

The Joint Clinical Training of Physician Assistant and Medical Students:

A Study of Attitudes and Performance

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Background and Significance

- As inherent to the physician assistant (PA) role, physicians and PAs function in clinical practice collaboratively on interprofessional healthcare teams. Although leading to different terminal degrees, the undergraduate medical education of PAs and physicians share numerous analogous components within the medical model.
- Intentionally co-training PA and medical students as members of an interprofessional team on clinical rotations has not been a widespread phenomenon nationally, despite being an ongoing practice at the School of Community Medicine (SCM) since 2009. Alignment of the PA and medical school curricula at the SCM is best illustrated by the comparison of PA2 and MS3 students, as both groups complete core clinical experiences side-by-side and work to meet the same clerkship objectives.
- The attitudes to the joint training of PA and medical students, the comparison of outcomes on clinical rotation performance measures, and the potential impact to future clinical practice behaviors are not well addressed in the literature.

Specific Research Questions

- What are the attitudes of PA and medical students and teaching physicians towards having both PA and medical students participate concurrently in the same core rotations (Internal Medicine, Family Medicine, Obstetrics/Gynecology, Pediatrics, Surgery and Psychiatry), as measured by a questionnaire?
- Are there significant differences between the performance of PA and medical students on the same core rotations (Internal Medicine, Family Medicine, Obstetrics/Gynecology, Pediatrics, Surgery and Psychiatry) as measured by four basic evaluation instruments: 1) clerkship-specific NBME subject exam scores, 2) rotation-specific OSCE outcomes, 3) the clinical performance component score on summative evaluation, 4) and the final numerical course grade.

Methods

- Survey distributed to one cohort each of clinical PA and medical students via Qualtrics in the spring of 2021
- Included both quantitative and qualitative measures

Survey Item: Medical students and physician assistant students should train together when possible

Survey Response	Strongly Agree or Agree	Neither agree or disagree	Disagree	Statistics
PA Students	80% (28)	11.43 % (4)	8.57% (3)	Mean = 4.26 Std Dev = .97
Medical Students	80% (24)	10% (3)	10% (3)	Mean = 4.27 Std Dev = 1.0

Survey Item: An interdisciplinary approach is essential to the practice of modern medicine

PA Students	94.29% (33)	5.71% (2)	0%	Mean = 4.69 Std Dev = .57
Medical Students	83.33% (25)	10% (3)	6.67% (2)	Mean = 4.40 Std Dev = .92

Survey Item:

PA: As a result of training with medical students, I am more likely to value the physician/ PA team concept
 Medical: As a result of training with PA students, I am more likely to hire/work with a physician assistant

PA Students	82.85% (29)	11.43% (4)	5.71 (2)	Mean = 4.34 Std Dev = .89
Medical Students	73.34%	10% (3)	6.67% (2)	Mean = 4.13 Std Dev = .96

Survey Item: Do you believe there are benefits of training alongside (medical or PA) students?

Survey Response	Yes	No
PA Students	94.29% (33)	5.1% (2)
Medical Students	80% (24)	20% (6)

Survey Item: Do you believe there are disadvantages of training alongside (medical or PA) students?

PA Students	69.70% (23)	30.30% (10)
Medical Students	30% (9)	70% (21)

Discussion

- The majority (80%) of PA students and medical students support the joint training of the students.
- The majority of the PA and medical students are more likely to value the physician-PA team concept as a result of their training, 82% and 73%, respectively.
- Both groups of learners commented that joint training creates a dynamic of mutual respect and understanding for the differences and similarities of their respective training programs and professions.
- Disadvantages of the joint training from the PA student perspective:
- A lack of exposure to practicing PAs in the disciplines of the core clerkships, as the clinical faculty are predominantly physicians, leading to a lack of understanding of the PA role.
- Concern that residents and attendings assume that certain knowledge will be acquired during a residency, which is not applicable to the PA students.
- Comments on the disadvantages of the joint training from the medical student perspective were minimal, a couple of which paralleled that of the PA students expressing concern that the PA students did not have adequate exposure to PA preceptors.

Future Analyses and Considerations

- Attitudes of students and faculty (research question #1)
 - Survey completion by faculty members and residents involved in core clerkship teaching
 - Survey completion by an additional cohort of PA and medical students, Class of 2022 and Class of 2023, respectively
- Student performance on the core clerkships (research question #2)
 - Analysis needed on collected cohort data for the following clerkships (Internal Medicine, Surgery, Pediatrics, Psychiatry, OB/GYN, Family Medicine)
 - NBME subject test scores
 - OSCE score, if applicable
 - Clinical performance score
 - Final course grade
- Additional research considerations:
- Surveying PA students following the completion of the clinical phase when additional exposure to PAs has occurred
- Surveying graduates of the SCM to evaluate physician/PA interdisciplinary team practice patterns in comparison to graduates of undergraduate medical education programs not utilizing joint PA/MD clinical training.