



AGENDA ITEM NO.

D-2

COUNTY OF HUMBOLDT

For the meeting of: February 23, 2016

Date: February 15, 2016

To: Board of Supervisors

From: Supervisor Ryan Sundberg

Subject: Stanford School of Medicine Presentation on Efforts to Recruit Qualified Medical Professionals on the North Coast.

RECOMMENDATION(S): That the Board of Supervisors hear the presentation and take appropriate action, if required.

SOURCE OF FUNDING: N/A

DISCUSSION: Chantal Lobue, FNP/PA-C will be addressing the Board of Supervisors and discussing the Stanford School of Medicine Primary Care Associate Program and efforts to recruit qualified medical professionals in our area.

FINANCIAL IMPACT: N/A

OTHER AGENCY INVOLVEMENT: N/A

ALTERNATIVES TO STAFF RECOMMENDATIONS: Board discretion.

ATTACHMENTS: Stanford School of Medicine Primary Care Associate Program Statement.

Prepared by Kathy Hayes

Signature 

REVIEW:	Auditor _____	County Counsel _____	Personnel _____	Risk Manager _____	Other _____
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TYPE OF ITEM:

Consent

Departmental

Public Hearing

Other Special Presentation (15 minutes)

PREVIOUS ACTION/REFERRAL:

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor Bass Seconded by Supervisor Fennell

Ayes Fennell, Lovelace, Bass

Nays _____

Abstain _____

Absent Sundberg, Bohn

Board Order No. _____

Meeting of: _____

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: Feb. 23, 2016

By: 

Kathy Hayes, Clerk of the Board

Stanford School of Medicine Primary Care Associate Program

The Stanford Primary Care Associate Program (PCAP) was created by Stanford University School of Medicine and Foothill College based on the need for more primary care practitioners in California. The first students matriculated in 1971, and the ARC-PA has granted continuing accreditation since 1976.

The program has a 21-month curriculum (seven quarters) which integrates classroom learning and clinical practice.

- **Educate PAs for clinical practice in primary care and medically underserved communities in California**
- Increase the enrollment and deployment of under-represented minorities
- Respond to the needs of our communities and stakeholders, including Stanford Medical Center

Mission

The mission of the Primary Care Associate Program is:

- **To educate PAs for clinical practice in primary care and medically underserved communities in California**
- To increase the enrollment and deployment of under-represented minorities
- To respond to the needs of our communities and stakeholders, including Stanford Medical Center

Philosophy

The program strives to achieve its mission in all aspects of its operations, including student selection, didactic and clinical curriculum, and graduate outcomes. The faculty and students engage in teaching and learning, community outreach, and advocacy that focus on improving the health status of California's citizens, particularly those in medically underserved areas.

Goals

- Educate physician assistants to provide quality patient-centered health care
- **Recruit from and place students for clinical education in regions with medically underserved communities**
- Recruit and graduate students from underrepresented minorities
- Develop the student's ability to practice evidence based medicine, reflect critically on their practice, and develop life-long learning skills
- Educate physician assistants who demonstrate ethical and professional behavior with peers, patients, and families
- Prepare students to address community health issues and health disparities in the context of societal and economic systems

The program has a strong record of student/graduate **outcomes** that meet its mission and goals:

- Of the last two classes enrolled (graduating in 2016 and 2017):
 - 38.3% are from underrepresented minority groups. Race and Ethnicity: American Indian/Native American/Alaskan Native (4.3%), African American/Black (2.1%), White/Caucasian (40.4%), Asian (22.3%), Hispanic (26.6%), Native Hawaiian or Other Pacific Islander (1.1%), Other (3.2%)
 - Gender: female (62.8%), male (37.2%)
 - Average Age: 31.9 years (compared to national mean of 26.3 years)*
 - Prior Health Experience: 8791.8 hours (compared to national mean of 3089.1 hours)*
- Of 78 graduates from the last two graduating classes (2013 and 2014):
 - 26.3% are from underrepresented minority groups
 - 28.8% practice primary care in California
 - 62.5% practice in areas of unmet need
- Of the last five graduating classes
 - 97% are NCCPA certified

*data from the Report The program has over 1400 graduates. Of the 990 respondents to the most recent graduate survey, 58% practice in primary care specialties (Family Medicine, General Internal Medicine, OB/GYN and Pediatrics and undifferentiated primary care). An additional 17% practice in Emergency Medicine and provide primary care services in those settings.

General Information

Description of the Program

Students undergo 7 quarters of education whose objectives are based on competencies expected of physician assistants, as well as fulfilling the PCA program mission. The training addresses 5 broad areas:

- didactic coursework (fundamental science and medical knowledge)
- professionalism
- multicultural medicine
- clinical skills (including communications, interview & physical exam techniques, critical thinking, technical procedures)
- **community-based preceptorships**

Accreditation Status

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation-Continued** status to the **Stanford Primary Care Associate Program** Physician Assistant Program sponsored by **Stanford University**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be **September 2019**. The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy.

Community Satellites

The PCA program continues its community mission by **identifying target areas, recruiting students from these areas, and implementing clinical training through a network of local PA coordinators and physician preceptors. The current target communities are:**

- Bakersfield area: Kern county
- **Humboldt county**
- Imperial county
- Salinas area: Monterey, San Benito, and southern Santa Cruz counties
- San Diego county
- Ventura/Los Angeles area

Academic Credit

The PCA Program is a 21-month (seven quarters) PA program and leads to a Certificate of Clinical Proficiency from the Stanford University School of Medicine. Foothill College provides academic credit for all courses. Completion of the PCA program courses qualifies the student for an AS degree through Foothill College.

Master of Medical Science - Saint Francis University

The PCA program offers an articulation with St. Francis University's Physician Assistant Program for a [Masters of Medical Science \(MMS\)](#) degree.

History and Overview

The Primary Care Associate Program began in 1971 with the enactment of regulations by the State Board of Medical Examiners which pertain to the education and practice of physician assistants. The subsequent expansion of the Nurse Practice Act and regulations adopted in 1979 provided authorization for nurse practitioner education and practice. The Program is a cooperative effort between Stanford University School of Medicine and Foothill College, aimed to prepare physician assistants and family nurse practitioners who function in the maintenance and delivery of primary health care, working with and under the supervision of family physicians in medically underserved areas of the state. The Program has emphasized the recruitment of qualified minority students.

Early experience suggested that students trained within the Stanford area were likely to remain in the area after graduation. Students residing in the Stanford area when entering the Program and those established there during preceptorships tended to remain for employment and practice. Similarly, students who reside (or have resided) in rural areas are more likely to practice there. In order to deploy graduates more effectively and impact upon the health care needs of the state, the structure of the basic educational program was changed and a community-based educational network was established. Formal linkages were established with a consortium of five community colleges in different geographic areas of California and with clinical institutions, specifically, family practice residency programs in each area. Selection procedures were modified to incorporate residence as a criterion. The Program was decentralized in order to allow selection of students who have social and economic ties to an area in need of more health care services and to enable the Program to assess and respond better to the health care needs of communities.

In 2003 Stanford University School of Medicine became the Program's sole sponsor for PA accreditation, including responsibility for admissions, curriculum development and evaluation, student evaluation, faculty and staff, and awarding the Certificate of Clinical Proficiency. The Program maintains an administrative relationship with Foothill College. Students enroll in Foothill College, pay tuition and fees and receive student services through Foothill.

The PCA Program discontinued the FNP option. This was a difficult decision, based on the evolution of the NP profession and new requirements for full scope of practice. The class of 2008 was the last class to be offered an FNP option, and those graduates were required by the California Board of Nursing to obtain a Master's degree for licensing in this state.

We will continue the Program's excellent education for PAs, with our community orientation and focus on medically underserved populations. We expect to continue our collegial relationships with NP educators, site visitors and clinical NPs, as we all work together to address the health care needs of our state.

Competencies of Graduates & Graduation Requirements

Competencies of Program Graduates

- Gather accurate historical data, perform competent physical examinations, diagnose physical and psychosocial health problems, and develop management plans for patient's problems across the life span and in acute, chronic, emergent and long-term care settings
- Apply basic medical science concepts to the practice of medicine
- Practice disease prevention and health care maintenance with effective patient education skills
- Develop effective listening and communication skills with patients, peers, and supervisors
- Accurately document patient records in verbal and written format
- Develop skills for information literacy and lifelong learning
- Function effectively with physicians and other health care professionals as part of a health care team
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities
- Integrate ethical behavior and professionalism into the practice of medicine
- Demonstrate intelligence, sound judgment, respect for self and others, and intellectual honesty
- Demonstrate awareness of the health care system and advocate for quality patient care
- Provide service to the community and the profession

Criteria for Successful Completion of the Program

In order to graduate from the Primary Care Associate Program, a student must complete the following requirements:

- Passing grade ("C" or better) in each required course in the curriculum
- Successful completion of the Summative Evaluation, which includes:
 1. Comprehensive Written Examination (knowledge)
 2. 7th Quarter Practicum (clinical skills and professional behavior)

3. Professional Behavior Assessment (summary of assessments of professional behavior by core faculty, site visitor and clinical preceptors made throughout the curriculum)
 - Complete payment of all tuition, fees and library charges

Certifications and Licensure

Certification and National Examination

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) accredits the Stanford Primary Care Associate Program. Graduate of the Program are eligible to take the Physician Assistant National Certifying Examination (PANCE), which is offered by the National Commission on Certification of Physician Assistants (NCCPA). All Program graduates are expected to take the PANCE. Information is available at the NCCPA web site: www.nccpa.net

Licensure for Physician Assistants

Physician assistants (PAs) practice medicine with physician supervision. PA legislation was adopted in California in 1971. The current law gives joint authority to regulate the practice of PAs to the Allied Health Division of the Medical Board of California and to the Physician Assistant Committee (PAC).

The PAC has the responsibility to approve PA training programs and to license PAs in California. Practice as a PA in California requires the following:

- Graduation from an accredited PA program
- Passing the Physician Assistant National Certifying Examination (PANCE)
- Approval of license application and required supporting, including identification of supervising physician(s)

Admit Program Emphasis

Consistent with the Programs mission to be responsive to the needs of medically underserved communities and the service needs of Stanford University Medical Center, the Primary Care Associate Program seeks applicants with:

Extensive clinical experience:

- Background and potential for a career as a clinical PA.
- Understanding of the Physician Assistant role.
- Levels of clinical responsibility that involve decision-making.
- Job-related expertise and work history.

- Evidence of good working relationships with other health-care team members and sensitivity in caring for a diverse patient population
- Strong references from physicians and other clinical supervisors.
- Recent clinical experience

Strong academic preparation:

- Strong performance in admission prerequisite coursework
- Demonstrated ability to succeed at the college level.
- Ability to learn in an accelerated, self-paced environment.

Evidence of dedication to medically-underserved areas and populations:

- Prior clinical experiences with medically-underserved populations (e.g., homeless populations, non-English-speaking populations, immigrant or refugee populations, or populations with cultural or financial barriers to health-care access).
- Employment in clinical sites geared to the underserved (e.g., county facilities, prisons, Indian Health Service clinics, community clinics, or free clinics).
- Residence and/or employment in underserved geographic areas (e.g., inner city or rural location).
- Ties to economically disadvantaged and/or under-represented communities.
- Language skills applicable to targeted populations.
- Community service activities related to underserved populations.
- Awareness of social issues.

**Estimated Costs for Entire Program
Academic Year: Spring 2015 - Winter 2017
Educational Fees**

California (CA) Resident	
Enrollment fees: \$ 31/unit x 117 units	\$ 3,627.00
Foothill Student Fees (\$47 x 8)	\$ 376.00
Stanford University School of Medicine * Certification Fees: \$ 7442 / quarter	\$ 52,094.00
Total CA Resident Cost:	\$ 56,097.00

Additional required costs	
Books & medical equipment	\$2,200
Home computer or laptop w/email & Internet access	\$1,500
Fee for required online logging software	\$90



Curriculum Overview

Students undergo 7 quarters of education whose objectives are based on competencies expected of physician assistants, as well as fulfilling the PCA program mission. The training addresses 5 broad areas:

- didactic coursework (fundamental medical knowledge)
- professionalism
- multicultural medicine
- clinical skills (including communications, interview & exam techniques, critical thinking, technical procedures)
- **Community-based clinical preceptorships**

Over the course of 7 quarters students participate in approximately 34 weeks of didactic and skills training, and 46 weeks of preceptorship experience. A large portion of the didactic training takes place in quarters 1-3, with most of the clinical preceptorship experience occurring during quarters 4-7. All lectures and skills training take place at Stanford/Foothill campus. **For their clinical preceptorship experience students are placed with a physician in their home community.** Students return to Stanford each quarter for integrated instruction and testing.

California physicians serving as Preceptors may claim eight (8) Category 1 CME credit-hours per year. We also sponsor our Physicians, that precept a student, free access to the Stanford Medical School Lane Library which includes up to date resources

Clinical Preceptorship Experience

The PCA Program takes responsibility for approving and placing students in clinical settings. **The goal is for students to train at primary care sites in their community.** The student may be required to relocate or travel if an appropriate preceptor site cannot be located in their immediate area. These primary care practices include a mix of family medicine, internal medicine, pediatrics and women's health sufficient to provide a broad base of experience in

health care of all genders, ages, and across the life span. Continuity of care is emphasized. In keeping with our mission students are required to have a portion of their primary care training occur at an officially-determined underserved site.

After completing several months in primary care settings, students are placed in rotations in emergency medicine, inpatient care surgical settings, and long-term care facilities.

CLINICAL TRAINING OVERVIEW

The Program emphasizes on-site training in community training sites in combination with a didactic program and close monitoring provided by program staff and faculty. Much of the primary training takes place in the office of a preceptor - a practicing physician preceptor who teaches the student during the course of his/her regular practice. The PCA Program has the responsibility for arranging the clinical instruction and supervision of each student, including identifying and supplying preceptors. Students are encouraged to seek out primary care preceptors in their home communities, however students are not required to do so. The Program must approve each clinical site and retains the responsibility for student training and evaluation. Preceptorship sites are located throughout California. Students from satellite areas must complete their preceptorship in those areas. In clinical preceptorships, students will examine and evaluate patients in various settings, under the supervision of their physician preceptors (and, in some cases, physician assistants, nurse practitioners or nurse midwives as assistant preceptors). **Each student will be site visited in their clinical preceptorship sites by representatives of the program four times per year.** The purpose of the site visit is to educate and give feedback to the students in the clinical setting. Learning the core knowledge, skills and professionalism for PA practice is reinforced by both primary care preceptorships and hospital rotations throughout the curriculum. The curriculum is ideally suited to adult learners, since medical content is continually supported by clinical experience.

The faculty and students engage in teaching and learning, community outreach, and advocacy that focus on improving the health status of California's citizens, particularly those in medically underserved areas.

Site Visitor

Each student is assigned a Site Visitor at the beginning of their clinical training. . The role of the Site Visitor is to:

- Continue coordinating the process of finding and approving Supplemental Preceptors. This often occurs when students need additional clinical experiences such as pediatrics, women's health, or any additional required clinical component needed to fulfill the broad range of primary care education not provided by their Primary Preceptor

- Provide resources for finding facilities that can fulfill the required rotations: Inpatient, Surgery and Emergency Department
- Assess the student's clinical progress during site visits (at least once per quarter during quarters 3-6)
- Review written SOAP notes, History/Physical exams and other clinical assignments
- Review the student's electronic patient logs (EValue) regularly to determine student participation and patient variety (to help determine need for supplemental sites).
- Facilitate remedial instruction in clinical skills when areas of concern are identified

Primary Preceptor

The Primary Preceptor is a physician who is the clinical mentor of the PA student. Each student must have a Primary Preceptor who provides a clinical "home" for part of the student's training. Preferably the Primary Preceptor will be a Family Medicine physician. The student can train with an Internal Medicine physician but will need to complement it with clinical sites in pediatric, obstetric/gynecological and other sites to complete their required clinical training.