Physician Assistant Education Association
2013 Strategy

August 28, 2013

1 Overview

Our country is experiencing both a fast-growing demand for health care and a shortage of health care providers. As a result, our health care system is in crisis. Tens of millions of Americans are gaining access to medical care as part of the Affordable Care Act, and the first place they typically engage with our health care system is in a primary care context. Consequently, it is in primary care that the need for competent and compassionate providers is most acute.

Our great national purpose is to strengthen and further develop the system that educates PAs, to prepare them to deal with these rapidly developing health care needs, and to ensure that the PA educational system continues to anticipate and plan for these future needs.

In the coming decade, this will require us to achieve **two major goals**:

1. Significantly expand the number of PAs working in primary care, particularly in medically underserved areas and among medically underserved populations. We support and welcome PA specialization, but we believe that the attention of our national association must be directed towards reinforcing the role of PAs in primary care for medically underserved communities.

2. Develop a broad range of innovative clinical training opportunities (additional sites, more efficient use of existing sites, team-based training, and new & alternative experiences) sufficient to provide for the burgeoning numbers of PA students across the country. Without these opportunities, the development of the profession will be stalled, and we will be unable to deliver health care on the scale needed now and in the future.

Our strategy to achieve these goals is composed of five components, each tightly integrated with the others.

1. **Human capital.** Improve the recruitment and development of students, faculty, and program directors. We'll help programs recruit the best people, and provide them the training and tools that they need to maximize their contributions to PA educational outcomes.

2. **Curriculum & assessment.** Develop teaching resources for programs to provide a superior education for students. We'll establish a shared set of tools and techniques that can be modified, customized, and improved upon by the community of educators.

3. **Research.** Analyze the outcomes of the work we do within programs, and use those insights to improve the overall PA educational system; document the effectiveness of PAs in clinical practice, and use that data to communicate the value of PA education to partners.

4. **Partnerships.** Identify and work with organizations that can help us advance our objectives. While we can do much of the work ourselves, well-chosen partnerships will greatly magnify our work and our voice, allowing us to achieve our goals faster and more efficiently.

5. **Infrastructure.** Transform the organization from the one that was designed to handle a small number of PA programs into an organization capable of representing and leading the mature and growing PA education field. Build the volunteer structure, professional staffing, and financial and internal process systems necessary to execute this strategy.

2 Human capital

This component focuses on recruiting and training three groups: students, faculty & administrative staff, and program directors. This is the classic workforce approach of improving a system by cultivating people's skills and knowledge.

2.1 Students

Recruit for diversity A more diverse student body leads to a PA profession with a wider set of experiences and perspectives, which is more capable of understanding the current disparities in health care and identifying innovative ways of delivering more equitable care.

Recruit for leadership potential Include leadership attributes as part of our admissions criteria. To graduate the PA leaders of the future — whether in clinical, educational, administrative, leadership, and advocacy roles — we need to identify and cultivate leadership skills and attitudes early in the educational process.

Build the student to preceptor pipeline Educate students about the importance of the preceptor role, the expectation that they precept and men-

tor the next generation of PA students as part of their clinical practice, and the importance of clinical sites to the PA profession.

Build the student to faculty pipeline Establish education tracks for students who want to become PA educators, develop fellowship programs in PA education and the funding to run them, and market PA education as an important profession worth pursuing.

2.2   Faculty and administrative staff

Recruit for diversity A more diverse faculty fuels innovation and creativity by expanding the breadth of faculty experiences and perspectives. This, in turn, fosters a more diverse student body, and research that better explores issues relevant to underserved populations.

Promote engagement Integrate faculty within the broader PA educator community through the Annual Forum, professional mentoring, and volunteer and service opportunities. This provides faculty a peer group where they can find moral support, share ideas and advice, and participate more fully in the culture of PA education.

Support scholarly activity Promote scholarly activity as a cornerstone of PA educator culture. Identify and develop more opportunities for faculty to undertake scholarly work in a broad sense — research and discovery, interprofessional collaboration, service to the profession, and teaching — and sharing results with the wider PA education community.

Develop faculty skills Provide training and tools for faculty to do their jobs more efficiently and effectively and to better manage their workload and stress. The more proficient they are in their jobs, the more time they will have for research and leadership activities, and the more likely they are to continue as PA educators.

Develop research skills Provide training and resources on identifying research opportunities, conducting educational research, collaborating in joint research, and applying research results to improve program and educational outcomes.

Develop leadership skills Provide opportunities to volunteer and contribute to the wider PA educator community, to build relationships with community partners, and to advocate on behalf of both the institutions and the profession of PA education. Also provide training on building strong partnerships that can advance our agenda in the public sphere.

Build the clinic to classroom pipeline Establish innovative ways for PA clinicians to become PA educators, from providing occasional lectures to serving as a full- or part-time faculty member.

Build the faculty to program director pipeline Provide resources, training, and volunteer opportunities to help faculty develop the skills, experience, and knowledge required to become a program director.

2.3   Program directors

Improve program director recruitment Develop guidelines on conducting an effective search for a new program director, and identifying superior program director candidates, whether internal or external.

Develop program director skills Provide training and resources for program directors on how to develop, manage, and lead their team more effectively, as well as develop stronger administrative skills. For example, recruiting and managing their program faculty and staff, developing the skills of their personnel, reducing turnover, pursuing and maintaining accreditation, and financial management.

Develop leadership skills Provide opportunities to volunteer and contribute to the wider PA educator community, to build relationships with community partners, and to advocate on behalf of both the institutions and the profession of PA education. Also provide training on building strong partnerships that can advance our agenda in the public sphere.

Build the faculty to program director pipeline Provide training and resources for program directors on developing promising faculty into associate program directors. For example, providing them appropriate opportunities to learn and practice program director skills and encouraging them to volunteer and network at local, regional, and national levels.

3 Curriculum & assessment

This component focuses on two topics: placing additional curricular emphasis on skills that will enhance the PA profession; and providing resources for programs to use in teaching and assessing their students in both didactic and clinical settings.

3.1 Curricular emphasis

Leadership Reinforce leadership competencies in the curricula. To ensure that PA education and practice continues to innovate, we need to graduate PA leaders who can coordinate health care teams, develop new partnerships, and advocate on behalf of the PA profession.

Research Reinforce research competencies in the curricula. Our dedication to evidence-based medicine demands that we graduate PAs who know how to apply existing research to clinical and educational challenges, and how to conduct research to find better ways to practice.

Diversity Integrate diversity topics and issues throughout the curricula at every opportunity. To provide the most culturally competent care, we need to graduate PAs who understand the role that race, gender, economic class, and similar factors play in the delivery of effective health care.

Interprofessional Build strong connections between students in PA studies and other health professions throughout the curricula. PAs practice and lead in environments with a wide variety of other health professionals, so we need to graduate PAs who have experience working alongside them.

Primary Care Infuse the curricula with primary care concepts which support three major outcomes — improving the health of our populations, enhancing the experience of care for patients, and reducing health care costs — while ensuring access to quality health care for all patients.

3.2 Tools & resources

Curricular tools Provide curricular resources to programs, including both discrete curricula as well as teaching strategies. Sharing these curricular tools encourages the improvement of curriculum quality, reduces the

time and effort a program must invest to develop new and updated curricula, and helps programs address current standards of medical practice while adapting more quickly to future needs of the health care system.

Assessment tools Provide exams and a variety of validated instruments for programs to use as part of their assessments of students and curricula. Making these tools available encourages a more consistent and reliable assessment of students and curricula across programs.

4 Research

This component focuses on two topics: internal research that lets us evaluate program and educational outcomes and improve them; and external research that provides convincing arguments demonstrating the value of both the PA profession and PA education.

Improve program quality Promote the development and sharing of research that evaluates the quality and value of the resources discussed in the *Human Capital* and *Curriculum & Assessment* components. This is the research we need to continually improve program quality.

Demonstrate PA value Promote the development and sharing of research that measures PA clinical outcomes, cost effectiveness, and patient satisfaction. This is the research we need for building relationships with the organizations described in the *Partnership* component.

Both the *Human Capital* and the *Curriculum & Assessment* components expand the capabilities needed for this research: training in the leadership and research skills for planning and conducting research; making time available for research by working more efficiently, recruiting additional faculty, and providing time-saving curriculum and assessment tools; and recruiting a diverse perspective that leads to broader research thinking.

5 Partnerships

This component focuses on developing relationships with organizations with shared interests, so that we can advance this overall strategy. While there are

many organizations that we'll work with in some capacity or another, only a few rise to the level of a strategic partnership, where we closely ally with an organizations for mutual benefit.

There are four major strategic partnerships we need to engage:

Clinical Build relationships with large organizations that have (or have influence over) many clinical sites that we can use for clinical rotations. While we'll continue to develop relationships with local clinics and hospitals and so forth, the volume of sites that we need and the urgency with which we need them makes partnerships that can deliver sites on a large scale quickly much more valuable.

Research Build relationships to conduct research on the clinical effectiveness of PAs. While we can do some studies on our own, we need reliable research quickly, and that inclines towards some major partnerships which can give us access to longitudinal data on clinical outcome, cost effectiveness, and patient satisfaction.

Diversity Build relationships to recruit a more diverse student body. While we can begin outreach and communications work on our own, access to rural organizations, associations representing economically disadvantaged communities, and so forth can help get our message out to a much larger audience much more quickly.

Policy Build relationships to advance our legislative and regulatory agenda. Making PA education more affordable may require significant changes to PA educational funding (whether reducing costs or increasing available funding); making primary care a more attractive field may require incentives (whether in service payments or loan forgiveness).

The leadership skills, time availability, and diverse representation that are important for developing partnerships are developed in the *Human Capital* and the *Curriculum & Assessment* components; the explanation of PA value needed to build the Clinical, Diversity, and Policy partnerships is developed in the *Research* component.

6   Infrastructure

This component focuses on strengthening the association's internal capacity to undertake the work of the next ten years. To do this, we'll need to increase the quality of the professional staff, volunteer structures, revenue management, and operational processes.

Staff Development Continue to transition non-educational professional activities and responsibilities from volunteers to professional staff (e.g., finance, event planning, marketing, survey design). Identify needed skills and develop the necessary expertise through a combination of training current staff and hiring of additional staff.

Volunteer Structures Adjust the current volunteer structure to make strategic thinking and collaboration a priority. Provide additional opportunities for PA faculty and administrative staff to participate in the work of the organization (at various levels of engagement). Continue to adjust the structure to respond to strategic opportunities (e.g., new partnerships).

Revenue Management Develop new products and services that can bring additional revenue into the organization, while continuing to increase the revenue from current products and services. Develop capacities in new product development, product management, and marketing.

Operational Processes Increase the effectiveness & efficiency of internal processes, and continuously improve them. The organization was initially designed for a smaller field and more limited goals; to work in the expanding PA education field and achieve our ten-year goals, we'll need to redesign, automate, and (in some cases) outsource our processes — both to reduce costs and to increase effectiveness.

7   Conclusion

This strategy is designed to do five things:

1. Develop the human capital of the PA education field by recruiting a diverse mix of students and faculty, and teaching them the culture and the competencies needed for a strong and healthy PA future.

2. Provide faculty with the best curricula and assessment tools that we can develop or make available, and encourage them to share and improve their innovations, modifications, and improvements.

3. Promote and commission research that improves the quality of PA program outcomes as well as research that demonstrates the value of PA education and practice both to partners and to the public.

4. Partner with organizations that can provide access to the resources (clinical experiences, research data, funding, potential students, and policymakers) that we need to achieve our goals and which we cannot access on our own.

5. Build the internal capacity of both staff and volunteers — by improving our technical & business systems, organizational structures, professional skills, and products & services — that will allow us to pursue the other aspects of this strategy.