Rural Emergency Medicine Physician Assistant Fellowship: A needs Assessment

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INTRODUCTION

PAs are being used throughout EDs with increasing frequency

• They are filling a large void in rural healthcare, particularly in emergency departments

Emergency medicine is a core rotation in PA School, there are post-graduate EM fellowships, however there are no formal rural training programs for EM Pas SEMPA has put forth guidelines for rural EM PAs, but does not have guidelines for training programs

RESEARCH QUESTION

The purpose of this study was to perform a needs assessment to investigate the utility of a rural emergency medicine physician assistant fellowship.

METHODS

No IRB approval was needed, given this was a quality improvement study to determine need for a specific fellowship program

Data collected using google surveys, and maintained in google spreadsheets

Literature search performed using PubMed and GoogleScholar

• Guidelines exist for Rural EM PAs, but there is no published information regarding formal rural EM PA fellowships.

Multiple needs assessment techniques were utilized:

- Questionnaires and one-on-one interviews used for students/learners, hospital and department leadership, experts (current rural EM PAs)
- Small Focus group used for current rural EM PAs

RESULTS

Normative needs have been identified.

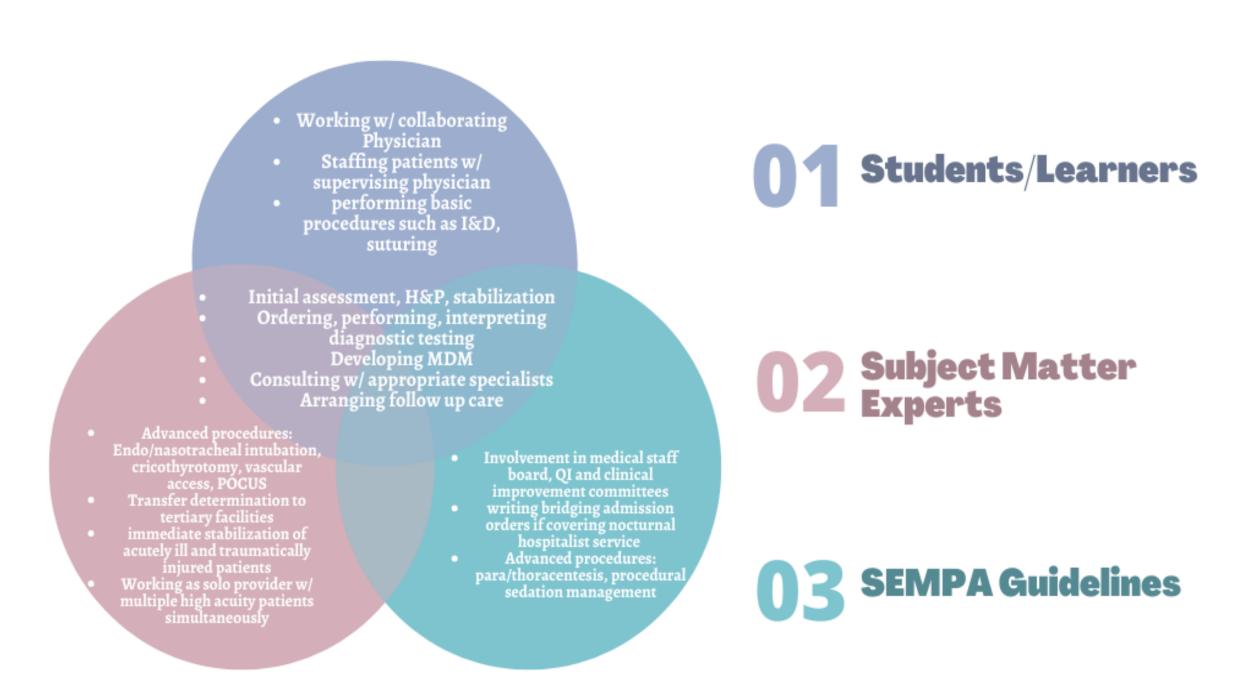
Large gap of identified needs of current EM PAs and the perceived needs of students/learners.

A rural EM PA fellowship would be beneficial.

N = 35 (5 department leaders, 7 experts, 23 learners/students).

RESULTS GRAPHIC 1

Normative Needs



DISCUSSION

- Multiple normative needs have been identified through this needs assessment. Current learners/students do not have a complete view of what is needed to practice EM in a rural setting. While SEMPA has put out a guideline for rural EM PAs, there are no formal training programs.
- This study had several limitations. First, there was selection bias as schools, departments I had connections with where interviewed. Predominantly, only rural departments in the state of Maine. Second, sample size was relatively small. Third, as it was voluntary, only some people responded to my surveys and questionnaires.
- Generalizability is difficult to assess this could possibly be extrapolated to other rural departments across the country, however the role of EM PAs may not be the same in other states as in Maine, where there is ability for independent practice.

REFERENCES

- 1. SEMPA. (n.d.). Guidelines for the rural Emergency Medicine Physician Assistant. https://sempa.org/wp-content/uploads/2023/12/guidelines-for-the-rural-empa-july-2021.pdf
- 2. Drewragan. (2024, March 28). *Currently accredited postgraduate programs*. ARC-PA. https://www.arc-pa.org/postgraduate-accreditation/currently-accredited-postgraduate-programs/
- 3. Hooker RS, Klocko DJ, Larkin GL. Physician assistants in emergency medicine: the impact of their role. Acad Emerg Med. 2011 Jan;18(1):72-7. doi: 10.1111/j.1553-2712.2010.00953.x. Epub 2010 Dec 16. PMID: 21166731.
- 4. Wiler JL, Ginde AA. State laws governing physician assistant practice in the United States and the impact on emergency medicine. J Emerg Med. 2015 Feb;48(2):e49-58. doi: 10.1016/j.jemermed.2014.09.033. Epub 2014 Nov 11. PMID: 25453855.

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