

# The Perception of U.S. Physician Assistants (PA) Regarding PA to Physician Bridge Programs

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**Abstract.** The purpose of this study was to determine the perceptions of PAs on the creation of a PA to physician bridge program; whether they would support a bridge program, its feasibility, or generally whether or not bridge programs should be initiated. A cross-sectional, random sampling of PAs in the United States were sent an online survey with a 5-point Likert scale regarding their perceptions of a PA to physician bridge program. A Chi-squared analysis was performed to determine significant relationships. PA respondents were strongly supportive of the bridge program concept. This study may help the medical community to evaluate the applicability, feasibility, and practicality of the proposed program. Results of the study show support for a bridge program amongst PAs, yielding the first recent study information on this topic for the medical community about the perceptions of PAs regarding a PA to physician bridge program.

## 1. Introduction

Dr. Eugene Stead, founder of the PA profession, stated “the PA who has worked with patients for a number of years will frequently have the clinical knowledge of the graduating medical student (and) should be given credit for this if he wishes to become a doctor.” [1]. In April of 2009, the Physician Assistant Education Association (PAEA) and the American Academy of Physician Assistants (AAPA) convened a PA Clinical Doctorate Summit to develop recommendations on the degree requirements for PA education. One of the results of this summit was a recommendation that “the PA profession should explore the development of a model for advance standing for PAs who desire to become physicians (sometimes called a “bridge program”).”[2]. No recent national studies have been conducted on this topic. The purpose of this study was to determine the current perceptions of PAs on the creation of a PA to physician bridge program; whether they would support a bridge program, its feasibility, or generally whether or not bridge programs should be initiated.

## 2. Experiment, Results, Discussion, and Significance

This study was based on a cross-sectional random sampling of PAs from the United States. Medical Marketing Services, Inc. databases were queried for PA email addresses, in which random samples were obtained to conduct an online survey. The PA sample size required 382 usable surveys to be analyzed (5% margin of error at 95% confidence), based on a population size of 85,000. Based on previous research in conducting online survey research, in which 1,000 online surveys sent yield 100 responses, a population size of 5,000 was obtained. The survey return was higher than expected (n=455). The survey was conducted online using PASW Interviewer Server Administrator (SPSS Inc., Somers, NY) and assessed basic demographic and perception information. To answer the research question, statements (based on a 5-point Likert scale with options ranging from “strongly agree” to “strongly disagree”) about the bridge program were administered. Perceptions were elicited in context of a bridge program allowing PAs to earn a medical degree in as little as three years. The data were collected from March 17, 2011 to April 25, 2011. Frequency counts were conducted to determine the respondent’s gender, age, race, specialty, degree level, and perceptions about the bridge program. Chi-squared analyses were performed to determine possible significant relationships in regard to perceptions about the bridge program. Statistical Package for the Social Sciences (SPSS) software version 18.0 (SPSS Inc., Somers, NY) was used for analysis. The alpha level was set at 0.05. The mean age of the respondents was 39.97 years (SD=+/- 10.5). Specialty practice was the most common practice type (39.8%). In terms of race, 82.4% were Caucasian. To determine whether there were any significant relationships between the PA demographic variables and bridge program survey items, a chi-square statistic was employed. Overall PA’s were strongly supportive of the bridge program concept. However, the knowledge level (or

awareness of), was low in terms of the bridge program concept. Females were more in agreement than males for items 2, 5, 8, 9, and 12 ( $p < .05$ ).

*Perceptions (expressed as a %) Among Respondents on a PA to Physician Bridge Program (N=455)*

Perception	Strongly Agree		Strongly Disagree		
	1	2	3	4	5
1. Knowledgeable about bridge program	6.2	22.2	23.5	34.7	13.4
2. Should be an accelerated mechanism for a PA to become a physician	58.7	30.3	8.4	1.5	1.1
3. Will increase number of primary care physicians	42.9	33.2	15.6	6.4	2.0
4. Physicians will support	7.7	18.2	35.8	31.0	7.0
5. Graduates of such programs will have better skills as physicians	34.1	36.7	23.5	4.0	1.8
6. Will be detrimental to the PA profession	4.0	10.8	29.2	36.7	19.3
7. Will reduce barriers to patient care	24.6	35.6	25.3	11.6	2.9
8. Will work with a graduate of such a program	50.1	38.5	10.1	0.9	0.2
9. Will be beneficial to the health care community	49.5	36.7	12.1	1.3	0.4
10. There will be adequate number of applicants	32.5	39.8	24.6	2.6	0.2
11. PA organizations should support	42.2	34.3	16.3	5.3	2.0
12. Physician organizations should support	45.9	38.2	12.7	1.8	1.3

Our study provides new information to the medical community about the perceptions of PAs regarding a PA to physician bridge program. Specifically, the results provide some insight as to how PAs perceive such a program, and the results indicate overall support. Recently the concept has been discussed due to the growing physician workforce shortage. For schools considering starting a PA to physician program, the information from our study could be helpful in their decision. A major limitation of the study is the nature of email surveys, which prevents many from responding to surveys, immediately deleting the email if one does not recognize the sender or viewing the email as “junk” email. Others may have deleted the email if they did not feel educated about the study topic, which could mean the respondents were those that have more of an interest in the subject. When questioned about knowledge about the PA to physician bridge program, 48.1% of PAs either strongly disagreed or disagreed that they were knowledgeable about the proposed program. This could have been a contributing factor to the response rate. The significance of our research is due to the growing physician workforce shortage. “Demand for doctors were expected to outpace supply by as many as 159,000 physicians by 2025.” [3] Putting in place PA to physician bridge programs have been discussed as a possible remedy for this shortage [4]. A particular growing shortage is that of primary care physicians. Likewise, 76.9% of PAs either strongly agreed or agreed that the proposed program would increase the number of primary care physicians. For schools considering starting a PA to physician program, the information from our study could be helpful in their decision. Considering these results, it appears that there is a strong interest in this PA population for such a program.

### 3. Conclusions

Overall PAs were supportive of the bridge program concept (Table). Our study provides information to the medical community about the perceptions of PAs regarding a PA to physician bridge program.

### References

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