



THE ULTIMATE RECRUITMENT TOOL : PROVIDING CLINICAL TRAINING OPPORTUNITIES TO HEALTH PROFESSIONAL STUDENTS

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LEARNING OBJECTIVES

By the end of the workshop the participants will be able to:

1. Identify and discuss the benefits and challenges to accepting health professions students into the workplace;
2. Describe techniques used to efficiently integrate a student into a healthcare setting;
3. Understand the benefits of using the educational process as a recruitment method.

HEALTH PROFESSIONALS

Rural Americans lack adequate health care access and quality.

The shortages apply to physicians, nurses, nurse practitioners, physician assistants, dentists, pharmacists, and many allied health professionals.

“U.S. EFFORTS TO BOOST NUMBER OF PRIMARY CARE DOCTORS HAVE FAILED”

January 10,2013: From HealthDay

“New physicians still choosing specialties despite government efforts, billions invested in training.”

Dr. Candice Chen, lead study author and an assistant research professor in the department of health policy at George Washington University in Washington, D.C.

-Of more than 300 hospitals that received additional residency positions, only 12 appointments were in rural areas.

-December 2012 issue of the *Journal of the American Medical Association*, showed fewer residents are choosing primary care in the United States. Of third-year residents, only 21.5 percent were planning on becoming internists. Experts estimate that the nation will be short 50,000 primary care physicians in the next decade.

NURSING SHORTAGE

The Arizona RN Shortage: 2007 Results reveals that Arizona will need approximately 49,000 additional RNs by 2017 to keep pace with the state's population growth as well as to replace retiring registered nurses (RNs) and those lost to normal attrition.

Arizona's nursing programs would need to graduate an additional 2,235 students per year just to keep pace with the state's population growth, according to the Data Center report.

Why? Lack of faculty, retirement and dissatisfaction.

From: Arizona Healthcare Workforce Data Center newsletter, June 2, 2008

OVERALL EXPECTED SHORTAGES

Table 1. Projected Nurse and Physician Shortages by 2025

Caregivers	Year	Shortages
Nurses	2025	500,000 ¹
Physicians: primary care	2025	46,000 ²
Physicians: surgery	2025	41,000 ²
Physicians: medical specialty	2025	8,000 ²
Physicians: other specialty	2025	29,000 ²
Physicians: total before reform	2025	124,000 ²
Physicians: reform impact		31,000 ³
Physicians: total with reform	2025	155,000

Zywiak, W. U.S. HEALTHCARE WORKFORCE SHORTAGES: CAREGIVERS, whitepaper, Computer Sciences Corporation, June 2010.

ARIZONA WORKFORCE STUDY

- 2010 US census, Arizona population increased nearly 25% in the recent decade
- 2000 – 2004, Arizona ranked 2nd among all states in both rate of population growth (12.2 per 1,000 net domestic migration) and actual number of people migrating to the state (66,344 annually)
- Estimate – approximately 220 PAs per year needed to meet workforce demand
- In evaluating a state's ability to produce graduates versus ability to keep and attract graduates, the researchers found that Arizona, among all states, has “low production and is an importer of capital.” *

*Health Education Program Needs in Arizona, Collier, S. 2005, a report conducted and submitted to the Arizona Board of Regents 2006.

WHAT FACTORS WILL INCREASE DEMAND FOR ALLIED HEALTH PROFESSIONALS IN ARIZONA?

- Affordability Care Act will add 32 million additionally insured people into the healthcare system
- Accountable Care Organizations are placing emphasis on teamwork and interprofessional teams
- More PAs, APNPs, OT, PT, Nursing, pharmacists, Dentists and Social Workers involved in delivery of primary care (Medical Home Model of care)

AZ WORKFORCE TREND ANALYSIS*

Recommendations from the study:

- Arizona private and public sectors **will need to increase support of the state's health professional programs** to replace the large number of retiring professionals of the “baby boomers” generation, and to satisfy the expected increased demand in primary health care when the Patient Protection and Affordable Care Act becomes fully implemented in 2014.
- The **lag-time** from education enrollment to beginning a practice will likely be too long to initially satisfy the workforce demands with a supply of new graduates.
- Increased competition between states for health care workers can be expected.

AZ WORKFORCE TREND ANALYSIS* (CONT)

Increasing the number of rural health professionals may require:

- recruitment of students from rural areas
- expansion of academic curriculum on rural health
- increasing the number of practice rotation and medical residency programs in rural health facilities
- expanding health professional loan payment programs
- expanding the J-1 Visa program that targets recruitment for rural areas
- creating incentives for physician recruitment
- Arizona Area Health Education Centers Program

CLINICAL EDUCATION OF HEALTH CARE STUDENTS

- 2010 AAMC survey, 74% of medical school deans reported concerns about adequacy of clinical opportunities for students.
- 2006 survey of US PA program expansion plans, PA Program directors reported that the major barriers to train more PA students were the limited availability of clinical sites and preceptors.
- **“The participation of hospitals in the clinical education components of the curriculum is needed, but hospitals may also be willing to provide financial and other forms of support for educational programs if there are significant allied health workforce shortages in their facilities.”***
- *Health Education Program Needs in Arizona, Collier, S. 2005, a report conducted and submitted to the Arizona Board of Regents 2006.

ARIZONA'S RESPONSE

- Second UACOM in Phoenix – 2006, enrollment increasing in 2014.
- Increase enrollment at UACOM in Tucson
- Increase enrollment in several NP programs in AZ
- Two private osteopathic physician programs increase enrollment
- Two private PA programs increase enrollment
- NAU started a new PA Program in August 2012, will increase to 50 in 2014
- Increase enrollment in nursing programs in many colleges
- Increase number of dental hygiene students
- Initiate second NAU PT program in Phoenix in August 2012
- Announcement of NAU OT program to start in Phoenix in 2014

CHALLENGES TO HAVING STUDENTS IN THE HEALTHCARE SETTING

What are the Challenges you see in having a student learner in the healthcare setting you work in?

EDUCATING HEALTHCARE STUDENTS - CHALLENGES

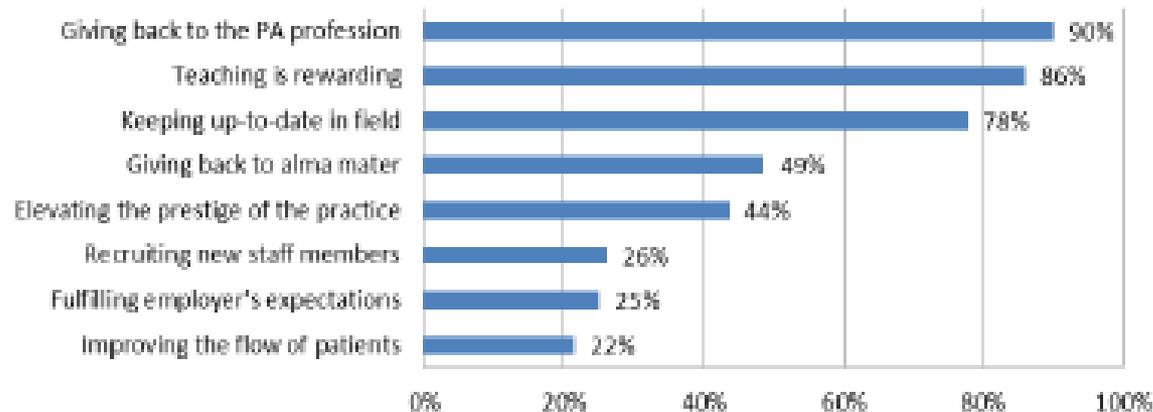
- Lack of support from administration
- Support from teaching institution
- Perceived time to teach / effect on productivity
- Lack of space
- Lack of confidence in teaching
- Additional administrative work
- Quality of students – good and bad
- Practitioner burn out
- Geographical challenges (housing, travel)

**WHAT DO YOU SEE AS A BENEFIT TO HAVING A HEALTH
PROFESSIONAL STUDENT IN YOUR FACILITY?**

BENEFITS TO BECOMING A CLINICAL EDUCATOR

PHYSICIAN ASSISTANT EDUCATION ASSOCIATION, CLINICAL EDUCATION COMMITTEE, "2011 NATIONAL SURVEY OF PHYSICIAN ASSISTANTS AND PRECEPTOR EXPERIENCES".

Figure F. Percentage of Current PA Preceptors Rating Each Factor as Important in Their Choice to Become a Preceptor



Note: Percentage represents the proportion of current preceptors who rated the factor with a 4 or 5 on a scale of 1 to

EDUCATING HEALTH CARE STUDENTS – INCENTIVES*

- Giving back to the profession
- Being a role model
- Keeping challenged and updated in medicine
- Earn CME/CEU Credits
- Online access to library or other resources
- Recognition
- Faculty appointment and association with University or college
- **Least** important incentive was financial compensation (32%)

* Physician Assistant Education Association, Clinical Education Committee, “2011 National survey of Physician Assistants and Preceptor Experiences”.

BENEFITS OF HAVING A STUDENT IN THE PRACTICE ON A REGULAR BASIS

- The preceptor/clinical educator's passion for teaching and keeping abreast of new trends in practice will have a positive effect on the students, staff, and patients.
- Patients can be seen on a 'walk in' basis by a student. An initial assessment can be performed and triaged. This may increase the flow of patients and number of patients seen in a day.
- Practices/hospitals can be perceived as benefiting the community by educating/supporting future practitioners to remain in the community and provide care.
- Partial patient care can be billed and increase revenue for practice.
- **Recruitment:** everyone in the community and work environment has the opportunity to evaluate whether this is a student that would be a great match for the practice upon graduation. The "4 week interview"

HOW DO YOU ESTABLISH AN EDUCATIONAL ENVIRONMENT IN YOUR PRACTICE?



INTEGRATING THE STUDENT IN THE BUSY PRACTICE

- ✘ May be helpful to have a checklist for each student orientation so nothing is missed.
- ✘ Create an orientation booklet with policies, procedures and expectations for the practice. Include FAQ.
- ✘ Review student's goals to ensure reality.
- ✘ Engage everyone in the practice to help. Team Teaching
- ✘ Provide a written **schedule** to the student, staff and clinical educator so it is clear when the student will be in the clinic/hospital.
- ✘ Inform the patients.
- ✘ Set a schedule for patient time and feedback.
- ✘ Have the student engage in other clinical activities. Literature search, call backs.
- ✘ Keep the flow going.
- ✘ Give feedback as brief or a set time or both

TIPS FOR TIME-LIMITED TEACHING

Step 1 – Identify the learner’s needs

Ask Questions before the clinical encounter

Observe the learner for two minutes – then briefly discuss

Step 2 – Select a model for time-limited teaching

One Minute Preceptor Model

The Aunt Minnie Model – pattern recognition and focused discussion

Student makes specific observations and discuss after

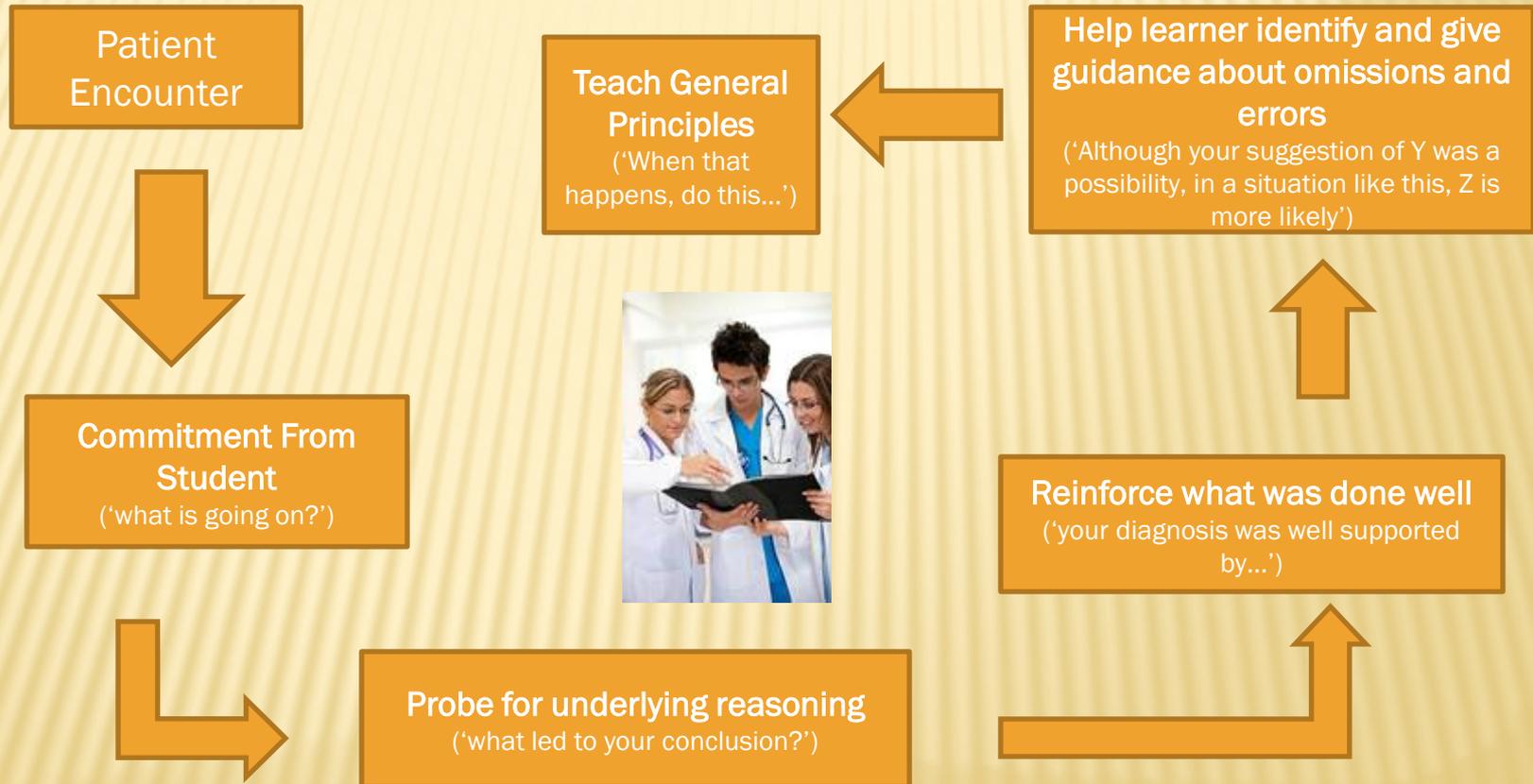
“Hot seating’ for all parts of the consultation

Step 3 – Provide Feedback

Encourage Self-evaluation (How do you think that went?)

Focus on Strengths and specific areas for improvement

THE ONE MINUTE PRECEPTOR MODEL



MODEL “WAVE” SCHEDULE FOR AMBULATORY CARE TEACHING SITES

On a 20-minute per patient basis:

8:00 a.m. to 8:20 a.m.	Patient 1 (S)	Patient 2 (P)
8:20 a.m. to 8:40 a.m.	Patient 1 (S)	Patient 1 (P)
8:40 a.m. to 9:00 a.m.	Patient 1 (S)	Patient 3 (P)
9:00 a.m. to 9:20 a.m.	Patient 4 (S)	Patient 5 (P)
9:20 a.m. to 9:40 am.	Patient 4 (S)	Patient 4 (P)
9:40 a.m. to 10:00 am	Patient 4 (S)	Patient 6 (P)
Total Patients seen (In 2 hours)	2	6

S= student P=preceptor

RECRUITMENT

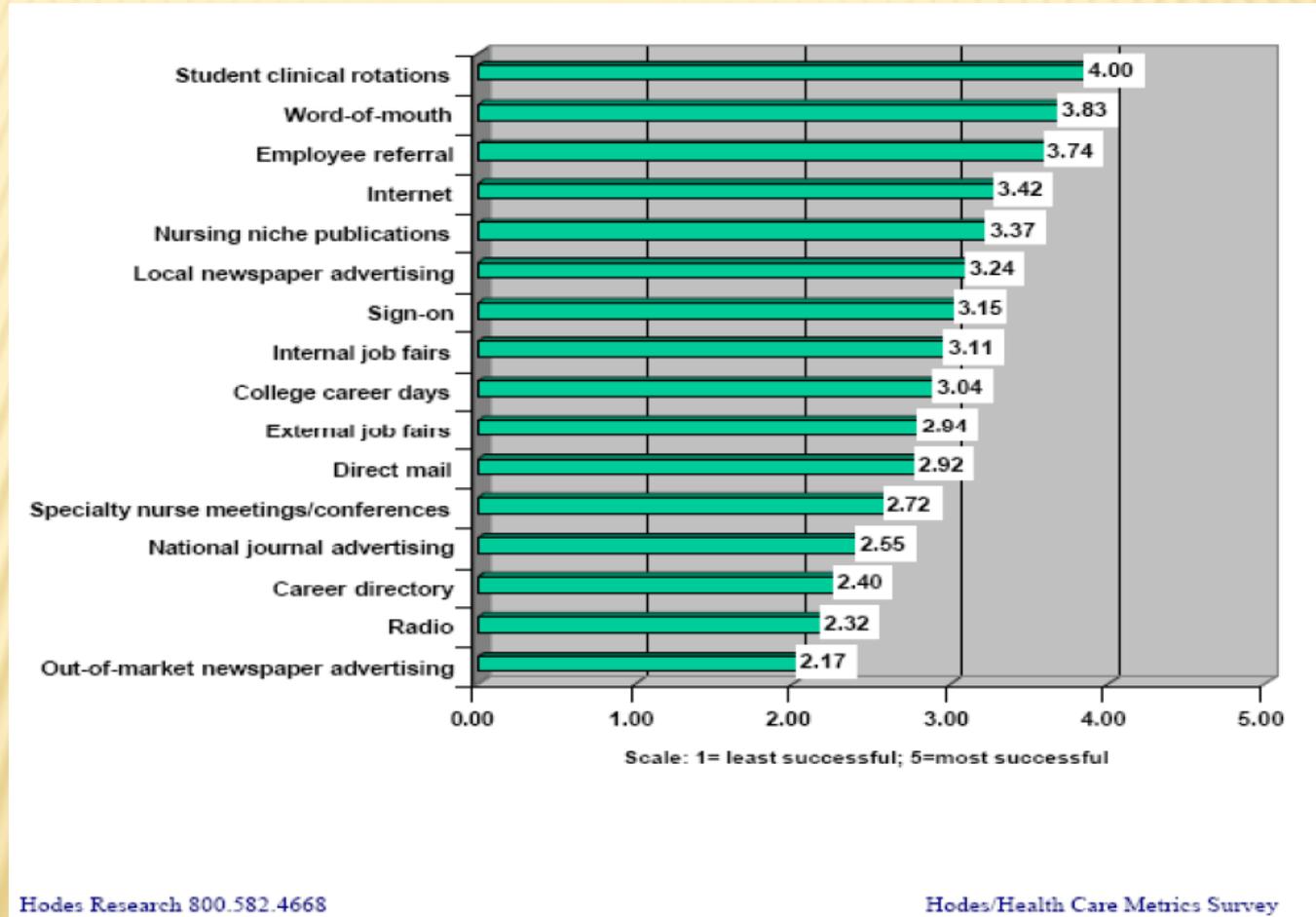


RECRUITMENT STRATEGIES CURRENT OFFERINGS

What are you currently
doing to recruit new
employees?



METHODS OF STUDENT RECRUITMENT ALL HEALTH PROFESSIONS



*Health Education Program Needs in Arizona, Collier, S. 2005, a report conducted and submitted to the Arizona Board of Regents 2006.

RECRUITMENT STRATEGIES – HOW DO THEY WORK OUT?

Cost-Per-Hire : The average recruitment expense per hire includes the total fixed and variable recruiting costs divided by the number of positions filled. Recruiting costs include:

1. Advertising
2. employment and advertising agency fees
3. travel;
4. office rental;
5. equipment;
6. staff salaries and benefits;
7. relocation costs;
8. other costs associated with a new hire.

The average recruitment expense per FTE hire is **\$2,302**.

NAS Recruitment Communications, *Healthcare Recruitment Metrics*, 2010

OTHER METHODS – COST?

1. Identify the student in school and offer a stipend or guarantee salary upon completion. This entails a ‘recruiter’ to work with schools.
2. Identify a potential student in the community and offer to pay some/all of tuition for a return to the community and specific work contract.
3. Develop a community based partnership with educational institutions to provide clinical training.
4. Encourage educational institutions to send students to the underserved community. Offer community based living situations and invite students to participate in community events.

COSTS TO THE HC ORGANIZATION TO EDUCATE A STUDENT

Unknown!

Factors

Housing food

Practitioner productivity?

EHR training

Orientation time

Practitioner giving feedback and evaluation

PA CHOICE OF & RETENTION IN RURAL MEDICINE PRACTICE

- Rural background
- Students that had a clerkship in a rural community accepted employment in a rural community 3:1
- Students committed to rural practice would benefit from additional training before returning to the community or ongoing.
- Rural health facility managers and administrators **need to increase their involvement in educational programs** that encourage rural practice, giving them a high priority.

CONCLUSIONS

- To help meet the needs of underserved communities, rural health centers can recruit graduates more effectively by providing educational programs within the community.
- During this learning and teaching process, rural health organizations can identify potential future employees and introduce them to the community.
- If implemented successfully, a win-win opportunity for both institutions can be achieved.

QUESTIONS?

THE NEW HEALTH SCIENCES EDUCATION BUILDING
PHOENIX BIOMEDICAL COMPLEX

