Primary Care Teams, Composition, Roles, and Satisfaction of PA Students During Primary Care Rotations.

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Kayingo, Gerald
Deon Kidd, Vasco
Gilani, Owais
et al.

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Health Policy in Physician Assistant Education: Teaching Considerations and a Model Curriculum
Vasco Deon Kidd, DHSc, MPH, PA-C; James F. Cawley, MPH, PA-C; Gerald Kayingo, PhD, MMSc, PA-C

Abstract Recognition is growing within the medical academic community that future clinicians will need the tools to understand and influence health policy decisions. With the passage of the Patient Protection and Affordable Care Act of 2010, future clinicians will need not only clinical competence for successful practice but also an understanding of how health systems function. Although the fourth edition of the Accreditation Standards for Physician Assistant Education contains provisions and stipulations for the teaching of health topics in general and health policy specifically, physician assistant (PA) educators retain little consensus regarding either learning objectives or specific rubrics for teaching these important concepts. In this article, we discuss approaches for teaching health policy, delineate useful educational resources for PA faculty, and propose a model curriculum.

INTRODUCTION
Integrating health policy curricula into US medical education has gained greater importance as the health care industry has undergone significant change over the past several years.1,2 Given seismic changes in the health system and the effects of health care reform legislation, particularly the Patient Protection and Affordable Care Act of 2010 (ACA), students and practitioners face complex opportunities and challenges that will affect the way they deliver and practice medicine in the 21st century. Current trends—such as systems-based practice, emphasis on quality of service, and the legal and regulatory framework of modern clinical practice—and knowledge of health policy issues are now regarded as core competencies for the practice of medicine.3,4 Moreover, under the ACA, millions of uninsured Americans will have access to affordable health care, which will create a need for a robust primary care workforce. Those health care providers will need not only to be clinically capable but to understand the economic and theoretical underpinnings of health systems.5,6

The Lancet report titled “Health Professionals for a New Century” has called for a transformation of medical education to strengthen health systems in an interdependent world.6 The report emphasizes that current medical education has not kept pace with the challenges of our health care system, largely because of fragmented and outdated curricula that produce ill-equipped graduates. The report further asserts that health professionals’ competencies systemically mismatch patient and population needs.6 Similarly, the Carnegie Foundation’s recommendation on medical education has called for curricular reforms with a greater focus on care coordination and interprofessional teams.7 The Institute of Medicine Committee on Health Professional Education has emphasized the importance of providing core instruction on health policy topics.

The Accreditation Standards for Physician Assistant Education, published by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), require that physician assistant (PA) programs provide instruction about various aspects of health policy, such as interprofessional teams and health care delivery systems.8 However, PA educators retain little consensus regarding learning objectives or specific rubrics for teaching health policy.

The question becomes this: How do we prepare the new generation of clinicians to become advocates and policy makers with the skill sets necessary to address health policy issues such as reducing health care disparities and promoting and facilitating policy change? Currently, fewer than half of graduating medical students in the United States said that they had received adequate training in health care systems and the economics of practicing medicine.1 This was underscored when Agrawal et al9 surveyed 770 respondents (295 first-year and 475 fourth-year students) and found that 96% believed that knowledge of health policy was important to their career, and 54% expressed dissatisfaction with the health policy curriculum in medical school. This finding is not surprising, considering that the average medical student receives about 14 hours of health policy instruction over 4 years.3 This lack of instruction time is problematic given that the US Medical Licensing Examination has already begun testing students about public health principles.

Health policy instruction is anemic not just in medical schools but also in nursing and other health profession schools.9,10 In all, 67% of nurses believe that they do not receive education that adequately prepares them for political activism and involvement in health policy.11 Although the corresponding figure for PA students is not known, a recent national cross-sectional study examined the extent to which PA students are exposed to various elements of health care policy and found deficits in PA education with regard to health policy curriculum and exposure to the concept of the patient-centered medical home.3 Given

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the current work environments and the increasing number of PAs in administrative and policy-making roles, PA students must obtain instruction on health care policy earlier. Physician assistant educators need to develop effective educational strategies to equip future clinicians with the knowledge and skills that are necessary in health policy.

Model Curriculum for Health Policy

When medical school deans were asked to rate the importance of health care topics to medical education, the largest proportion of deans considered quality improvement to be the most important topic, followed by health costs, medicare and medicaid, health care reform, and physician reimbursement and insurance design. The fourth edition of ARC-PA’s Accreditation Standards for Physician Assistant Education contains provisions and stipulations for teaching topics such as health policy, information technology, quality improvement, and health care delivery systems. However, this question persists: How do we go from those general guidelines to a more specific curriculum regarding the delivery of health care policy during the didactic and clinical phases?

There is little consensus among PA educators regarding learning objectives and specific rubrics for teaching health policy. Furthermore, PA education is characterized by wide variation in curricular approaches to teaching medicine; substantial differences in program length, content, and course structure; and little curricular flexibility, because of time constraints. Thus, a practical approach is to develop a framework or template to teach domains and core competencies of health care policy.

In this article, we discuss approaches to teaching health policy from myriad resources, such as the Healthy People Curriculum.

Model Curriculum Topic

According to the educational guidelines set by the Healthy People projects sponsored by the Association for Prevention Teaching and Research (APTR) and other published sources, health care policy curricula should include a framework comprising 4 components (Figure 1). A detailed sample outline of topics corresponding to the 4 components is in Tables 1-4.

The suggested topics are but a few of those that PA educators can use to expose their students to different aspects of the health care system. Any of the elements in the tables can be integrated with the teaching of the basic medical and clinical sciences. Medical educators acknowledge that physicians receive little formal education in health policy. Even less is known about the health policy knowledge, attitudes, and experiences of US residents, despite several recent calls for increased attention to health policy in the undergraduate and postgraduate education of physicians. As a result, researchers have proposed model curricula for physician residents in general internal medicine that use a Washington-based 3-week approach combining lectures, seminars, and visits to policy makers and analysts.

Challenges to Teaching Health Policy

Some educators may find it difficult to teach an esoteric topic such as health policy and may be unaware of the teaching and educational resources that are available to them. Others may have trouble encouraging student engagement in the subject. Like medical students, PA students typically prioritize their study time by focusing on basic science and clinical medicine concepts because of the perceived value of these concepts to future practice.

Another challenge is that students may bring into the classroom some bias toward specific health care topics. Overcoming these challenges can be difficult given the priorities of students today. Instructors may need to develop strategies designed to help students recognize and manage their biases on specific health topics. For example, students may express opinions about the ACA that are based on secondary information, press reports, and private conversations and may not rely on verifiable or authoritative reference sources. Parsing out key provisions of the ACA using defined policy criteria may help improve student engagement and inform student views in objective policy analysis.

One approach to teaching health policy is to break down complex issues into smaller segments that can be integrated into other curricular elements. For example, food and nutritional policy can be integrated into a course on cultural issues.

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**Table 1: Foundation of Population Health Topics**

<table>
<thead>
<tr>
<th>Area</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>Population management topics</td>
<td>• Organizational behavior¹²</td>
</tr>
<tr>
<td></td>
<td>• The value of data collection, storage, and management in terms of identifying and closing gaps in care¹²</td>
</tr>
<tr>
<td></td>
<td>• Information-powered clinical decision making</td>
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<tr>
<td></td>
<td>• Clinical outcomes assessment</td>
</tr>
<tr>
<td></td>
<td>• Population monitoring and stratification¹²</td>
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<td></td>
<td>• Patient engagement</td>
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<td></td>
<td>• Team-based interventions¹²</td>
</tr>
<tr>
<td></td>
<td>• Patient-centered medical homes</td>
</tr>
</tbody>
</table>

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Figure 1. The clinical prevention and population health curriculum framework. Reprinted with permission from the Association for Prevention Teaching And Research, Clinical prevention and population health curriculum framework Web site. http://teachpopulationhealth.org.
Preventive medicine policy can be interwoven into a course on adult medicine in terms of best practices for prevention and screening of diseases. Group activities and assignments about pressing health policy issues tend to encourage and promote student engagement. Another strategy is to incorporate health policy into an interprofessional education (IPE) activity with other disciplines such as public health, medicine, nursing, and business. A third strategy to engage PA students in discussing health policy issues is to leverage interdisciplinary synergies to create innovative IPE models for didactic and practice-based learning.

Faculty Development and Student Online Resources

The Association for Prevention Teaching and Research, Kaiser Permanente, Institute for Health Improvement, and newer platforms such as Coursera and Khan Academy offer a variety of faculty development resources, which educators may use to gain exposure to the essential domains and core competencies of public health and health policy. For example, APTR’s online modules provide a comprehensive and informative overview of the many facets of the US health care system. The APTR learning modules contain myriad slide and video presentations, student assessments, in-class activities, instructor guides, and case studies. Furthermore, educators can earn Category 1 continuing education credit by completing APTR’s public health modules. These are just a few examples of the many newer online platforms that educators can use for instruction and integration into existing health policy curricula. A complete list of online resources and suggested readings about health policy can be found in Appendix 1 and Appendix 2.

Although no single, perfect method of teaching health policy exists, we believe that it is important for instructors to use the most effective and contextually appropriate teaching methods available.
techniques and information sources to facilitate student knowledge acquisition and understanding of health policy in medical education.

CONCLUSION

Over the past several years, experts have been explicitly calling for the inclusion of health policy in medical curricula. For PA students to influence and facilitate change in the evolving world of clinical practice, they need to understand the political, structural, and economic underpinnings of the health care system. Health policy literacy is no longer considered an ancillary skill for the practice of medicine in the 21st century. Health policy literacy is now a core competency. As faculty at medical schools contemplate a national curriculum on health policy, faculty in PA programs may consider adopting various structures for health policy instruction. We encourage faculty in PA programs to explore and consider effective approaches to teaching health policy including innovative, experienced-based educational strategies that encourage student interest in this topic.

REFERENCES


Appendix 1. Selected Current Readings in Health Policy


Appendix 2. Selected Online Sources for Teaching Health Policy

1. The APTR learning modules (recommended resource)
2. Kaiser Permanente’s voluminous collection of online tutorials that are usable for instruction about the US health care system: http://kff.org/arkived-kaiseredu-org-tutorials/.
4. Institute for Health Improvement’s variety of case studies and other tools to guide work for improvement: http://www.ihi.org/resources/Pages/CasesStudies/default.aspx.
5. Coursera’s variety of resources and courses for educators who want to learn more about the US health care system: https://www.coursera.org/courses.