A Survey of Physicians’ Perceptions of Physician Assistant Education and Qualifications

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Abstract. Little research has been conducted on physicians’ attitudes and understanding of the physician assistant (PA) profession. As healthcare demands continue to grow, it is imperative physicians understand the education and qualifications of PAs. The objective of this study was to assess the perceptions of Kansas primary care physicians regarding the educational requirements and qualifications of PAs. A cross-sectional survey was emailed to 1,551 Kansas primary care physicians. Survey results were analyzed for associations between demographic characteristics of physicians and perceptions of PAs. The results concluded that Kansas primary care physicians have misconceptions regarding the education and qualifications of PAs.

1. Introduction

Today’s healthcare system is evolving into a shared role between physicians and midlevel practitioners. The number of practicing PAs has doubled in the last decade. Currently, over 170 accredited programs exist in the United States. With the tremendous growth of this profession, it is essential that physicians understand how PAs fit into and benefit their practice. The need for healthcare providers is rising largely in part to the Patient Protection and Affordable Care Act of 2010. The new law will significantly increase the number of insured Americans, which in turn, will lead to a large expansion in the healthcare industry. PAs increase productivity and revenue by allowing more patients to be seen while decreasing the workload of the physician. In addition, several studies have shown enhanced patient satisfaction with the addition of a PA.

2. Experiment, Results, Discussion, and Significance

A cross-sectional survey was emailed to 1,551 Kansas primary care physicians. Primary care physicians were defined as family practice, pediatric and internal medicine physicians. The sample consisted of physicians registered with the Kansas Board of Healing Arts who provided the board with a valid e-mail address. SurveyMonkey was utilized to develop the survey. The physicians were contacted by email which contained an explanation of the research study, a SurveyMonkey link to the anonymous survey and the option to request more information upon completion of the survey. The optional information was in regards to PA education and training. The beginning of the survey asked demographic questions. Next, the questions pertained to the physicians’ direct-patient care experience and GPA of accepted applicants to the WSU PA program. More questions assessed their knowledge about the education of PAs throughout the WSU PA program and PA post-graduate requirements. The survey concluded with three miscellaneous questions. One question focused on Medicare reimbursement for PA services. The final two questions focused on physicians’ beliefs of the most important skill and competency of PAs.

After sending the survey, 170 responses were received. However, only 143 physicians completed the entire survey. This is equivalent to an 11% response rate. The WSU PA Program has a lock-step, full-time curriculum. Of the physicians surveyed, 49% incorrectly believed options for part-time or full-time were available. When comparing physicians who had and had not supervised PAs, only 60% of physicians who had supervised PAs chose the correct ‘lock-step’ option. Only
34.8% of physicians who had not supervised a PA chose this correct option.

The WSU PA program currently offers a Master’s degree upon program completion. The majority (64%) of physician respondents correctly answered “Master Degree” on the survey. Notably, younger physicians were more aware of this than older physicians (78% vs. 55%). This may be due to the fairly recent change from Bachelor’s to Master’s degree in 2004.

The program follows rigorous academic and attendance policies. Students must maintain a cumulative program GPA of 3.0 during all phases of the program. In addition, a single grade of C- or lower in any course will result in program dismissal. In most units of study, unacceptable academic/clinical performance is defined as < 72%. Scoring below this on any exam, lab practical, clinical evaluation, etc. results in an “academic warning.” Four academic warnings result in program dismissal. The student must receive a grade of B or higher in the same unit of study as the academic warning was issued in order to have it removed. Of the physician respondents, 80% falsely believed failed courses may be repeated.

Of the sampled physicians, 63% of physicians were unaware of the new legal requirements regarding co-signatures. New legal requirements regarding co-signatures of patient-encounter notes written by PAs were set into motion March 30, 2012 in Kansas. The new regulations state during the first 90 days supervisory physicians are required to review and authenticate all medical records and charts the PA has evaluated. However, after the first 90 days supervisory physicians are only required to complete a periodic review and evaluation of the PA’s performance.

3. Conclusions

This study concluded physician respondents have a general lack of understanding of the extensive medical background of PA education and qualifications. Most physicians have a misunderstanding of the intensity of the PA program. This was shown by respondents not knowing that the WSU PA program offers a master’s level degree. Most physicians are not aware the program is a full-time, lock-step program with the inability of students to repeat failed courses. These general misunderstandings of primary care physicians could impede PA employment and acceptance within the medical community. Further research and physician education in this area is imperative to the growth of the PA profession. An increase in physician awareness of PA coursework and qualifications could directly influence the Kansas medical climate and increase patients’ access to healthcare.

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References