

PA/NP Postgraduate Clinical Training: A Novel Model of Integrated, Interprofessional Development

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Observation: An apparent trend towards enrollment of both PAs and NPs in postgraduate clinical training (PA/NP PCT)

Objective: Describe the landscape of PA/NP PCTs in the United States

Introduction

Postgraduate clinical training programs (PCT) have been available to physician assistants (PAs) since the early 1970s, providing PAs with opportunities to develop clinical competencies in specialties that are often only briefly covered during entry-level PA education. Similarly, PCT programs have been available to nurse practitioners (NPs) at least dating back to 2007. An apparent recent trend has been the enrollment of both PAs and NPs within the same PCT program. While this new interprofessional training model appears to be expanding, there is a paucity of data related to integrated PA/NP programs. Therefore, it was the purpose of this study to describe the landscape of PA/NP PCTs in the United States.

Methods

Programs identified for inclusion included those which accepted both PAs and NPs and were at least six months in duration. Programs were identified via the membership rosters for the Association of Post-Graduate PA Programs (APPAP) and the Association of Post Graduate APRN Programs (APGAP) on September 1, 2021. Once membership rosters were compiled, duplicates from both lists were removed, a total of 235 unique programs were identified. Program internet sites were reviewed to determine if programs met eligibility criteria and to identify program information for the study. Data was managed within Microsoft Excel.

A total of 216 PCT programs with active websites were identified from the membership rosters. Programs that enrolled only PAs (n=61), only NPs (n=52), or neither PAs nor NPs (n=1) were not screened. Of the 102 programs screened for inclusion, 1 program was excluded due to being <6 months in duration. An additional 15 programs were identified from the member sponsoring institutions' websites.

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Results

A total of 116 programs were identified for study inclusion. Of note, some of the programs were in fact tracks within a broader program. A total of 43 programs were identified as tracks within 10 broader umbrella programs. (For example, Atrium Health's Acute Care Fellowship Program offers ten tracks, including one in medical critical care.) Each track is classified as a "program" for purposes of this study.

Programs were located within 23 states with the majority located in the northeast, southeast, and midwest regions. Most programs (87%) were 1 year in duration. See Table 1.

Programs were located at 41 unique sponsoring institutions. One sponsoring institution offered >10 programs, 6 institutions offered between 5-10 programs, while the remaining institutions (34) offered between 1-4 programs. Sponsoring institutions with the highest number of programs were Atrium Health (18), Indiana University Health (8), and Memorial Sloan Kettering Cancer Center (7). These programs were followed by Mayo Clinic – Minnesota (6), Carilion Clinic (5), and the University of Pittsburg Medical Center (5).

Programs provided training in 15 broad specialties. The most prevalent were emergency medicine (16.2%), critical care/trauma (16.2%), and various surgical subspecialties (15.4%). See Table 2.

Seven programs indicated they had received program accreditation including three by the American Nurses Credentialing Center (ANCC), three by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), and one by the National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC).

Table 1. Program Duration

<1 Year	1 Year	>1 Year	Insufficient data
2	101	10	3

Figure 1. Program Location

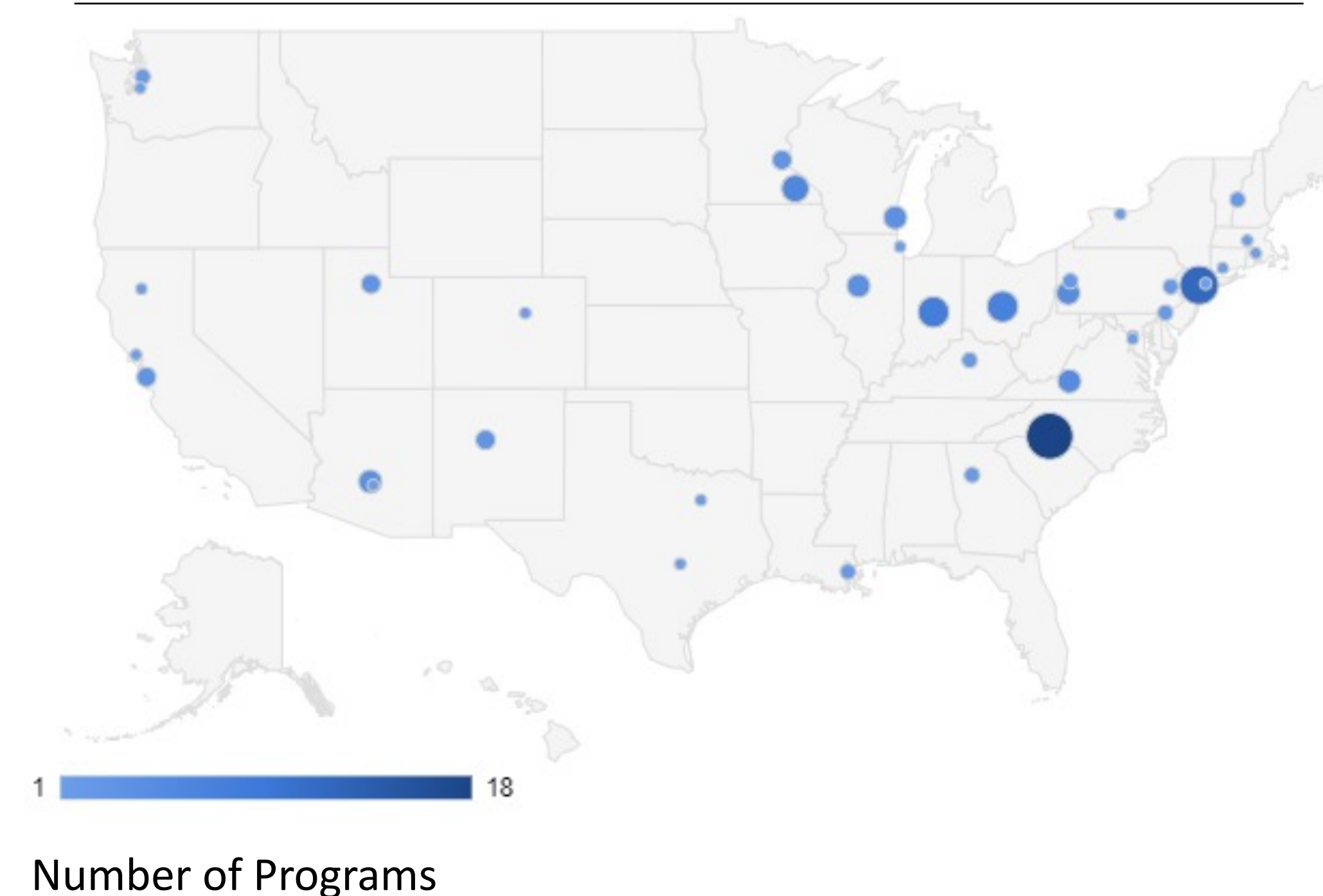


Table 2. Program Distribution by Specialty

Specialty	# of Programs
Cardiology	3
Critical Care/Trauma	19
Emergency Medicine	19
Hepatology	1
Hospice/Palliative Care	3
Hospital Medicine	7
Neonatology	2
Neurology	3
Oncology/Cancer Care	13
Orthopedics	6
Pediatrics	8
Primary Care/Internal Medicine	11
Psychiatry	3
Surgical Subspecialties	18

Discussion

The results of this descriptive study reveal the scope of PA/NP PCT programs in the U.S.; the extent of integrated PA/NP PCT programs have not been previously reported. The program list which has now been developed (currently unpublished) will serve as a baseline by which future reports can be compared. A limitation of this study is the lack of inclusion of programs from sponsoring institutions that are not members of the APPAP or APGAP, which likely underestimates the scope of PA/NP PCT programs.

This innovation in clinical training which integrates PAs and NPs, whose entry-level training remains discrete, likely reflects professional practice in the clinical workplace, where PAs and NPs often fill similar clinical roles. This unique form of interprofessional training provides an opportunity for trainees to enhance their competencies in interprofessional practice. The interprofessional nature of this educational experience has not yet been explored and could be a rich source of inquiry regarding interprofessional learning.

Conclusion

The results of this brief descriptive study reveal that PA/NP PCT programs are now common with approximately half of the identified programs accepting both PAs and NPs. PA/NP PCT programs represent a unique form of interprofessional education involving fully integrated learning of two professions within the same program. Such fully integrated interprofessional training is unique in the health professions and worthy of further investigation.

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