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## Methods and Variability in Physician Associate Student Advocacy Education

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## Methods and Variability in Physician Associate Student Advocacy Education

### Abstract

*Objective:* To assess the current practices of PA programs pertaining to how advocacy education is taught to their students and to determine differences among the programs.

*Methods:* PA program directors were interviewed about advocacy education including time allotted, when it is provided, learning objectives, source materials, teaching methods, determination of competency, and tracking of student advocacy participation after graduation.

*Results:* All noted that advocacy education is important, however meaningful, in-depth, instruction can be limited for a variety of reasons. Such reasons include limited educational time to ensure that a sizeable set of standards is met, limited access to experts, and established program precedent.

*Conclusion:* Interviewees expressed that advocacy education is important, but there are significant differences in how the information is presented to the students. There is a need for further investigation of this area, including: assessment of professional society involvement, best methods for instruction, and standardization of instruction.

### Keywords

PA student advocacy, Professional advocacy, PA student education, physician associate, physician assistant, Advocacy education

## Introduction

Professional advocacy is crucial to the advancement and survival of any healthcare profession. Anecdotally, weakly communicating the importance of professional advocacy to the Physician associate/assistant (PA) student will translate into poor professional involvement, both in membership to professional organizations, and in participative activities [1]. While the definition and scope of advocacy can vary by profession and setting, this commentary will focus on advocacy specific to the PA profession and educational standards. As a relatively newer healthcare profession, developed in the latter half of the 20<sup>th</sup> century, it is important to continually review and assess the factors that have contributed to the growth and development of the profession. The American Academy of Physician Associates (AAPA) states that it “works to advance the profession and promote quality, accessibility and cost effectiveness in patient centered healthcare” through “initiatives related to the federal, state and grassroots levels [2].” It can be surmised that while advocacy pertains to the advancement and protection of the profession, that work then in turn has the larger objective of ensuring that patients have the best access to care.

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the accrediting body for all PA programs in the United States, has a published set of guidelines for PA educational programs, the *Accreditation Standards for Physician Assistant Education*. The ARC-PA has vague specifications in the *Standards* for curriculum focused on PA professionalism during the formative years of education, not including expectations for the depth or breadth of coverage (Table 1) [3]. As a result, each PA educational program has the potential to have a very different interpretation on how to provide advocacy education.

**Table 1. Accreditation Review Commission on Education for the Physician Assistant  
Standard B2.17 pertaining to curricular content. [3]**

The curriculum <i>must</i> include instruction about the PA profession to include:
Credentialing
Historical development
Laws and regulations regarding professional practice and conduct
Licensure and certification
The PA relationship with the physician and other health care providers
Policy issues that affect practice
Professional organizations

A *PubMed* search was conducted in January 2023, using the terms “advocacy AND (physician assistant) AND (education OR training)” in an attempt to determine if there was any literature on advocacy education in the realm of PA education. The literature relevant to the PA profession consisted of a guest editorial and a historical review article, which were excluded from further discussion in this assessment as they did not speak to current educational methods. The search was then broadened to include different healthcare professions, in an attempt to see how colleagues across the spectrum of healthcare approach the subject matter. It was found that other healthcare professions also face challenges in promoting advocacy education during their formative training years.

Augustine *et al.* introduced a curriculum for pharmacy students, noting that previous efforts have found that students reported decreased advocacy efforts over time [4]. A co-curricular professional experience was spread out over the course of the entire pharmacy education and included numerous activities including meeting with alumni, attending professionalism seminars,

cohort meetings, state legislative days, membership in professional organizations, and more. It was found that students felt more connected to their advisors and cohort peers, and adopted a culture of professionalism, with an emphasis on their own development as healthcare providers [4]. Jansson *et al.* sought to discuss factors that are predictive of health professionals' engagement in policy advocacy through a survey which included similar numbers of nurses, social workers, and medical residents [5]. The survey concluded that those professionals that engaged in high levels of patient advocacy, ultimately were more likely to engage in policy advocacy, and vice versa [5]. Higgins and Newby noted that experiences in policy and education are often difficult and lacking for the students, pointing out that 85% of Doctor of Nursing Practice (DNP) students have not participated in advocacy related activities [6]. They discussed the importance of mentoring, and ensuring that students have access to mentors that can help shape engagement and knowledge [6]. Murphy *et al.* identified a gap in literature related to how schools integrate advocacy teaching and experiences. Overwhelmingly, the respondents of the survey indicated that their programs did not require a course in advocacy but also that nearly an equal majority had interwoven advocacy concepts into the program's curriculum [7].

The literature demonstrates a clear lack of information in regard to advocacy education for PA students, suggesting that educational programs have not collectively considered the best practices and importance of such education. Further demonstrated is that other health care professions also are struggling with the same challenges. This paper will explore how several PA programs are currently approaching advocacy within their curriculum to highlight similarities and differences among the programs, so that further questions can be developed for future exploration.

## Methods

Semi-structured interviews were conducted in spring and early summer of 2023 with PA program directors, who were both active faculty and PAs, to inquire as to their programs and how they may or may not teach advocacy. The program directors were all selected as key informants for their expert insight as PAs who are responsible for the overall curricular oversight to ensure continued ARC-PA accreditation of their respective programs. They are located in the same geographic region of the country and all have significant tenure in PA education and as program directors. Each of the programs is similar in cohort size and are the same in overall length (27 months).

After informed consent was obtained, interviews were conducted via the Zoom virtual conferencing platform. The interviews followed a standardized format (Table 2), with occasional, unscripted follow up to the initial response of the question. No compensation was provided in return for participation in this study. Programs and directors were de-identified for analysis and reporting. All responses were recorded in Excel on separate sheets for each question to compare the data across programs and directors. Institutional review board approval was obtained from the University of the Pacific in Stockton, California, United States (approval number 2023-60).

**Table 2. Standardized Questions for Interviews**

How many hours does the program provide for professional advocacy education?
When is the advocacy education provided?
What are the course objectives?
What topics are covered?
What source materials are used?
What sorts of assignments do the students complete?
How is competence assessed?
Is there additional information about the course that could be shared?

## Results

In total, five programs were represented in the interviews. Many of the overall course objectives were similar and aligned with the ARC-PA standards. Such topics included the profession's history, discussion of PA professional organizations, relationships between PAs and physicians, licensure and certification. Program specific topics included the roles of leadership, understanding of relevant federal and state legislation, specific state legislative efforts and AAPA led advocacy such as Optimal Team Practice (OTP) and Title Change.

One program that is modular in nature intertwines professional topics when they fit with other material being taught. For the others, there is generally one to two courses, running in a standard format over the length of a semester or trimester. Most of the programs reported that their advocacy education occurs primarily in the first year of study, though there was some integration into the second year for a couple of the programs. Instruction varies from a single faculty member presenting all information, to a series of guest speakers on topics they specialize in. Materials used

include scholarly articles, CME programs within AAPA's Learning Central platform [8], National Commission on Certification of Physician Assistants (NCCPA) reports [9], and textbooks such as *Physician Assistants: Policy and Practice* by Hooker, Cawley & Everett [10] and *Ballweg's Physician Assistant: A Guide to Clinical Practice* [11]. Competency is most commonly demonstrated through quizzes and exams, however some of the programs have written assignments, such as a look at specific state legislation and regulations.

Two of the programs require students to purchase an AAPA membership, two highly encourage students to join, and one purchases the membership for the students. When asked if student participation in advocacy/professional groups after graduation is tracked, only one program tracks such data from year to year, as it helps meet a program objective of ensuring that they are fostering the growth of future leaders. Another program only inquires one year later, and the other programs do not track such data at all.

One of the programs routinely brings students to the AAPA's *Leadership and Advocacy Summit*, an opportunity for attendees to meet with legislators to advocate for legislation of importance to the profession, and attend CME sessions on leadership topics. Two other programs allow students to attend, but do not formally organize the travel. All of the programs invite state or national leaders to present at least once to the students on their professional organizations and related topics.

Each interviewee noted that a variety of tools are utilized in teaching and assessment. One of the most noted approaches was bringing in subject matter experts, such as state and national leaders engaged in advocacy activities. This has the advantage of allowing for more purposeful and engaged conversation, with the individuals actually operating in the advocacy world. All of



the program directors felt membership to be important as a professional obligation, but there was also secondary benefit including e-learning platforms that are available and conference attendance.

### **Discussion**

In assessing how advocacy education differs among PA programs, the interviews provided insight into the variations between programs. While each interviewee did feel that advocacy is an important topic to cover, the varying methods and allotted time are a result of the vast number of topics required by ARC-PA standards. Time allocated varies significantly and was found to vary between a single class session to an entire semester long course; alternatively, another program integrated concepts throughout the entirety of the program. Each of the programs works to incorporate subject matter experts to speak with students on advocacy topics, allowing for more engaged conversation with those engaged in advocacy. The programs also in some manner support professional organization membership. However, it was also found that generally programs are not currently tracking their graduates on topics such as professional involvement and engagement, aside from a single program that was interviewed.

As noted in the literature, other professions also struggle in finding ways to engage their members in topics of advocacy. To address that, various professions have also engaged strategies to motivate and educate students early, as studies have shown that meaningful involvement of a professional student is more likely to stem career-long engagement. Mentorship and connecting students early with professionals have been found to have a correlation to continued advocacy engagement. The early stages of medical training are a transformative time when students begin to develop their professional identities [12]. Outside the scope of this investigation would be a determination of the success of future engagement compared to the level of education received as a student, however, it was noted that such information is not routinely tracked by most of the

programs. What is consistent with the literature is that professional advocacy promotion to students has significant variation as found by these key informant interviews.

The most significant limitation of this survey was that it only discussed methods with five of the more than three hundred PA programs in the United States [13]. While the results cannot be generalized, they do give a strong affirmation that indeed there is significant variability across the PA education landscape. This investigation has demonstrated that there is a need to look closer at advocacy education for PA students. With only two standards that may be interpreted to address a need for advocacy education, there is not necessarily much impetus to dedicate significant time to the topic [3]. First-year students are the ideal audience to capture the passion and sense of importance of advocacy early on in their tenure as healthcare learners. Given that, in addition to looking closer at how exposure to professional advocacy during the formative shapes future engagement, there is likely space for creation of curriculum that can be created and available for programs to utilize, regardless of their own experience with professional advocacy. In addition, looking closer at what is ideologically deemed to be considered advocacy would be prudent, as that also would likely be shaping the exposure that students are receiving.

### **Conclusion**

This investigation set out to compare the advocacy focused education received by PA students, specifically looking at how much education is received, how it is received, and when it is received, among other factors. The topic is important because of the anecdotal belief among PA leaders that PA students and early career PAs do not necessarily recognize the value in professional organizational membership, nor understand many advocacy initiatives of the profession.<sup>1</sup> This introductory look into educating PA students on advocacy opens the door for more questions pertaining to optimal amount of dedicated time to advocacy education and methods of education.

Further investigative efforts could also focus on an appropriate curriculum toolkit that could be of value to many programs; or a longitudinal study assessing how variability translates into the different forms of professional engagement, which could provide evidence of what variables of advocacy education are most effective. This topic should be of value to all PAs and PA educators, as the ability to advance and maintain relevance in the healthcare landscape is dependent on PA support and involvement in advocacy work.

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