, 2007 to June 19, 2007. A total of 352 surveys were

collected corresponding to a 23 percent response rate. The data collected from the surveys was entered manually into an Excel spreadsheet, then imported into SPSS version 13.0 for analysis.

Results. The mean age of the respondents was 40.39 years with a standard deviation of +/-11.17 years. Most of the respondents held a terminal PA master degree (49.4%, n=173) or a bachelor degree (32.6%, n=114). Family practice was the most common practice setting among the respondents (21.9%, n=77). When asked whether or not they would be interested in pursuing the DPA degree, the majority of the respondents stated that they were not interested (55.8%, n=189). The respondent's most important perceived benefit of the DPA was professional recognition (33.2%, n=72). It was followed closely by improved competency (28.1%, n=61). Those who would pursue a DPA tended to agree more with questions supporting the DPA. Not surprisingly, those interested in the DPA appeared less concerned about the impact the DPA would have on educationally and financially disadvantaged applicants and minorities. Another comparison was completed to determine if the perceptions of the DPA would change based on the subject's current terminal PA degree. Most of the respondents strongly disagreed that the DPA should be the entry level degree (those with certificate without degree=57.6%, Associate degree=51.9%, Bachelor degree= 46.5%, Master degree=38.4). Overall, and regardless of the subject's terminal degree, the perceptions were fairly congruent among subjects. Those with a bachelor's degree believed that the bachelor degree was sufficient (Certificate without degree strongly agree=18.2%, Associate degree= 33.3%, Bachelor degree= 25.4%, Master degree= 6.9%). Likewise, those with a master's degree agreed that the master degree was sufficient (Certificate without degree strongly agree= 32.3%, Associate degree=7.7%, Bachelor degree= 21.4%, Master degree= 40.9%). The last statistically significant relationship involved the question regarding whether they would leave the field of PA if the DPA was required. The respondents with a lower degree tended to agree with the statement while those with higher degrees tended to disagree (Certificate without degree strongly agree= 43.3%, Associate degree= 37.0%, Bachelor degree= 16.5%, Master degree= 10.5%).

Discussion. Overall, the respondents did not support the DPA. The most important perceived benefit of the DPA was professional recognition. Those respondents that supported the DPA did not seem to be concerned about the effects the DPA would have on minorities or those who are financially or educationally disadvantaged. The PA respondents seemed to agree with those in the audiology study. In this study, only 44% of the respondents were interested in the DPA degree as compared to 33% of audiologists who were supportive of the doctoral degree [3].

Significance. This was a nationwide survey limited by a slightly smaller study sample than expected; therefore, generalizations should be considered with caution. Furthermore, gender was not collected; therefore, conclusions about gender cannot be made. In either case, the purpose of the study was to get a general understanding of the PA population. The significance of this study rests in the fact that no other study has been conducted that asks the opinions of PAs regarding the doctorate in physician assistant studies.

The results of this study demonstrate that most PAs do not wish to pursue a DPA or feel that it is necessary. Since the decision regarding the movement of the PA profession to the doctoral level will be made by PA administrators, it would be helpful to determine their perceptions along with PA faculty and physician perceptions, as the employers of PAs. Information from all three groups may influence those who may wish to initiate a DPA program.

3. Conclusion

The clinical doctorate in PA is a rapidly progressing idea that has already been initiated in many mid-level health care professions. The physician assistant profession must be aware of this change in order to make informed decisions about the future direction of the profession. Those who would consider starting a DPA program may want to take into consideration the perceptions the PAs in this study.

[1] Jones P, Cawley J. Doctoral Degrees for PAs: Questions and Issues. *Perspective on Physician Assistant Education*. 2005;16(1):8-9.

[2] Gruppo L. Clinical Doctoral Degrees-Are We Ready? *Perspective on Physician Assistant Education*. 2005;16(1):5-7.

[3] Helfer KS. Continuing education in audiology: what do we want? *Am J Audiol*. Jun 1999;8(1):6-12.