The physician assistant (PA) profession has enjoyed much success, acceptance, and growth since the establishment of the first program at Duke University in 1965. Between 1969 and 1976, 44 new programs were started, resulting in a total of 47 programs by 1976.1 At this time, presumably due to a need for or shortage of PA faculty, the first studies and discussions exploring issues of faculty development were undertaken by the PA profession. The establishment of PA programs remained stable from 1977 to 1992, with only nine created during this period.1

Within the last four years, the explosive growth of new programs has occurred once again. From 1992–1996, 33 new programs were founded, bringing the number of accredited programs to 104.1 Although faculty development concerns have existed throughout the profession’s existence, emphasis may have been placed on more pressing challenges of the growing profession, such as obtaining licensure and prescriptive privilege. It is widely held that the trend of PA program growth will continue, resulting in smaller numbers of available qualified PA faculty relative to the number of students, and larger numbers of PA students. Clearly, a need for more well trained PA faculty exists. Such faculty are essential in order to continue training PAs to meet the high standards and demands of their current role in health care.

Despite this recognized need, little literature exists which specifically pertains to PA faculty development. An initial study conducted after the first wave of growth in PA programs by the George Washington University Department of Health Sciences addressed the “Model Development, Implementation, and Evaluation of Faculty Development Workshops in Training of Physicians Assistants.”2 The purpose of this study was to prepare PA clinical coordinators through a workshop to collaborate with clinical instructors in the methods to teach students clinical skills.2 Although this study concentrated on the development of teaching skills for...
clinical instructors, it also illustrated concerns regarding core PA faculty development. As early as 1977, the PA profession believed the need for development and improvement of their faculty was an integral part of improving the overall quality of instructional methods for their students, and that existing PA faculty were found to lack formal educational training. In light of the recent growth of PA programs and shortage of trained PA educators, these concerns remain just as relevant today.

In order to gain further insight into the need for PA faculty development and recruitment, PAs may make comparisons and correlations with other allied health professions that have experienced similar professional growth patterns and increased demands on their professions. Posthuma and Noh, in 1991, stated that occupational therapy (OT) was experiencing a lack of trained clinicians as well as a lack of qualified OT instructors. They noted that this problem was a vicious circle; the lack of clinicians placed an increased demand on OT programs who themselves had too few current OT educators and a lack of applicants for faculty positions. In the area of nursing, Davis et al. noted that because of a shortage of nurses, a greater emphasis was being placed on developing competencies for nurse faculty due to their important role in the recruitment and retention of nursing students. Finally, Hitchcock, Stritter, and Bland addressed health professions faculty development in general, stating that it could be thought of in terms of an investment in human capital. Such an investment allows for the program to improve through better research efforts and training of its graduates. It also allows for the institution as a whole to benefit by encouraging overall improvement.

Because other allied health professions have experienced similar challenges of faculty development and recruitment, potential solutions for the PA profession to alleviate its problems may be found in how other allied health professions have dealt with them. There are many compelling reasons for the PA profession to make the development and recruitment of well trained faculty a high priority. First, this would potentially result in increasing the numbers of better prepared PA faculty, increasing student enrollment, and allowing continued program expansion. In turn, this would lead toward alleviating other concerns, such as the increasing need for clinicians, and successfully maintaining PA education. Finally, this commitment would make the “investment in human capital,” resulting in thoroughly trained students, higher quality graduates, program improvement, and better research.

Historically, most current PA educators began teaching after gaining clinical experience and entered academia having little or no formal preparation for teaching. Other allied health professions have encountered the similar problem of clinicians assuming the multifaceted role of a traditional faculty member. Commenting on the nursing profession, nursing educators Davis et al. determined: “Clinical expertise alone is insufficient preparation for the academician role.” With regards to physical therapy, Hageman stated that “Clinical experience, .... does not always prepare a clinician for the numerous responsibilities facing the academic faculty member,” and noted that clinicians accepting academic appointments often have strong professional backgrounds, but are not well trained in educational methodology. Similarly, in a survey of 192 registered OTs, it was discovered that 63% felt that they had not developed sufficient experience and skill for both teaching and research. Further, while almost 33% of respondents felt as if a faculty position was appealing, only 8% had ever applied. It was the respondents’ perception of lacking necessary qualifications that was the major determinant of not pursuing the faculty position. It is likely that current PA faculty, most of whom began their careers in clinical practice, may lack many of the skills needed to be effective teachers and researchers. One could argue that many potential PA educators, who are currently full-time clinicians, may not pursue faculty positions because they perceive themselves as inadequately trained for academia. Both the limited numbers of existing formally trained PA educators and the general lack of clinical PAs entering academia may have significant potential to affect the overall quality of PA instruction.

In response to growing concerns regarding PA faculty development and recruitment, an informal survey of current PA educators was conducted at the Educational Forum of the Association of PA Programs (APAP) in October 1996. Respondents (current PA educators) reported a “higher than moderate” need to develop and improve in as many as nine faculty responsibilities; a total of 20 areas were perceived as having at least “some need” for improvement. These survey results demonstrated that current PA faculty believe they have a need for improvement, realize they may be less prepared for the academic role, and desire further training. A survey of PA students enrolled at the Emory University PA Program in August 1996 was conducted to assess student attitudes toward academic medicine. It found that 61.8% had been made aware by PA program faculty that academic medicine was a viable career path, and 61% agreed that their interest in becoming a PA educator had risen since starting PA school. Furthermore, 76% felt that PA programs should offer an elective academic medicine rotation, a rotation to expose students to the roles and duties of a PA faculty member, and that over 56% would participate in this rotation. Finally, 76% indicated that “Having PA program faculty who are PAs is preferable to having non-PAs functioning in a PA program faculty role.”

Herein lie two major challenges for the PA profession. What are the best approaches to develop faculty skills for current PA faculty? How will the profession respond to the lack of formally trained PA educators, especially in light of an increasing number of programs and enrolled students?

Adding to these complex challenges is the opinion of one group of PA students that believe PAs themselves make the best PA educators. It is understandable how a student may find it preferable to have a PA as a faculty member—he/she is more likely to be in tune with the issues, challenges, and demands facing the PA graduate and is therefore best able to
structure, implement, and tailor PA instruction. Because these PA students perceive that becoming a faculty member is a viable career option, have an interest in pursuing an academic medicine rotation, and would potentially become educators who themselves are PAs, introducing these students to the PA faculty role may provide an excellent avenue for increasing numbers of PA faculty in the future. This, coupled with efforts to expand the training of existing PA faculty, should improve, if not resolve altogether, the problem of too few formally trained PA educators. The continued quality and survival of PA education depends heavily upon the willingness of existing PA faculty to become more proficient and the commitment to recruit from within PA student ranks for new teaching talent.

Methods by which the task of faculty development and recruitment is accomplished in other areas of medical education may prove applicable to PAs. Medical educators Bland et al. reported that “faculty members in the role typified by non-tenure track, university based, or community based seem best developed through a program that combines ongoing faculty responsibilities with short, concentrated training periods (1 week to 1 month) which occur away from their job.” In contrast, the 1996 APAP faculty survey found most respondents considered a 12-month fellowship with a stipend and certificate of competency or a 12-month master’s degree program for certified PAs with a Bachelor’s degree as the most valuable methods by which to offer an educational program for development of PA faculty skills. The health professions study by Bland et al. also stated that fellowships were an effective means to recruit and train new faculty, and that these fellowships are being utilized as paths toward faculty positions by the graduating residents. Similarly, offering opportunities for PA students to explore and practice faculty roles may provide a path for recruiting new well trained-faculty.

After realizing the necessity for PA faculty development and recruitment, and reviewing the APAP survey results, the Emory University Physician Assistant Program initiated a project to create an academic medicine elective rotation in the summer of 1996. Due to its initial success and the fact that senior students expressed an interest in participating, the rotation was further developed and refined in its scope. The goal of the rotation is to provide the student with the experience of “sampling” the classic educator activities of a PA faculty member, including administration, teaching, and research while continuing clinical practice. Currently, the Emory program is informing students about the rotation through the program’s marketing brochure, during applicant recruiting and interviewing sessions, and while orienting new students. A grant from the Department of Health and Human Services, Bureau of Health Professions, provided the funding for the creation of a written curriculum focusing on developing an academic medicine elective rotation. This curriculum will be made available to other PA programs next summer.

The written curriculum will encourage PA programs to expose students to issues of increased need for PA faculty and to the demographics and activities of core and adjunct PA faculty during the first year of didactic training. Students will be introduced to the art of lecturing with exercises to include critiquing and developing short lectures and learning to present these properly to their peers. The senior clinical student will have the opportunity to participate in the academic medicine rotation in order to cultivate interest in the PA faculty role and further refine his/her faculty skills. It is believed that exposing all students to academic career opportunities, especially those who have an interest, will result in more graduates becoming PA faculty in the future.

Recently, I was selected to participate in the academic medicine elective rotation. During the didactic portion of training, I noted that there were some lectures that I believed might have been better taught had they incorporated a more PA-specific approach into the topic. This was when my interest in the PA faculty role was piqued. The elective rotation combined part-time clinical activities (3 days per week) with two days per week experiencing and researching various aspects of the PA educator role. The total time of the rotation was four weeks. One of my assignments was to interview the program’s core faculty members concerning their educational and clinical backgrounds and professional challenges. As an “Academic Fellow,” I engaged in each of the four classic roles of medical faculty: administration, teaching, research, and clinical service. In the administrative role, I was invited to participate in a faculty meeting and assisted with the assignment of clinical-year rotations for the upcoming clinical students. In the area of research, I read relevant research articles on faculty development issues, and began formulating ideas for a research paper required for graduation. I instructed students in advanced cardiac life support, assisted in the knot tying and suture labs, and was asked to observe other didactic lectures for style, content, and effectiveness in order to experience the teaching role. Just as the Emory faculty continue part-time work clinically, in addition to their other faculty duties, I functioned as a clinical student in a family practice clinic.

Additionally, I completed a self-directed project, a one-hour, computer-enhanced, interactive lecture given to the upcoming clinical year students entitled “Clinical Year Survival: Everything You Need to Know to Have a Great Clinical Year.” Designing this project involved writing an outline, objectives, and test questions, performing a test question analysis, soliciting feedback from students, and performing a survey of current clinical students for practical advice to give in the lecture. At this past APAP meeting in Milwaukee, in October, 1997, I reported on my experiences and gave a brief synopsis of this project to PA educators from around the country.

These various experiences gave me a true sense of the realities, challenges, and rewards of being a PA faculty member and fostered my interest in entering PA education as a faculty member at a future point in my career. It also strengthened my desire to continue to be involved in PA education as a mentor and clinical instructor. The rotation
also brought to my attention the need to continue formal training in educational issues and techniques in order to effectively function as a PA faculty member. Although this rotation experience is only one suggestion of how to encourage the discovery of PA faculty roles and responsibilities, it may well be an enormously valuable tool to meet the challenge of recruiting and developing quality PA faculty.

The PA profession should take note how other allied health professions have addressed the issue of faculty development and look to existing PA faculty to formulate recommendations and practices to alleviate the shortage of formally trained PA faculty. These solutions might include fellowships or workshops for existing PA faculty as well as a concerted effort by all PA programs to offer PA students exposure to and experience in PA faculty responsibilities. The continued success of the PA profession and its educational programs depends upon our ability to train, recruit, and retain effective PA educators.

References


