

The power of pivoting: Deconstructing myths in primary care.

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Introduction/Background

According to the Association of American Medical Colleges Center (AACM) for Workforce Development, physician demand will outpace supply in all specialties through 2034. The shortage in primary care is estimated to be between 17,800 and 48,000 physicians, leaving an ongoing role for Physician Assistants (PA) in primary care. The 2021 Statistical Profile of Certified Physician Assistants by Specialty published by the National Commission on Certification of Physician Assistants showed a 2.2% decrease in the number of PAs practicing in primary care since 2017.

With the assistance of a generous grant from the Health Resources & Services Administration (HRSA), the Bay Path University PA program developed a curricular intervention to prepare and encourage Bay Path University Physician Assistant (PA) graduates to pursue professional careers in primary care. Rapid cycle quality improvement (RCQI) was utilized to quickly dispel misconceptions regarding careers in primary care.

Methods

Utilization of HRSA goals and objectives allowed the development and implementation of new didactic curricula in existing courses. Qualitative and quantitative methods were used to examine primary care topics. A module on primary care was incorporated into a first-year course to introduce careers in primary care. Results of a focus group revealed several misconceptions, which resulted in RCQI including interactive pre/post surveys around a panel of PA professionals working in primary care. The use of surveys and reflection papers was analyzed as a way to understand whether any specific changes in students' thoughts about primary care occurred. Qualitative data was analyzed via theme analysis, and quantitative data by descriptive statistics.

Results

Analysis of a focus group revealed four main misconceptions about primary care: (1) lower salaries and/or benefits, (2) workload is more demanding, (3) it's harder than other specialties, and yet (4) not as prestigious. The classroom Intervention was a panel discussion designed to address these misconceptions as well as a few others. An analysis of pre- versus post-survey

results showed that there was a 36% increase in positive perceptions of primary care post the panel discussion (i.e., 31% pre vs. 67% post) and a 16% decrease in negative perceptions (i.e., 27% pre vs. 11% post). There was essentially no change in students' perception of workload, and post-surveys showed more students perceived primary care to be a harder specialty versus pre-survey. Lastly, students recognized salaries in primary care were higher than were initially thought.

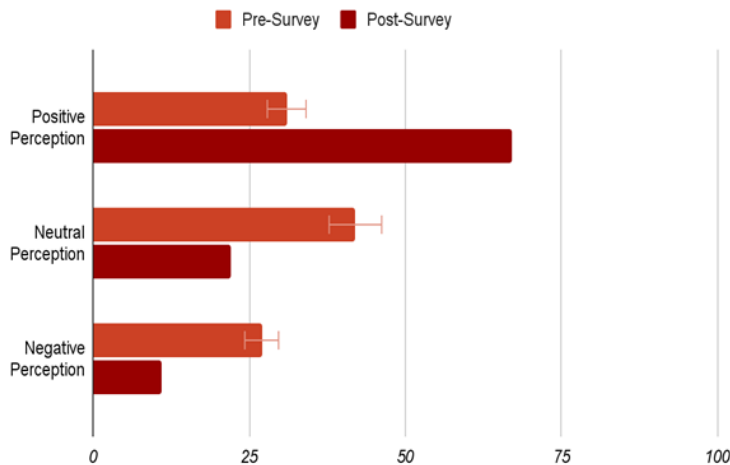
Focus Group Prompt

What are your thoughts on primary care? How about as a career choice?

Survey Questions

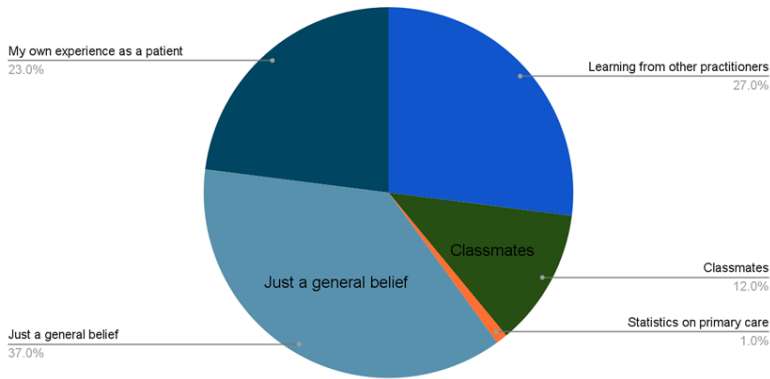
Q1: What do you think is the general impression of PA careers in primary care? Positive/Neutral/Negative

What do you think is the general impression of primary care?



Q2: Where did your impression of primary careers come from?

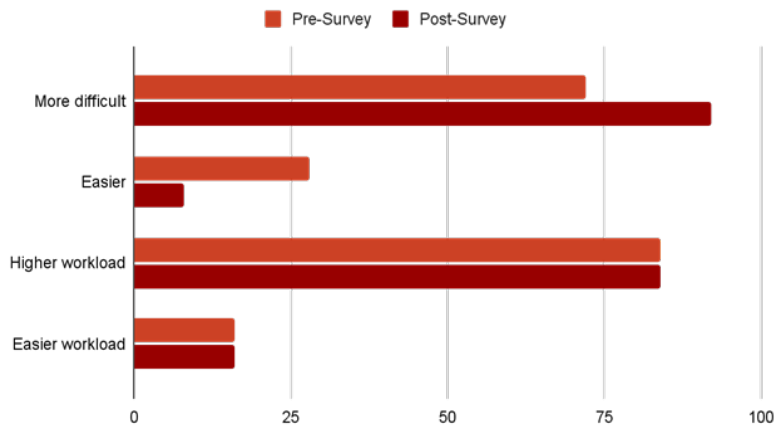
Generally speaking your impressions of primary care came from:



Q3: Do you think the work environment is easier or more difficult than other specialties?

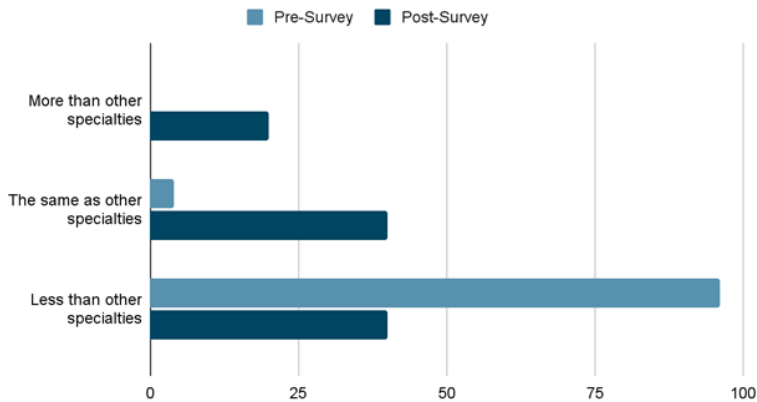
Q4: Do you think primary care has a higher workload than other specialties?

Primary Care Work Perceptions



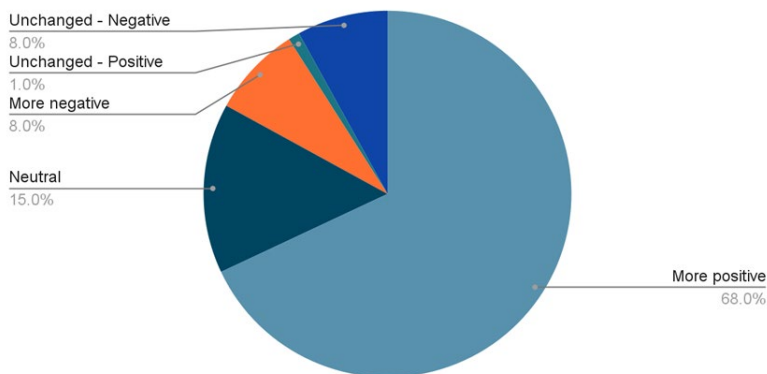
Q5: Do you think the salary for primary care is more than, the same or less than other specialties?

Do you think the primary salary is:



Q6: After reading the assigned articles and attending the primary care panel has your impression of careers in primary care changed?

You have just heard a presentation on primary care. Have your impressions changed?



Like survey results, analyses of reflection papers showed a sizable majority of students reported a more positive perspective on primary care post-intervention. Of those who remained neutral or negative, some indicated having a newfound respect for this specialty. Of this group, some attributed their stance to a belief that they would not be a “good fit” or very specific personal concerns. Student reflection quotes by misconception can be found in Appendix A.

Conclusions

With the growth of the PA profession predicted to grow by 31% by the US Bureau of Labor and Statistics over the next 10 years, PAs can assist in offsetting this supply of primary care provider loss, as cited by the AAMC.

The ongoing challenge is to encourage and support new PA graduates to consider careers in primary care, given the steady percentage of PAs working in primary care. Introducing the idea of primary care early and often in the educational process allows the opportunity to dispel myths, provide mentors, and promote the field as a viable career option. Current recruitment strategies and loan repayment opportunities, while effective, are inherently limited due to cost. Implementing RCQI tools early in the curriculum has the potential to help address primary care provider shortages.

Limitations of the study include it was conducted with one cohort of 58 first year PA students at a single PA program in the Northeast, surveys and reflection were self-reported. Members of the primary care panel had a connection to the program, which could have introduced bias.

Recommendations

Data will continue to be collected in the area of primary care in the second year of this cohort as well as future cohorts. Survey items will be redesigned for future cohorts in response to feedback, results and improved data collection. In order to provide perspective on other PA specialties a panel of PAs representing various specialties will be held prior to or in conjunction with the primary care module. Primary care PAs representing varied settings will be added to the panel.

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Appendix A

Student Focus Group and Reflection Paper Quotes

Misconception 1: PAs who work in primary care have lower salaries and/or benefits

Quite a few students mentioned their surprise at learning of similar salaries to other specialties given their preconception that PAs in this field were “underpaid.” For those who held this belief, the presentation did seem to sway many of them. Some students also appreciated learning about some of the incentives and financial support available (such as loan forgiveness) to pursue a career in primary care.

- “I did gather that a common misconception is that the staff are underpaid compared to other specialties. I now know that the pay is relatively similar or “equal” to other specialties.”

Misconception 2: The workload can be more demanding.

For some students, the presentation helped them see a few of the ways working PAs deal with the demands of the job such as creating a manageable schedule, working in interprofessional teams, and partnering with the patient to learn more about an unexpected or secondary health problem. Nevertheless, a number of students identified concern that trying to be proficient across such a variety of health topics was still a bit of a deterrent to pursuing this career option. The amount of documentation needed (i.e., “paperwork”) also was cited as an obstacle, and for some, a reason to reject primary care as a viable option.

- [From personal experience] “It seemed the majority of the time providers spent a great deal of their efforts on paperwork or administrative tasks for the patients rather than interacting with the patients themselves.”
- “I realize that there is a lot of training and help. They do not just throw you into the deep end and expect you to know everything.”

Misconception 3: Primary care is harder than other specialties.

Interestingly, many essays mentioned their preconceptions that primary care was “boring” or actually “easier” and thus less attractive than other specialties. Some also believed that anything interesting that a patient experienced would need to be referred out to a specialist. Combined with thoughts around the workload, it is unclear whether students’ opinions were swayed either way on this point.

- “The class felt that the work of the primary care provider was more difficult because it requires more broad knowledge about a vast array of topics. However, in my opinion there are those cases that stump you, but for the most part I find that the work is still more conversational and relational than other specialties and that over time like any specialty it does become more predictable, and you begin seeing a lot of the same.”
- “What overwhelms me about the field particularly is that primary care providers must balance a lot of different medical complaints at once. This includes patients coming in with multiple chief complaints along with psychosocial concerns. Knowing a little bit of everything seems more stressful than knowing a particular field in and out. I fear being able to balance their complaints in a timely manner while providing quality patient care, following up on their care and still being expected to document all my encounters.”

Misconception 4: Primary care is not as prestigious as other specialties.

Only a few students mentioned believing that primary care is not as distinguished as other specialties or hearing this from their family or peers. Rather, the concern seemed to be more that it was an “underappreciated” specialty. This suggests that the group may see primary care practice as of high value, but its importance is sometimes overlooked or unrecognized. The essayists that mentioned the prestige factor may still hold this belief. But the words of the panel participants appeared to inspire some to consider that holistic patient care and service to the community can outweigh external criticisms or judgment.

- “Much has been said and studied regarding pay and prestige when weighing practice options, but the psychosocial factors and ability to give back to a community are somewhat overlooked. I think PAs should use caution and introspection about the value they will receive when picking a specialty, which cannot be weighed by salary or social rank alone.”
- “Primary care may not be the most glamorous of the fields a PA can work in. But it can be one of the most impactful. Knowing that has broadened how I see primary health care.”

Additional emerging themes.

Primary care can be a more holistic approach to treatment than other specialties.

Several students were intrigued by panel members' stories of how patient care might involve everything from assessments and screening to determining transportation or food access needs. While other specialties may incorporate some of these elements in treatment, the group seemed to view it as a distinctive feature of the profession.

- “In the study completed on PA students planning to work in primary care, it talked about how those going into primary care are interested in driving social change which I can definitely see from listening to Manny and Marie talk. I was unaware of all of the extra pieces they dealt with by being the providers to take the time to really explain the importance of their medications, to find local resources, and to fill out forms to get their patients the help that they need whether that be a referral or a handicap placard.”
- “I have learned that primary care PAs have a lot of responsibility and must be familiar with many diagnoses. On top of that, they must think about how accessible different things are to their patients. For instance, if they are following a patient with diabetes, they must be familiar and up to date with the various treatments and medications, but they also need to make sure these items, along with nutritional information and other resources are available to their patients.”
- “Also working in primary care is unique as it allows you to understand your patient as a whole, treat a variety of conditions, and follow up with your patients regularly as needed.”

A challenge of primary care is not necessarily knowing what “success” or “impact” looks like.

Some students were concerned that primary care lacks the clear indications of patient improvement that are key elements of other specialties. A few tied this worry to their own perfectionism or a “need to know the answers to everything.” Panel members' examples did persuade some that there are colleagues and resources to support learning and that provider mistakes are an aspect of any healthcare specialty.

- "Before the class discussion, I assumed that in order to work in primary care one would have to know how to answer each patient’s concern perfectly. Also, if they didn’t know an answer to a question, they would leave the room and research it. However, it was surprising to hear that some providers would research in the room alongside the patient. I liked this approach because it makes it okay that a provider may not have all the answers."

However, others felt that a more satisfying career pathway would be knowing one subject area well.

- “Being a PCP may not be the best fit for myself. Also, it’s a lot to have to know a little about a lot. Just in the short time that I have been in PA school, I feel overwhelmed by the number of things I would see in a PCP office. I am a Data head, meaning that I don’t like not knowing something and may be uncomfortable having to refer out constantly. For that reason, specializing might be better suited to my personality. But I am definitely not ruling out being a primary care provider.”

