

PAEA RESEARCH

Curriculum
Report 3 | **Clinical**

By the Numbers | Data from the 2017 Clinical Curriculum Survey



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BY THE NUMBERS

CURRICULUM REPORT 3: DATA FROM THE 2017 CLINICAL CURRICULUM SURVEY

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INTRODUCTION

Physician Assistant Education Association

Founded in 1972, the Physician Assistant Education Association (PAEA) is the only national organization representing PA education programs in the United States. At the time of the 2017

Clinical Curriculum Survey administration in June 2017, PAEA represented 224 PA programs. For more information about PAEA and our products and services, visit PAEAonline.org.

METHODS

Survey Instrument

The 2017 Clinical Curriculum survey collected data that are reported in the following sections:

- **Section 1. General Program Information:**
Includes general information regarding the types of PA programs represented in the report (e.g., geographic information, administrative housing)
- **Section 2. Supervised Clinical Practice Experience (SCPE) Requirements:**
Includes information about prerequisites for student participation in SCPEs, SCPE format and minimum time requirements, as well as assessment of student performance in SCPEs
- **Section 3. Clinical Phase Logistics:**
Includes information about scheduling software, preceptors, and clinical settings and patient populations encountered during SCPEs
- **Section 4. Clinical Site & Preceptor Payment Policies & Practices:**
Includes information about clinical site and preceptor payment trends among all programs, as well as by type of program (public versus private) and academic health center (AHC) status

The data in all sections of the survey reflect the 2016–2017 academic year.

Survey Administration

The form, content, and timing of the PAEA Curriculum Survey have undergone several changes throughout the past three decades. From 1983–1984 to 1990–1991, the survey was administered annually as part of the Annual Program Survey. Subsequently, its administration was pared down to once every three or four years. Acknowledging the survey burden imposed by requiring program directors to complete two relatively long surveys each year, in 2014, the PAEA Research Council and Research Team decided to split the Curriculum Survey into three

parts, corresponding to the major phases of PA school curriculum: the prerequisites/admissions phase, the didactic phase, and the clinical phase. Moving forward, the administration of these three surveys will be rotated every summer. Thus far, the Prerequisite Curriculum Survey has been administered in 2015 and 2018, the Didactic Curriculum Survey has been administered in 2016, and the Clinical Curriculum Survey has been administered in 2017. Reports on each of the survey results are released the year following administration.

The 2017 Clinical Curriculum Survey was sent to the program directors of PAEA's 224 member programs on June 7, 2017. During the course of administration, one program withdrew from accreditation, reducing the total population of member programs to 223. The PAEA Research Team sent email reminders to non-respondents and conducted follow-up calls between July and October 2017 until all 223 accredited member programs had completed the survey. The survey closed in October 2017. The survey yielded an overall response rate of 100% based on the 223 respondents; however, the response rate varies for individual items.

Data Cleaning & Analysis

Responses were checked for logical consistency and examined for extreme values and possible errors. In cases of obvious misinterpretations or inconsistencies in the responses to specific items, programs were contacted for clarification. Responses that fell outside of reasonable parameters (e.g., 200 weeks of required SCPEs) were not included in the analyses. Some plausible outliers were retained in some of the statistics, particularly in those presenting financial data. When interpreting financial statistics, readers are advised to rely primarily on medians and trimmed means, which are less susceptible to outlier influence than arithmetic means and more useful for comparison across time and between programs within the same year.

Programs were sometimes given the option to write in “Other” responses to multiple-choice questions. These responses were recoded into existing categories whenever possible. When more

than five programs wrote in similar “Other” responses that did not fit into an existing category, new categories were created. These new categories are tabled under an “Other” subheading, indicating that these categories were not explicitly included in the survey instrument.

In general, analyses of the data consisted of calculating descriptive statistics on the variables of interest: percentage, minimum and maximum values (range), arithmetic mean (*M*), standard deviation (*SD*), median (*Mdn*), and percentiles (*P*). Tables describing financial information also include a 10% trimmed mean (*M(T)*), or the mean when the bottom and top 10% of responses are excluded. For some tables and figures, percentages will not equal 100% due to rounding or when multiple responses were allowed. Total columns on tables and figures are designated by *n*. Exact financial data were not reported if there were fewer than five respondents. Any other notations not described here are defined in the body of the report.

Questions & Data Requests

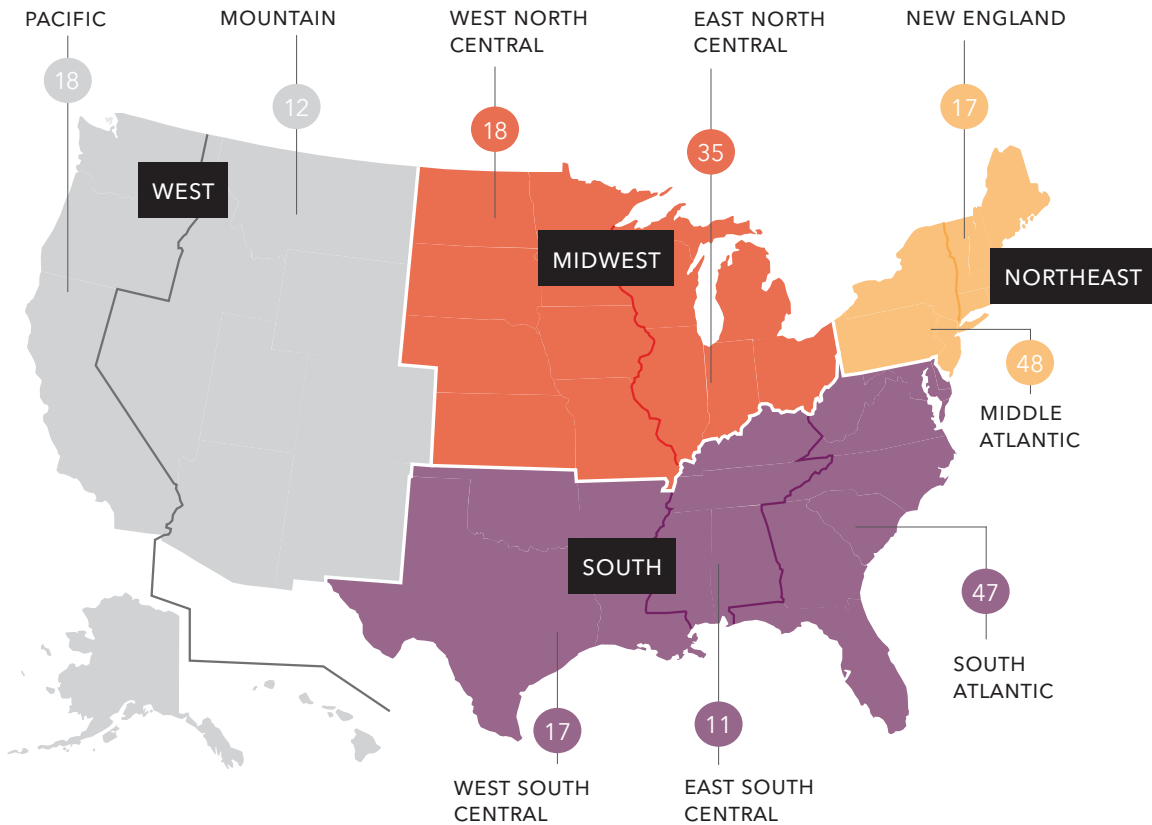
Deidentified data from the 2017 Clinical Curriculum Survey, as well as **custom reports** using these data, are available upon request. More information is available in **PAEA’s Data Request & Sharing Policies**. Please direct inquiries regarding data requests or this report to the Research Team at **research@PAEAonline.org**.

SECTION 1. GENERAL PROGRAM INFORMATION

Data presented in this section were drawn from the 2017 Program Survey, which was administered concurrently with the Clinical Curriculum Survey, and were also published in *By the*

Numbers: Program Report 33: Data from the 2017 Program Survey. For more information about program characteristics, please see **Program Report 33.**

FIGURE 1. U.S. CENSUS BUREAU REGIONS AND DIVISIONS



REGION 1 NORTHEAST 64 PROGRAMS

DIVISION 1 NEW ENGLAND

Connecticut (5)
Maine (1)
Massachusetts (7)
New Hampshire (2)
Rhode Island (2)
Vermont (0)

DIVISION 2 MIDDLE ATLANTIC

New Jersey (3)
New York (23)
Pennsylvania (22)

REGION 2 MIDWEST 53 PROGRAMS

DIVISION 3 EAST NORTH CENTRAL

Illinois (6)
Indiana (5)
Michigan (6)
Ohio (13)
Wisconsin (5)

DIVISION 4 WEST NORTH CENTRAL

Iowa (4)
Kansas (1)
Minnesota (4)
Missouri (4)
Nebraska (3)
North Dakota (1)
South Dakota (1)

REGION 3 SOUTH 75 PROGRAMS

DIVISION 5 SOUTH ATLANTIC

Delaware (0)
District of Columbia (1)
Florida (14)
Georgia (4)
Maryland (2)
North Carolina (11)
South Carolina (4)
Virginia (8)
West Virginia (3)

DIVISION 6 EAST SOUTH CENTRAL

Alabama (2)
Kentucky (3)
Mississippi (1)
Tennessee (5)

DIVISION 7 WEST SOUTH CENTRAL

Arkansas (2)
Louisiana (3)
Oklahoma (3)
Texas (9)

REGION 4 WEST 30 PROGRAMS

DIVISION 8 MOUNTAIN

Arizona (3)
Colorado (2)
Idaho (1)
Montana (1)
Nevada (1)
New Mexico (2)
Utah (2)
Wyoming (0)

DIVISION 9 PACIFIC

Alaska (0)
California (14)
Hawaii (0)
Oregon (2)
Washington (2)

Note: Numbers in parentheses indicate the number of PAEA member programs in each state.

TABLE 1. GEOGRAPHIC DISTRIBUTION OF PA PROGRAMS

	<i>n</i>	%
Northeast Region		
New England Division	17	7.6
Middle Atlantic Division	48	21.5
Subtotal	65	29.1
Midwest Region		
East North Central Division	35	15.7
West North Central Division	18	8.1
Subtotal	53	23.8
South Region		
South Atlantic Division	47	21.1
East South Central Division	11	4.9
West South Central Division	17	7.6
Subtotal	75	33.6
West Region		
Mountain Division	12	5.4
Pacific Division	18	8.1
Subtotal	30	13.5
Total	223	100.0

TABLE 2. SPONSORING INSTITUTION ATTRIBUTES

	<i>n</i>	%
Type of institution		
Private, non-profit	134	60.1
Public	68	30.5
Private, for-profit	16	7.2
Public/private hybrid	4	1.8
Military	1	0.4
Academic Health Center status		
Non-AHC	159	71.3
AHC	64	28.7
Administrative housing		
School of Allied Health/Health Professions/Health Sciences	120	53.8
College/School of Medicine	33	14.8
Department/School of Physician Assistants (stand alone)	40	17.9
College of Graduate and Professional Studies	12	5.4
College of Arts and Sciences	6	2.7
Science Department	5	2.2
Other health discipline (e.g., Nursing, Pharmacy, Podiatry)	5	2.2
Other	2	0.9
Total	223	100.0

SECTION 2. SUPERVISED CLINICAL PRACTICE EXPERIENCE (SCPE) REQUIREMENTS

TABLE 3. PREREQUISITES BEFORE PARTICIPATING IN SCPEs

	<i>n</i>	%
Successful completion of prior didactic curriculum	219	98.6
Basic Cardiac Life Support (BCLS) certification	208	93.7
Health Insurance Portability and Accountability Act (HIPAA) training	208	93.7
Advanced Cardiovascular Life Support (ACLS) certification	202	91.0
Background check	197	88.7
Maintaining a minimum GPA	163	73.4
Drug test	160	72.1
Professionalism evaluation	131	59.0
Summative practical exam/Objective structured clinical examination (OSCE)	109	49.1
Electronic health record (EHR) training	88	39.6
Summative written exam	78	35.1
Pediatric Advanced Life Support (PALS) certification	45	20.3
No prerequisites	1	0.5
Other		
Clinical skill and/or training (e.g., suturing, venipuncture)	17	7.7
Current immunizations, physical exam, and tuberculosis screening	13	5.9
All other prerequisites	5	2.3
Total	222	-

Among programs reporting that their students were required to maintain a minimum first-year GPA prior to participating in SCPEs, the average minimum GPA required was 2.92 (*n* = 159, range = 2.00–3.25, *SD* = 0.22, *Mdn* = 3.00).

Note: Prerequisites under "Other" were recoded from programs' write-in responses. Percentages may sum to more than 100% because programs could select multiple prerequisites.

TABLE 4. MINIMUM NUMBER OF DISTINCT ROTATIONS REQUIRED TO COMPLETE THE PROGRAM

	<i>n</i>	Range	<i>M</i>	<i>M</i> (T)	<i>SD</i>	P10	P25	P50 (<i>Mdn</i>)	P75	P90
Min. required distinct rotations	210	1.0–15.0	9.3	9.2	2.0	7.0	8.0	9.0	10.0	12.0

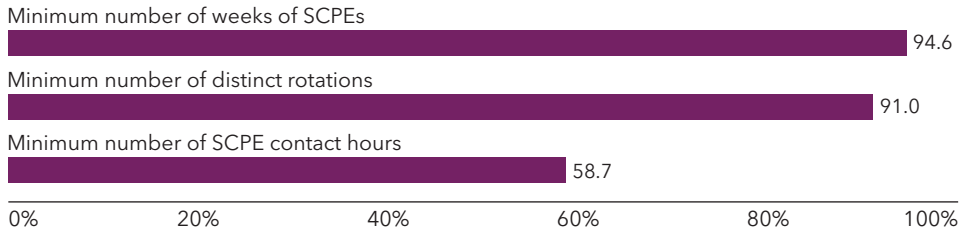
TABLE 5. MINIMUM WEEKS OF SCPEs REQUIRED TO COMPLETE THE PROGRAM

	<i>n</i>	Range	<i>M</i>	<i>M</i> (T)	<i>SD</i>	P10	P25	P50 (<i>Mdn</i>)	P75	P90
Min. required weeks	201	40.0–70.0	47.2	46.6	5.6	40.0	44.0	47.0	50.0	55.0

TABLE 6. MINIMUM CONTACT HOURS OF SCPEs REQUIRED TO COMPLETE THE PROGRAM

	<i>n</i>	Range	<i>M</i>	<i>M</i> (T)	<i>SD</i>	P10	P25	P50 (<i>Mdn</i>)	P75	P90
Min. required contact hours	130	1,000.0–3,000.0	1,751.7	1,725.3	347.5	1,407.2	1,531.5	1,744.0	1,920.0	2,083.2

FIGURE 2. TYPES OF MINIMUM SCPE REQUIREMENTS TO COMPLETE THE PROGRAM



Note: Programs were asked to report whether they had different types of minimum SCPE requirements to complete the program.

TABLE 7. METHODS OF ASSESSING STUDENT PERFORMANCE IN SCPEs

	<i>n</i>	%
Log or record a specific number of Current Procedures Terminology (CPT) codes	91	46.4
Log or record a specific number of ICD-10* codes	86	43.9
Other		
Log or record specific number of patient encounters	68	34.7
Log or record specific procedures, diseases, and/or management	34	17.3
Log or record patient demographics	22	11.2
End of rotation and/or other comprehensive exam	19	9.7
Preceptor evaluations	16	8.2
Log or record clinical settings	16	8.2
No benchmarks currently used	24	12.2
Total	196	-

Note: Methods of assessment under "Other" were recoded from programs' write-in responses. Percentages may sum to more than 100% because programs could select multiple methods of assessment.

*International Statistical Classification of Diseases and Related Health Problems-10

Required Rotations

Programs were asked to report the format and minimum contact time (contact hours, credit hours, and/or weeks) of eight rotations:

- Behavioral and mental health
- Emergency medicine
- Family medicine
- General surgery
- Internal medicine
- Pediatrics
- Women's health/Gynecology/Obstetrics
- Student-selected electives

Results are presented in **Tables 8 through 11**. Zeroes were excluded from analysis.

In addition, programs could report up to five “Other” rotations. These rotations were recoded into the following categories:

- General elective
- Geriatrics
- Inpatient (e.g., critical care, hospitalist)
- Long-term care
- Orthopedics
- Primary care
- Research/Capstone
- Other specialty/subspecialty (e.g., cardiology, dermatology, ophthalmology, pulmonology, radiology)
- All other elective rotations

The number of programs reporting “Other” rotations, ***n* (P)**, and the number of individual rotations reported by those programs, ***n* (R)**, are presented in **Table 12**. *n* (P) and *n* (R) may differ because programs could report multiple courses falling into the same category. For example, a program could report Primary Care I and Primary Care II rotations, which would both be recoded as “Primary care.” *n* (P) and *n* (R) may also differ because programs could list the name of a required “Other” rotation but not report any further information about that rotation.

Information about the “Other” rotations are presented in **Tables 13 through 16**, separate from results regarding rotations that programs were explicitly asked about. This acknowledges that the “Other” statistics were based on programs’ voluntary disclosure of rotations and, therefore, may not be fully representative of PA programs’ clinical curricula. For example, 23 programs reported “Geriatrics” as an “Other” rotation. However, this does not necessarily indicate that only 23 programs require their students to complete a geriatrics rotation. In these tables, *n* represents the number of individual rotations for which we had data on format and required minimum contact time. *n* will not always equal the number of programs that reported requiring that rotation because some programs reported only the name of a rotation but no further information. Zeroes were excluded from analysis.

TABLE 8. FORMAT OF REQUIRED ROTATIONS (%)

	<i>n</i>	Distinct Rotation	Integrated/ Combined with Other Rotations	Not Required
Behavioral and mental health	223	88.8	10.8	0.4
Emergency medicine	223	99.1	0.9	0.0
Family medicine	223	94.6	4.0	1.3
General surgery	223	99.1	0.9	0.0
Internal medicine	222	94.1	5.4	0.5
Pediatrics	222	94.1	5.9	0.0
Women’s health/Gynecology/Obstetrics	223	91.5	8.5	0.0
Student-selected electives	217	94.9	1.8	3.2

TABLE 9. REQUIRED MINIMUM CONTACT HOURS FOR ROTATIONS

	<i>n</i>	<i>M</i>	<i>M (T)</i>	<i>SD</i>	P10	P25	P50 (Mdn)	P75	P90
Behavioral and mental health	115	159.4	155.8	86.1	42.0	128.0	160.0	200.0	220.8
Emergency medicine	127	171.8	169.2	85.7	46.8	144.0	160.0	200.0	240.0
Family medicine	121	231.0	208.1	160.1	48.0	150.0	200.0	256.0	400.0
General surgery	126	173.8	171.3	86.0	46.5	144.0	160.0	200.0	240.0
Internal medicine	121	195.0	189.3	102.0	48.0	150.0	192.0	240.0	304.0
Pediatrics	120	169.2	167.5	86.5	44.5	143.0	160.0	200.0	240.0
Women's health/Gynecology/Obstetrics	117	162.4	159.5	85.7	45.0	132.0	160.0	200.0	230.4
Student-selected electives	115	231.9	221.7	133.9	80.0	151.0	200.0	320.0	400.0

TABLE 10. REQUIRED MINIMUM CREDIT HOURS FOR ROTATIONS

	<i>n</i>	<i>M</i>	<i>M (T)</i>	<i>SD</i>	P10	P25	P50 (Mdn)	P75	P90
Behavioral and mental health	145	4.2	4.1	1.4	3.0	3.0	4.0	5.0	6.0
Emergency medicine	162	4.5	4.3	1.5	3.0	4.0	4.0	5.0	6.0
Family medicine	152	5.8	5.3	3.0	3.0	4.0	5.0	8.0	10.0
General surgery	162	4.5	4.4	1.5	3.0	4.0	4.0	5.0	6.0
Internal medicine	151	5.2	5.0	2.2	3.0	4.0	5.0	6.0	8.0
Pediatrics	153	4.4	4.3	1.5	3.0	3.0	4.0	5.0	6.0
Women's health/Gynecology/Obstetrics	149	4.3	4.2	1.4	3.0	3.0	4.0	5.0	6.0
Student-selected electives	148	6.3	5.8	3.6	3.0	4.0	5.0	8.0	10.0

TABLE 11. REQUIRED MINIMUM WEEKS OF ROTATIONS

	<i>n</i>	<i>M</i>	<i>M (T)</i>	<i>SD</i>	P10	P25	P50 (Mdn)	P75	P90
Behavioral and mental health	183	4.5	4.5	1.0	4.0	4.0	4.0	5.0	6.0
Emergency medicine	205	4.8	4.7	0.9	4.0	4.0	5.0	5.0	6.0
Family medicine	197	6.5	5.8	4.2	4.0	4.5	5.0	8.0	10.0
General surgery	205	5.0	4.8	1.1	4.0	4.0	5.0	6.0	6.0
Internal medicine	195	5.7	5.5	1.7	4.0	4.0	5.0	6.0	8.0
Pediatrics	195	4.8	4.7	1.0	4.0	4.0	5.0	5.0	6.0
Women's health/Gynecology/Obstetrics	192	4.6	4.6	0.9	4.0	4.0	4.8	5.0	6.0
Student-selected electives	189	7.0	6.4	3.7	4.0	4.0	6.0	8.0	12.0

TABLE 12. OTHER REQUIRED ROTATIONS

	<i>n</i> (P)	<i>n</i> (R)
General elective	42	66
Geriatrics	23	23
Inpatient	17	17
Long-term care	5	5
Orthopedics	22	22
Primary care	21	24
Other specialty/subspecialty	9	15
All other elective rotations	8	8

TABLE 13. FORMAT OF OTHER REQUIRED ROTATIONS (%)

	<i>n</i>	Distinct Rotation	Integrated/ Combined with Other Rotations
General elective	64	100.0	0.0
Geriatrics	21	95.2	4.8
Inpatient	16	100.0	0.0
Long-term care	5	60.0	40.0
Orthopedics	19	100.0	0.0
Primary care	23	95.7	4.3
Other specialty/subspecialty	15	100.0	0.0
All other elective rotations	8	100.0	0.0

TABLE 14. REQUIRED MINIMUM CONTACT HOURS FOR OTHER ROTATIONS

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Mdn</i>
General elective	23	265.2	197.5	224.0
Geriatrics	10	158.9	47.9	163.5
Inpatient	8	146.8	45.0	152.0
Long-term care	2	180.0	28.3	180.0
Orthopedics	10	172.6	46.1	160.0
Primary care	16	180.4	77.7	167.5
Other specialty/subspecialty	5	262.4	148.2	224.0
All other elective rotations	3	128.0	42.3	144.0

TABLE 15. REQUIRED MINIMUM CREDIT HOURS FOR OTHER ROTATIONS

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Mdn</i>
General elective	26	7.7	4.5	6.0
Geriatrics	13	4.1	1.1	4.0
Inpatient	11	4.0	1.3	4.0
Long-term care	2	3.0	1.4	3.0
Orthopedics	13	4.1	1.0	4.0
Primary care	17	5.2	2.4	5.0
Other specialty/subspecialty	8	5.9	3.5	4.0
All other elective rotations	3	3.7	1.5	4.0

TABLE 16. REQUIRED MINIMUM WEEKS OF OTHER ROTATIONS

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Mdn</i>
General elective	35	7.8	4.3	8.0
Geriatrics	18	4.4	0.8	4.0
Inpatient	14	4.1	1.1	4.0
Long-term care	3	3.7	1.5	4.0
Orthopedics	17	4.4	0.7	4.0
Primary care	18	5.5	1.7	5.0
Other specialty/subspecialty	9	5.3	3.2	4.0
All other elective rotations	7	4.3	1.3	4.0

SECTION 3. CLINICAL PHASE LOGISTICS

TABLE 17. SOFTWARE FOR LOGGING STUDENTS' SUPERVISED CONTACT HOURS

	<i>n</i>	%
Typhon™	93	42.1
E*Value™	63	28.5
Exxat™	28	12.7
eMedley™	21	9.5
Program/Institution-developed software	9	4.1
PA Manager™	7	3.2
Other		
CORE ELMS™	3	1.4
All other software	10	4.5
Total	221	-

Note: Percentages may sum to more than 100% because programs could select multiple types of software.

TABLE 18. SOFTWARE FOR SCHEDULING STUDENTS' SCPEs

	<i>n</i>	%
Spreadsheets (e.g., Microsoft Excel, Google Sheets)	29	34.1
Program/Institution-developed software	16	18.8
E*Value™	11	12.9
Typhon™	11	12.9
Exxat™	7	8.2
PA Manager™	5	5.9
CORE ELMS™	3	3.5
eMedley™	3	3.5
No software, scheduling done manually	15	17.6
Other	10	11.8
Total	85	-

Note: Programs were asked to write a description of their SCPE scheduling systems. Data presented in this table are the result of recoding programs' written responses. Percentages may sum to more than 100% because programs could report multiple types of software.

TABLE 19. REQUIRED END OF ROTATION/CALL-BACK DAYS

	<i>n</i>	<i>M</i>	<i>M (T)</i>	<i>SD</i>	<i>P10</i>	<i>P25</i>	<i>P50 (Mdn)</i>	<i>P75</i>	<i>P90</i>
End of rotation/Call-back days	220	12.3	11.7	7.1	3.0	8.0	11.0	16.0	22.0

77 programs (34.8%) reported that they had unique credit hours associated with end of rotation or call-back days.

TABLE 20. PROFESSIONS OF ACTIVE PRECEPTORS (%)

	<i>n</i>	% reporting	<i>M</i>	<i>SD</i>	<i>Mdn</i>
Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)	222	100.0	60.3	17.1	60.0
Physician assistant (PA)	220	99.1	33.4	16.0	30.0
Advanced practice nursing (APN; e.g., nurse practitioner)	193	86.9	6.2	4.3	5.0
Behavioral and mental health professional or other profession	69	31.1	4.1	4.6	3.0

Note: Zeroes were excluded from analysis.

Programs were asked to estimate the proportion of their active preceptors in each profession. Programs that reported having mental/behavioral health professionals serve as preceptors were then asked to specify those preceptors' professions. Of 23 programs that provided written responses to this item, 20 mentioned a behavioral or mental health profession (e.g., social worker, PsyD) while seven also mentioned non-behavioral or mental health professions (e.g., dentist, registered nurse), indicating possible misreading of the question. Therefore, the row "Behavioral and mental health professional or other profession" also includes other health professionals.

TABLE 21. STUDENTS' PATIENT EXPOSURE ACROSS THE LIFESPAN (%)

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Mdn</i>
Infants	185	6.2	3.8	5.0
Children	184	10.9	4.7	10.0
Adolescents	185	8.5	5.0	7.0
Adults	185	50.0	12.5	54.0
Older/Elderly adults (> 60 years old)	184	24.6	9.2	22.0

Note: Zeroes were excluded from analysis.

Programs were asked to report the approximate percentage of total exposure to patients across the life span for their most recently graduated cohort of students. Only the 185 programs (83.0%) that reported graduating at least one cohort of students were asked to respond to this question.

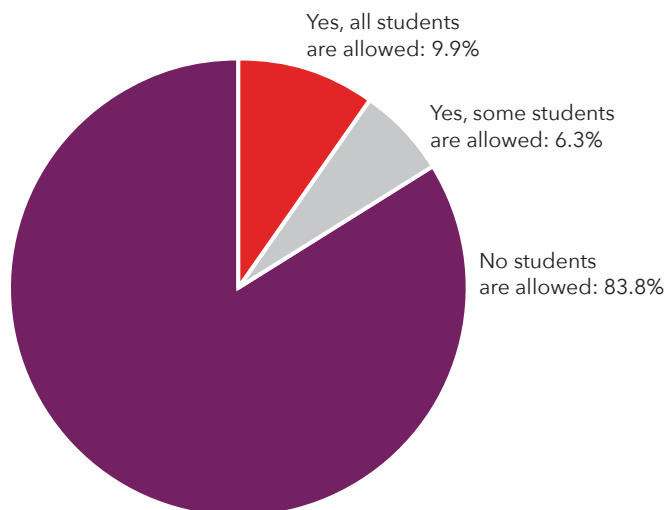
TABLE 22. STUDENTS' TIME SPENT IN CLINICAL SETTINGS (%)

	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Mdn</i>
Outpatient	185	53.2	15.6	55.0
Inpatient	185	21.6	11.4	20.0
Emergency medicine (not urgent care)	185	13.5	4.7	12.0
Operating room (includes pre-, intra-, and post-operative care)	184	11.8	7.8	10.0

Note: Zeroes were excluded from analysis.

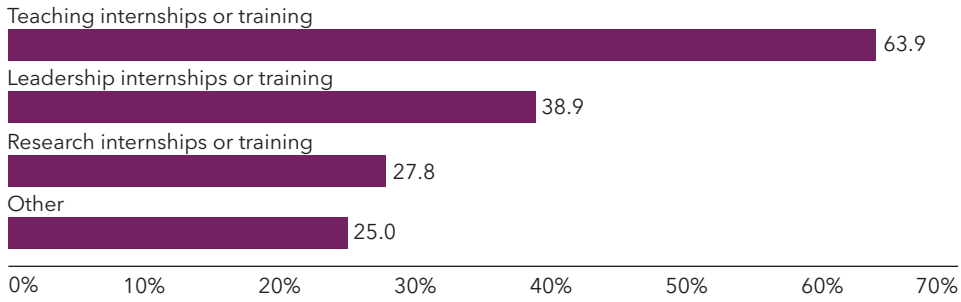
Programs were asked to report the approximate percentage of time that their most recently graduated cohort of students spent in a variety of clinical settings. Only the 185 programs (83.0%) that reported graduating at least one cohort of students were then asked to respond to this question.

FIGURE 3. AVAILABILITY OF NON-CLINICAL ELECTIVES



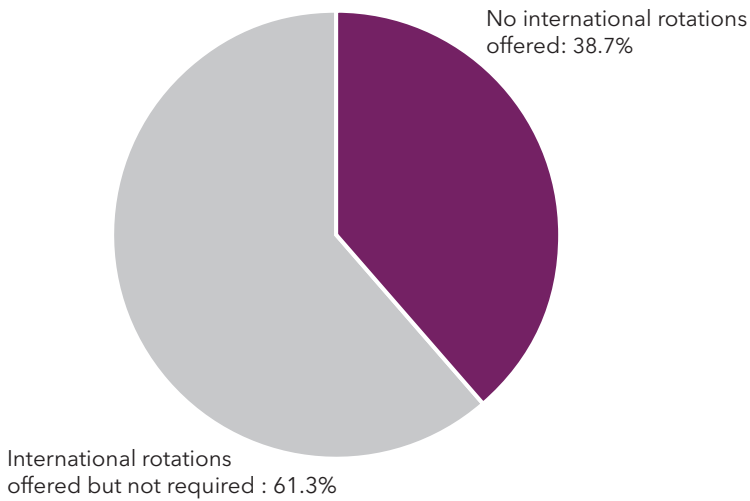
Note: Examples of non-clinical electives include teaching, leadership, and research internships.

FIGURE 4. TYPES OF NON-CLINICAL ELECTIVES



Note: Programs were asked to report the types of non-clinical electives available to students. Percentages are based on the 36 programs that allowed their students to take non-clinical electives and may sum to more than 100% because programs could select multiple types of electives.

FIGURE 5. INTERNATIONAL ROTATIONS



Note: Programs were asked whether they require or offer international rotations to students. No programs required an international rotation.

SECTION 4. CLINICAL SITE & PRECEPTOR PAYMENT POLICIES & PRACTICES

This section presents information on programs' clinical site and preceptor payment policies and practices. Results are presented for all programs, by type of institution (i.e., public versus private) and by program academic health center (AHC) status. In all analyses by type of institution, military and public/private hybrid programs were excluded due to low frequencies. Among the 218 remaining programs, 134 (61.5%) were private, non-profit; 68 (31.2%) were public; and 16 (7.3%) were private, for-profit. Throughout this section, "private" includes both for- and non-profit private programs. The analyses by program AHC status utilized the full sample, including military and public/private hybrid programs. Sixty-four programs (28.7%) were housed in an AHC while 159 (71.3%) were not. Not all programs responded to every question, so *n*'s may vary between tables.

TABLE 23. AHC STATUS BY TYPE OF INSTITUTION (%)

	<i>n</i>	AHC	Non-AHC
Public	68	55.9	44.1
Private			
Non-profit	134	16.4	83.6
For-profit	16	18.8	81.3
Subtotal	150	16.7	83.3

TABLE 24. TYPE OF INSTITUTION BY AHC STATUS (%)

	<i>n</i>	Public	Private	Other
AHC	64	59.4	39.1	1.6
Non-AHC	159	18.9	78.6	2.5

Note: Due to low frequencies, military and public/private hybrid programs were combined into "Other."

TABLE 25. CLINICAL SITE PAYMENT PRACTICES

	Type of Institution						AHC Status			
	All Programs		Public		Private		AHC		Non-AHC	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes, paying for all clinical sites	23	10.4	3	4.4	20	13.4	0	0.0	23	14.6
Yes, paying for some clinical sites	74	33.3	12	17.6	62	41.6	11	17.2	63	39.9
No payments to clinical sites	125	56.3	53	77.9	67	45.0	53	82.8	72	45.6
Total	222	100.0	68	100.0	149	100.0	64	100.0	158	100.0

TABLE 26. EXPECTATIONS OF PAYING FOR CLINICAL SITES WITHIN NEXT TWO YEARS

	Type of Institution						AHC Status			
	All Programs		Public		Private		AHC		Non-AHC	
	n	%	n	%	n	%	n	%	n	%
Yes, paying for all clinical sites	35	15.8	5	7.4	30	20.3	0	0.0	35	22.2
Yes, paying for some clinical sites	91	41.2	17	25.0	74	50.0	16	25.4	75	47.5
No payments to clinical sites	95	43.0	46	67.6	44	29.7	47	74.6	48	30.4
Total	221	100.0	68	100.0	148	100.0	63	100.0	158	100.0

Note: Programs were asked whether they anticipated continuing to pay or starting to pay for clinical sites within the next two years.

All programs currently paying for clinical sites expected to continue paying over the next two years. Of the 74 programs currently paying for some, but not all, clinical sites, 73 also reported their expected future payments. Among those 73 programs, 8 (11.0%) expected to pay for all clinical sites within the next two years.

FIGURE 6. CURRENT AND EXPECTED FUTURE PAYMENT FOR CLINICAL SITES

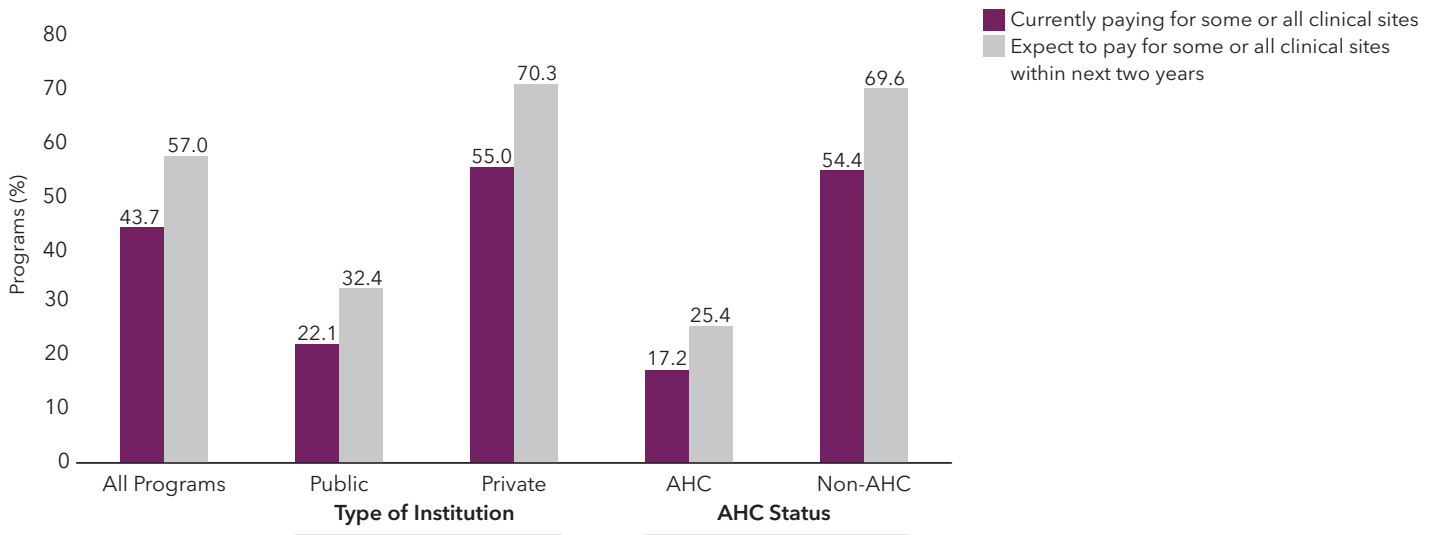


FIGURE 7. EXPECTATIONS OF STARTING TO PAY FOR CLINICAL SITES WITHIN NEXT TWO YEARS AMONG PROGRAMS NOT CURRENTLY PAYING FOR CLINICAL SITES

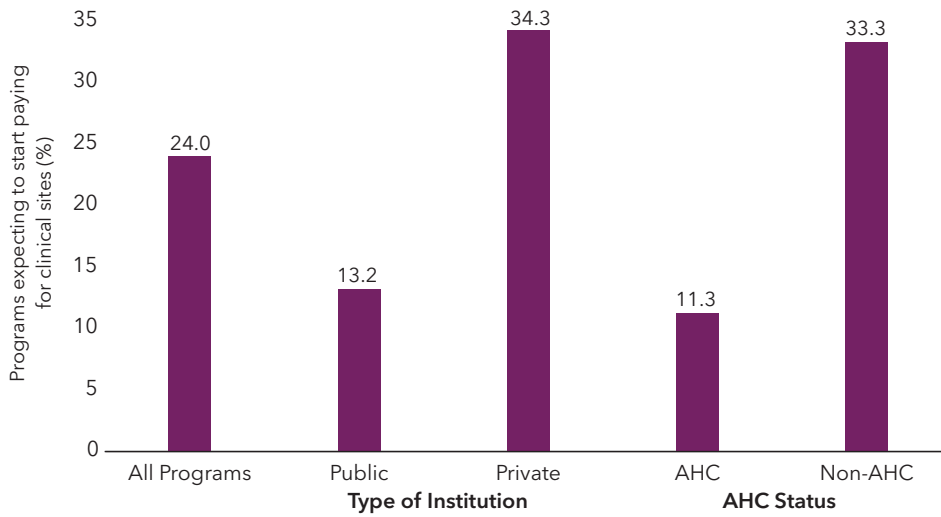


TABLE 27. CLINICAL ROTATIONS FOR WHICH PROGRAMS ARE CURRENTLY PAYING

	Type of Institution						AHC Status			
	All Programs		Public		Private		AHC		Non-AHC	
	n	%	n	%	n	%	n	%	n	%
Behavioral and mental health	63	64.9	10	66.7	53	64.6	5	45.5	58	67.4
Emergency medicine	67	69.1	8	53.3	59	72.0	7	63.6	60	69.8
Family medicine	66	68.0	8	53.3	58	70.7	7	63.6	59	68.6
General surgery	65	67.0	9	60.0	56	68.3	5	45.5	60	69.8
Internal medicine	62	63.9	7	46.7	55	67.1	4	36.4	58	67.4
Pediatrics	77	79.4	9	60.0	68	82.9	5	45.5	72	83.7
Women’s health/Gynecology/Obstetrics	81	83.5	12	80.0	69	84.1	8	72.7	73	84.9
Other										
General elective	24	24.7	3	20.0	21	25.6	0	0.0	24	27.9
Orthopedics	6	6.2	0	0.0	6	7.3	0	0.0	6	7.0
Primary care	5	5.2	1	6.7	4	4.9	0	0.0	5	5.8
Other specialty/subspecialty	6	6.2	0	0.0	6	7.3	0	0.0	6	7.0
Total	97	-	15	-	82	-	11	-	86	-

Note: Rotations under “Other” were recoded from programs’ write-in responses. Percentages may sum to more than 100% because programs could pay for multiple rotations.

FIGURE 8. ROTATIONS MOST COMMONLY PAID FOR BY PROGRAMS

	All Programs	Type of Institution		AHC Status	
		Public	Private	AHC	Non-AHC
Most Commonly Paid For	Women’s health/Gynecology/Obstetrics	Women’s health/Gynecology/Obstetrics	Women’s health/Gynecology/Obstetrics	Women’s health/Gynecology/Obstetrics	Women’s health/Gynecology/Obstetrics
	Pediatrics	Behavioral and mental health	Pediatrics	Emergency medicine	Pediatrics
	Emergency medicine	Pediatrics	Emergency medicine	Family medicine	Emergency medicine
	Family medicine	General surgery	Family medicine	Pediatrics	General surgery
	General surgery	Emergency medicine	General surgery	General surgery	Family medicine
	Behavioral and mental health	Family medicine	Internal medicine	Behavioral and mental health	Behavioral and mental health
	Internal medicine	Internal medicine	Behavioral and mental health	Internal medicine	Internal medicine

Note: Rankings were based on the proportion of programs indicating that they paid for each rotation. “Other” rotations were excluded.

TABLE 28. NUMBER OF CLINICAL ROTATION SITES FOR WHICH PROGRAMS ARE CURRENTLY PAYING

	<i>n</i>	<i>M</i>	P25	P50 (Mdn)	P75	P90
All programs	97	5.4	2.0	7.0	7.0	9.0
Type of institution						
Public	15	4.5	1.5	3.0	7.0	8.0
Private	82	5.6	3.0	7.0	7.8	9.0
AHC status						
AHC	11	3.7	1.5	3.0	7.0	7.0
Non-AHC	86	5.6	3.0	7.0	8.0	9.0

Note: This includes the seven core rotations as well as up to five "Other" rotations, for a maximum of 12 rotations. Programs may pay for more rotations than could be captured by this question.

TABLE 29. CLINICAL SETTINGS FOR WHICH PROGRAMS ARE CURRENTLY PAYING

	All Programs		Type of Institution				AHC Status			
			Public		Private		AHC		Non-AHC	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Ambulatory clinic	52	53.6	6	40.0	46	56.1	6	54.5	46	53.5
Federal hospital (e.g., VA)	14	14.4	0	0.0	14	17.1	0	0.0	14	16.3
Nursing home/Extended care facility	11	11.3	1	6.7	10	12.2	0	0.0	11	12.8
Private hospital	65	67.0	9	60.0	56	68.3	7	63.6	58	67.4
Private practice	80	82.5	8	53.3	72	87.8	6	54.5	74	86.0
Public hospital	47	48.5	7	46.7	40	48.8	3	27.3	44	51.2
Other clinical setting	8	8.2	0	0.0	8	9.8	1	9.1	7	8.1
Total	97	-	15	-	82	-	11	-	86	-

Note: Percentages may sum to more than 100% because programs could select multiple clinical settings.

FIGURE 9. CLINICAL SETTINGS MOST COMMONLY PAID FOR BY PROGRAMS

	All Programs	Type of Institution		AHC Status	
		Public	Private	AHC	Non-AHC
Most Commonly Paid For	Private practice	Private hospital	Private practice	Private hospital	Private practice
	Private hospital	Private practice	Private hospital	Private practice	Private hospital
	Ambulatory clinic	Public hospital	Ambulatory clinic	Ambulatory clinic	Ambulatory clinic
	Public hospital	Ambulatory clinic	Public hospital	Public hospital	Public hospital
	Federal hospital (e.g., VA)	Nursing home/Extended care facility	Federal hospital (e.g., VA)	Federal hospital (e.g., VA)	Federal hospital (e.g., VA)
	Nursing home/Extended care facility	Federal hospital (e.g., VA)	Nursing home/Extended care facility	Nursing home/Extended care facility	Nursing home/Extended care facility

Note: Rankings were based on the proportion of programs indicating that they paid for each clinical setting. "Other" clinical settings were excluded.

TABLE 30. CLINICAL SITE PAYMENT PLAN ARRANGEMENT

	Type of Institution						AHC Status			
	All Programs		Public		Private		AHC		Non-AHC	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
By rotation	69	71.1	8	53.3	61	79.2	7	63.6	62	72.1
By week	11	11.3	2	13.3	9	11.7	1	9.1	10	11.6
Flat rate per semester	2	2.1	1	6.7	1	1.3	1	9.1	1	1.2
Flat rate per year	6	6.2	2	13.3	4	5.2	1	9.1	5	5.8
Other	9	9.3	2	13.3	2	2.6	1	9.1	8	9.3
Total	97	100.0	15	100.0	77	100.0	11	100.0	86	100.0

TABLE 31. CLINICAL SITE PAYMENTS TIED TO EXCLUSIVITY CONTRACTS

	Type of Institution						AHC Status			
	All Programs		Public		Private		AHC		Non-AHC	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes, at all sites	3	3.1	1	6.7	2	2.4	0	0.0	3	3.5
Yes, at some sites	8	8.2	3	20.0	5	6.1	0	0.0	8	9.3
No exclusivity contracts	86	88.7	11	73.3	75	91.5	11	100.0	75	87.2
Total	97	100.0	15	100.0	82	100.0	11	100.0	86	100.0

TABLE 32. ROTATION SLOTS GUARANTEED BY EXCLUSIVITY CONTRACTS

	Type of Institution						AHC Status			
	All Programs		Public		Private		AHC		Non-AHC	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Some contracts guarantee slots	5	50.0	2	50.0	3	42.9	0	0.0	5	45.5
No contracts guarantee slots	6	50.0	2	50.0	4	57.1	0	0.0	6	54.5
Total	11	100.0	4	100.0	7	100.0	0	0.0	11	100.0

Note: No programs reported that "All contracts guarantee slots."

TABLE 33. SOURCES OF FUNDING FOR CLINICAL PAYMENTS

	Type of Institution						AHC Status			
	All Programs		Public		Private		AHC		Non-AHC	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Operational budget	69	71.1	8	53.3	61	74.4	10	90.9	59	68.6
Student tuition	38	39.2	6	40.0	32	39.0	6	54.5	32	37.2
Student fees	19	19.6	1	6.7	18	22.0	1	9.1	18	20.9
Grants	2	2.1	0	0.0	2	2.4	0	0.0	2	2.3
Other	2	2.1	1	6.7	1	1.2	1	9.1	1	1.2
Total	97	-	15	-	82	-	11	-	86	-

Note: Percentages may sum to more than 100% because programs could select multiple funding sources.

TABLE 34. TUITION INCREASES TO COVER THE COST OF CLINICAL PAYMENTS

	Type of Institution						AHC Status			
	All Programs		Public		Private		AHC		Non-AHC	
	n	%	n	%	n	%	n	%	n	%
Yes, we have increased tuition/fees to cover the cost of payments	29	29.9	3	20.0	26	31.7	1	9.1	28	32.6
Yes, we have considered increasing but have not yet increased tuition/fees to cover the cost of payments	24	24.7	5	33.3	19	23.2	5	45.5	19	22.1
No, we are neither increasing nor considering increasing tuition/fees to cover the cost of payments	44	45.4	7	46.7	37	45.1	5	45.5	39	45.3
Total	97	100.0	15	100.0	82	100.0	11	100.0	86	100.0

FIGURE 10. TUITION INCREASES TO COVER THE COST OF CLINICAL PAYMENTS

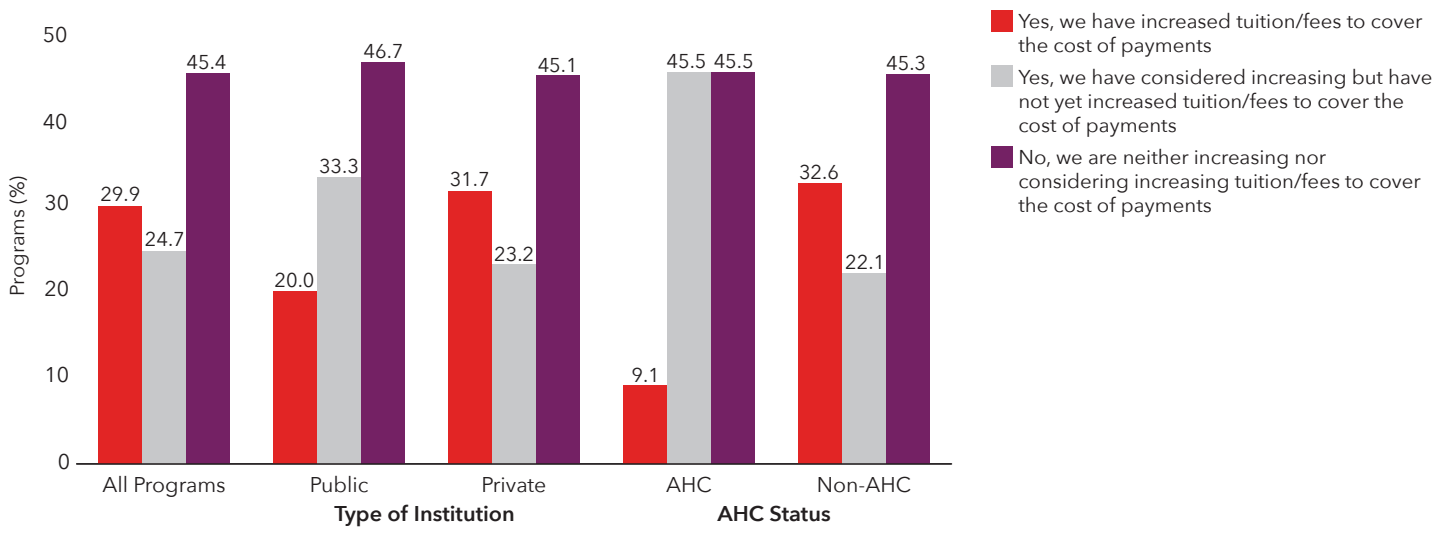


TABLE 35. REASONS PROGRAMS PAY FOR CLINICAL SITES AND PRECEPTORS

	Type of Institution						AHC Status			
	All Programs		Public		Private		AHC		Non-AHC	
	n	%	n	%	n	%	n	%	n	%
Clinical shortage area	48	49.5	5	33.3	43	52.4	6	54.5	42	48.8
Clinical site request	57	58.8	7	46.7	50	61.0	8	72.7	49	57.0
Competition from other health professions students	71	73.2	9	60.0	62	75.6	7	63.6	64	74.4
Competition from other PA programs	78	80.4	9	60.0	69	84.1	7	63.6	71	82.6
Preceptor request	60	61.9	4	26.7	56	68.3	4	36.4	56	65.1
Other	11	11.3	3	20.0	9	11.0	0	0.0	11	12.8
Total	97	-	15	-	82	-	11	-	86	-

Note: Percentages may sum to more than 100% because programs could select multiple reasons.

FIGURE 11. MOST COMMON REASONS FOR PROGRAM PAYMENTS TO CLINICAL SITES AND PRECEPTORS

	Type of Institution		AHC Status		
	All Programs	Public	Private	AHC	Non-AHC
Most Common Reasons	Competition from other PA programs	Competition from other PA programs	Competition from other PA programs	Clinical site request	Competition from other PA programs
	Competition from other health professions students	Competition from other health professions students	Competition from other health professions students	Competition from other PA programs	Competition from other health professions students
	Preceptor request	Clinical site request	Preceptor request	Competition from other health professions students	Preceptor request
	Clinical site request	Clinical shortage area	Clinical site request	Clinical shortage area	Clinical site request
	Clinical shortage area	Preceptor request	Clinical shortage area	Preceptor request	Clinical shortage area

Note: Rankings were based on the proportion of programs selecting each reason to pay for clinical sites or preceptors. "Other" reasons were excluded.