

Physician Assistants' perception  
of care given to pediatric patients without access  
to adequate medical resources

by  
Maxwell Douglas

A thesis presented to the Honors College of Middle Tennessee State  
University in partial fulfillment of the requirements for graduation from  
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## **Acknowledgments**

First and foremost, I would like to thank my Lord and savior Jesus Christ. My spiritual life is what defines me. I believe that the completion of this thesis has opened so many doors for me in my future career as a Physician Assistant. I would not have gotten to this point if it wasn't a part of His plan.

Next, I would like to thank my thesis advisor, Dr. Amanda Flagg. She has been a tremendous help, not only in answering all of my questions, but also pushing me to stay on track. If I ever needed to be inspired or uplifted, I knew Dr. Flagg was the person I needed to talk to.

Last but certainly not least, I would like to thank my beautiful fiancé, Natalie. She has believed in me throughout this whole process, and I would not have gotten this far without her.

## **Abstract**

This thesis describes a qualitative research study used to explore Physician Assistants' (PAs) perceptions of barriers to providing care for pediatric patients living in rural areas. My objective was to identify any discrepancies in the care PAs are able to provide to their pediatric patients facing significant health care disparities and explore their ideas of ways this may be changed. For this project, I interviewed PAs in Tennessee with five or more years of experience caring for pediatric patients. This study investigated the experiences of PAs who have practiced in rural and/or urban settings that provided insight on any certain or potential barriers to care. After analyzing the data, it was determined that four common themes emerged: education, location, financial stability, and language barriers. These barriers work in conjunction with one another and hinder the quality of care that is provided to pediatric patients in rural or medically underserved areas. Given the education and scope of practice that PAs are equipped with, they have the ability to play a critical role in resolving these issues that children face in rural areas.

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## **Chapter I**

### **Introduction**

Physician Assistants (PAs) are board-certified healthcare professionals who offer care in all medical specialties under the supervision of a licensed physician. PAs use their training and expertise in the medical field to examine, diagnose, and treat patients alongside numerous health care professionals to provide quality care to every patient. They are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice (American Academy of Physician Assistants, 2022). Jennifer Orazco, president and chair of the American Academy of Physician Assistants Board, states that physician assistants help to fill in gaps within the medical field by serving all types of patients in all types of healthcare settings, including those where there are numerous healthcare disparities.

According to Health Resources and Service Administration (HRSA), health professional shortage areas (HPSAs) are used to identify areas, population groups, or facilities within the United States that are experiencing a shortage of healthcare professionals. As of March 2021, 61.47% of all health professional shortage areas (HPSAs) were located in rural areas. There are currently 13.4 million children under the age of 18 who live in rural areas across the United States (Census, 2021). These children are more likely to face barriers that will potentially stunt their growth and development such as (1) fewer health-care providers, (2) inability to access proper care, and (3) higher poverty rates. As a result of these barriers, overall life expectancy, infant mortality, chronic disease, and cancer outcomes are all worse for children located in rural

communities compared to children located in urban and suburban communities (HRSA, 2022).

PAs serving in primary care specialties such family medicine or pediatric care will find that their pediatric patients come from a variety of backgrounds, many of which may include the previously mentioned difficulties in obtaining care. As professionals whose career centers around the promotion of health and wellbeing, PAs can be tasked with identifying the barriers found in rural areas as well as ways to combat them. These may include creative solutions that make healthcare more accessible to their patients and their families and addressing the shortage of healthcare providers in these areas. There is a need for research to further elaborate on the need for better pediatric healthcare in rural areas and those of significant health disparities and identify the ways that PAs may play an active role in the promotion of healthcare for these patients and potentially alleviate medical workforce shortages in pediatric primary care (PCC, 2023).

The purpose of this pilot qualitative research study is to explore the perceptions of PAs on potential barriers and other difficulties caring for children in medically underserved areas versus children in areas with adequate access to medical resources and healthcare. It seeks to identify similar themes within these experiences that may offer insight into the role of a PA in providing quality care to patients based on resources that vary depending on availability and geographical location. The question posed for this study is: “What barriers do PAs face when caring for pediatric patients in rural areas that they do not see in urban areas, and how do these barriers affect the quality of care they provide?” The data that this study may provide can be beneficial to future research and

may be of great benefit for PAs preparing to care for patients in these constrained conditions.



## **Chapter II**

### **Thesis Statement**

This study identifies healthcare discrepancies in the care PAs provide to pediatric patients when treating them in areas facing significant health disparities. This study investigates the experiences of PAs who have practiced, or currently are practicing in rural and/or urban settings and provides insight into certain difficulties that are regularly faced. The common themes identified include: education, location, financial stability, and language barriers. The data that this study provides is beneficial for future research. Additionally, it is of great benefit for PAs to be made aware of these barriers if they are in a position where they are providing care to pediatric patients under similar circumstances.

## **Chapter III**

### **Literature Review**

An overview of current research on the role of a PA, health care disparities, and the details of what defines a medically underserved area are pieces of vital background information that are necessary to understand the components of this study, and to understand the implications of its results.

#### **Physician Assistant**

A Physician Assistant is a mid-level healthcare provider who can diagnose illnesses, develop and manage treatment plans, and prescribe medications. PAs can serve as someone's primary healthcare provider; however, they are required by law to have a direct agreement with a licensed physician. The role of a PA came about in the 1960s during the Vietnam War (Cawley et al. 2012). In 1969, the American Medical Association (AMA) gave its official approval to the concept of the Physician Assistant. Physician Assistants continue to work alongside medical teams and play a major role in the healthcare field today.

#### **Healthcare Disparities**

According to the CDC, healthcare disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Healthcare disparities can affect anyone, regardless of age, race, or gender. The CDC defines them as inequitable, stating that they are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

## **Defining Medically Underserved Areas**

According to the Health Services and Resources Administration (HRSA), medically underserved areas (MUA) are areas where certain populations, usually rural, are subject to a lack of primary care and have high levels of poverty, infant mortality, and elderly people. Rural areas can simply be defined as areas that are located outside of towns or cities. According to National Geographic, a rural area's population density is very low, and businesses and homes are generally located far away from each other. This study examines healthcare disparities that pediatric patients face in rural areas that they may not face elsewhere, as well as the role that a Physician Assistant plays in potentially resolving them.

## **Barriers to Healthcare**

According to Merriam-Webster, a barrier is something that obstructs, blocks, hinders, or prevents access. Within healthcare, there are many barriers that can affect the overall health and wellbeing of the patient. These include but are not limited to: lack of availability of health services and providers, affordability of services, communication barriers, socioeconomic status, geographic location, and cultural/societal barriers (Greenridge-Horace, 2022).

## **Chapter IV**

### **Methodology**

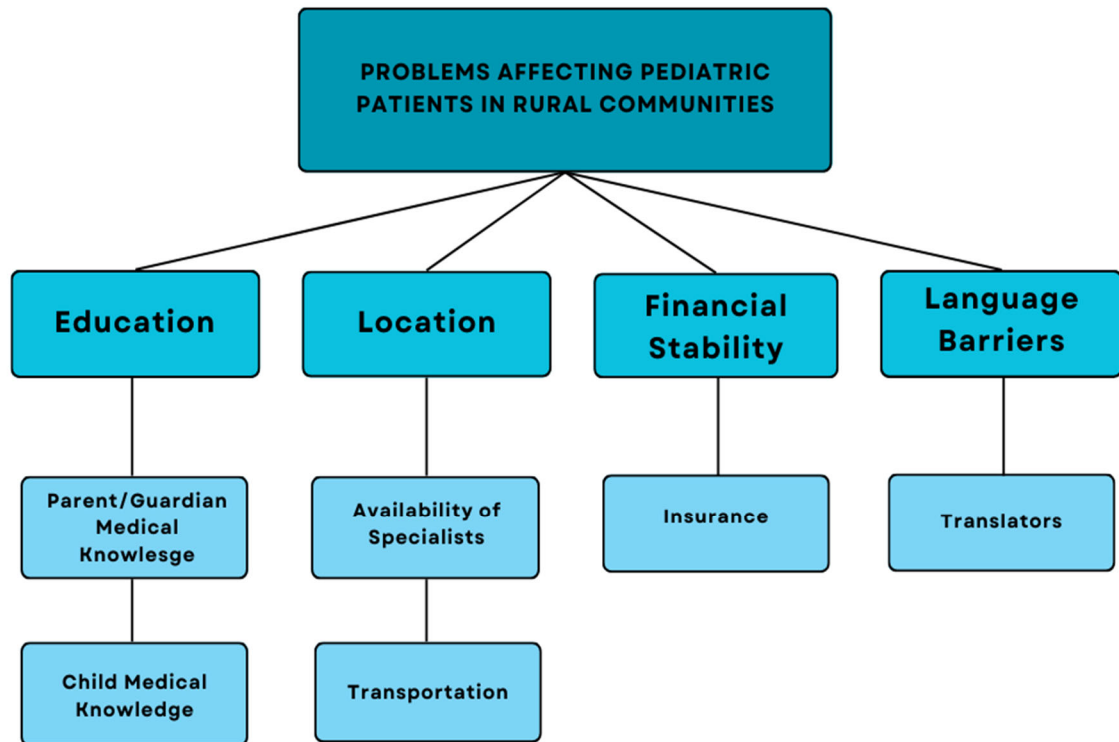
This study was approved by Middle Tennessee State University (MTSU) Institutional Review Board (IRB) on December 9<sup>th</sup>, 2022 (See Appendix B). To recruit participants, convenience sampling was used via word of mouth and PAs meeting the sample criteria were welcome to participate. The sample criteria included being a Board-Certified Physician Assistant specializing in Family Medicine or Pediatrics and having a minimum of five years' experience practicing in the state of Tennessee. The sample size was seven and consisted of PAs working throughout the state of Tennessee.

Prior to each interview, informed consent was obtained, and participants were provided with IRB information related to the study. The participants were made aware that their participation was voluntary, and they were not compensated. On average, the interviews lasted 30 minutes and were conducted and recorded via zoom. A series of eight open-ended questions were used to identify any barriers in providing quality care and explore the participants' perceptions of their practice with pediatric patients facing significant health care disparities (See Appendix D). All recordings were deleted following manual transcription. After reaching data saturation, the transcriptions were analyzed by the primary researcher to identify content that would reveal correlating themes.

## **Chapter V**

### **Results**

As indicated in Chapter IV, data saturation was reached after interviewing seven volunteers. The results and following discussions in Chapter IV are based on themes analyzed from the data received. Upon the initial overview of interview responses, it was clear that there were several recurring answers that later coincided with similar themes. Further study of these themes indicated that the differences in available care for pediatric patients in rural areas can be categorized into four main themes. These themes included: education, location, financial stability, and language barriers. Contributing factors and considerations were categorized into two sub-themes for education and location, and one main sub-theme for financial stability and language barriers. These sub-themes were further analyzed. The flowchart below illustrates these four major themes and each of their respective subthemes.



*Figure 1: Flow Chart illustrating themes/sub-themes impacting care for pediatric patients in rural areas.*

Education was the first main theme discovered. The degree of medical awareness held by parents or guardians and the children was found to be significant in understanding how education impacts the quality of care provided to these patients. Location was the next theme identified, and within this, transportation, and the availability of needed specialists in the given area were components that affected the ability of pediatric patients to receive quality care. The third theme that was identified was financial stability, and the respective sub-theme for this category was insurance. The final theme noted was language barriers, with the use and availability translators being a significant health care disparity.

The four themes were analyzed, and there was found to be a clear association among these and the overall health of pediatric patients as well as the type of care that was available to them. An in-depth explanation of the findings from this study and its implications will be further discussed in Chapter VI.

## **Chapter VI**

### **Discussion**

PAs play a pivotal role in healthcare because they have the ability to diagnose and treat patients in every field of medicine. This study sought to identify barriers that these PAs have come across when caring for pediatric patients specifically in rural areas across the state of Tennessee, as well as to document ways of potentially resolving them. To conduct this study, Pediatric and Family Medicine PAs with at least five years of experience treating pediatric patients were asked a series of questions encouraging them to reflect on differences in care for patients in medically underserved areas versus urban areas (Appendix D). This helped identify multiple, significant health care disparities for those in rural areas and provided insight for how PAs are in a prime position to make positive changes that address these issues.

Upon analyzing the data received from this study, a clear discrepancy was found between care available to pediatric patients in rural areas versus those in urban areas. The four major themes of this study focus on four significant health care disparities and include sub themes that detail the underlying factors that need to be addressed for change to occur. These include: education, location, financial stability, and language barriers.

#### **Education**

The first major theme identified was education. A deeper review into this revealed two corresponding components, medical awareness by the patient and medical awareness by the parent or guardian. Many parents or guardians lacked medical awareness, as well as related knowledge, on how to properly care for a sick, growing child. Reported scenarios where there was a significant lack of understanding or education included:



meeting appropriate nutritional requirements, selection of appropriate over-the-counter medications and proper dose, signs and symptoms that required an Emergency Room visit versus a trip to the pediatrician, and meeting the child's dental and vision needs. Lack of knowledge in these areas directly coincided with commonly seen conditions by PAs, such as malnutrition, obesity, dental caries, and more. Similarly, if the parents or guardians were unaware of what their child's medical needs are, they were unable to teach their children how to independently care for themselves as they grow older. Participants Two and Four elaborated on the importance of appropriate medical awareness and education in their statements below:

*P2: I think our role a lot of times is just a quality education. I think a lot of PA schools will emphasize that or even just a lot of research shows that PAs spend a little more time with their patients and parents of patients and talking with them and educating them about signs and symptoms to look for when they need to come to the ER or what can possibly wait for a day or two in order to be seen by the pediatrician. I think educating them on simple things that we take for granted a lot of times is proper dosing of things like Tylenol and Motrin. Parents will come in frustrated that their kids' fever won't break, but it's typically that they're under dosing them and if they get their proper dose of Tylenol, or Motrin, their fever comes right down, and the kid feels better.*

*P4: Definitely a lot more childhood obesity. Also, dental health is very poor. You'll see a lot of kids have lots of cavities or they'll have full caps on their teeth. I think that just goes along with patient education levels. They're not brushing their teeth twice a day either. So how do they know to educate their child to brush their teeth twice a day?*

*And making sure they go to their dental visits every six months? That's not something that they do for themselves, so how do they know to do it for their kids?*

When discussing education, location must be mentioned as they go hand in hand with one another. Pediatric patients from rural areas typically had to drive longer distances in order to receive care than pediatric patients from urban areas do. This significantly limited the opportunities to provide education on important teaching topics, such as common illnesses, medications, and treatments. As a result, these patients and their families were reported to be less knowledgeable about those topics than families who are located closer to medical facilities.

### **Location**

The second major theme identified was location. As with the former, two sub-themes were identified which further inform this theme. These include transportation and the availability of specialists.

The first subtheme is transportation. As previously mentioned, pediatric patients from rural communities had a longer commute to reach medical facilities. This often involves increased costs and time required to reach the needed medical help. It often took more than 20 to 30 minutes for pediatric patients from rural areas to obtain medical help. Participant Six provided details on this common issue that is seen throughout rural areas:

*P6: The most common problem we hear from the parents, or the guardian is, you know, transportation. Or the fact that they can't get off work or it's sometimes expensive to get off work or it's too far of a drive. Any of those things, but I feel like typically that's the biggest issue.*

The availability of specialists was also an issue that was brought up by numerous participants. Many families were limited to only urgent care facilities due to a lack of Family Medicine or Pediatric practices in rural areas. Care provided at an urgent care facility is very limited. For severe or more urgent conditions, it is not uncommon for pediatric patients to present subtle symptoms that can be easily misdiagnosed. Unfortunately, as a result, there are many cases where these signs go unnoticed since rural areas lack providers familiar with specific pediatric conditions. Additionally, patients who may suffer from chronic or serious conditions will require additional specialists that are rarely found in rural areas. Participant Two provides some thoughts on this below:

*P2: It's definitely difficult in rural areas to see a specialist because most specialists work in urban areas. For them to see specialists it can be an hour drive both ways. Sometimes these specialists can take a month or two to even have an appointment available. Whether these people have access to quality transportation, reliable transportation, or even just the funds to put gas in the car to drive an hour is sometimes a huge hurdle.*

### **Financial Stability**

The next theme identified was financial stability. The two sub-themes identified with this theme were insurance and governmental funding.

A major issue seen with pediatric patients and their families in rural areas was the lack of quality health insurance. Without health insurance, even the most common medications such as Tylenol and Motrin become unaffordable. According to a recent census, 12.3% of people in rural counties lacked insurance, compared to 10.1% for urban

counties (Day 2019). While the number of people lacking insurance has decreased since 2013, the percentage of uninsured has consistently been higher for those located in rural areas.

There are two types of health insurance—private and public. Private health insurance is typically more expensive, yet it covers more services. Another study done by the CDC categorized pediatric patients into different regions and analyzed whether they were uninsured, held private health insurance, or held public health insurance. The statistics illustrated that 52% of pediatric patients in rural areas held public health insurance, compared to 33.1% for those in large urban areas. Comparatively, 43.5% of pediatric patients held private health insurance in rural areas while that number was 63.9% for those in large urban areas. These statistics show that not only are people less likely to have health insurance in rural areas, but pediatric patients are also less likely to have private health insurance. Participant Three had this to say regarding the topic:

*P3: Another barrier is that they (pediatric patients from rural communities) can't afford over the counter medications, so trying to work with the insurance that they do have, which is usually some type of TennCare, to get medications maybe that the pharmacy can pick up for them and their insurance will actually pay for is difficult. Which is unfortunate that you have to deal with this in these settings. They can't afford, you know, what some of these families from more urban areas can afford.*

### **Language Barriers**

The final theme identified was language barriers. The main sub-theme identified within this theme included the implementation of translators. Having access to a translator was a viable resource that all medical facilities should have. The United States

is becoming more diverse, requiring the implementation of resources that allow for the proper treatment of pediatric patients of all ethnicities, yet it remains a large problem in many rural communities (AAMC, 2017). Participants One and Six recognized language barriers as one of the largest to overcome when working in rural settings.

*P1: The language barrier is a big thing. I remember working as a PA in a rural community and we didn't have a translator there. We had one available on zoom, but sometimes the link didn't work, and we were unable to communicate with them (the patient) and they had to come back another time.*

*P6: I think for myself, personally, the rural area that I worked in served a lot of Hispanic patients. Sometimes this created a language barrier that was challenging to overcome. I think this is a big problem for a lot of facilities that are located in rural areas. Regardless of the ethnicity of the patient, some sort of technology should be implemented into these rural facilities in order to aid in this particular barrier.*

### **Implications for PAs**

Participants reported various suggestions on how PAs can make a positive impact and help limit the negative effects of health care disparities. Most notably, this included the implementation of more PAs into rural areas to increase access to healthcare and encourage more opportunities for education. Participant one described that implementing PAs into rural areas is cheaper than implementing MDs or DOs, and doing so could potentially provide a number of benefits.

*P1: PAs significantly provide more affordable health care to everyone. We don't do everything that a doctor does, but we do 80 to 90 percent of what they do. That includes just basic medical care, which is a majority of what kids need. They just need*

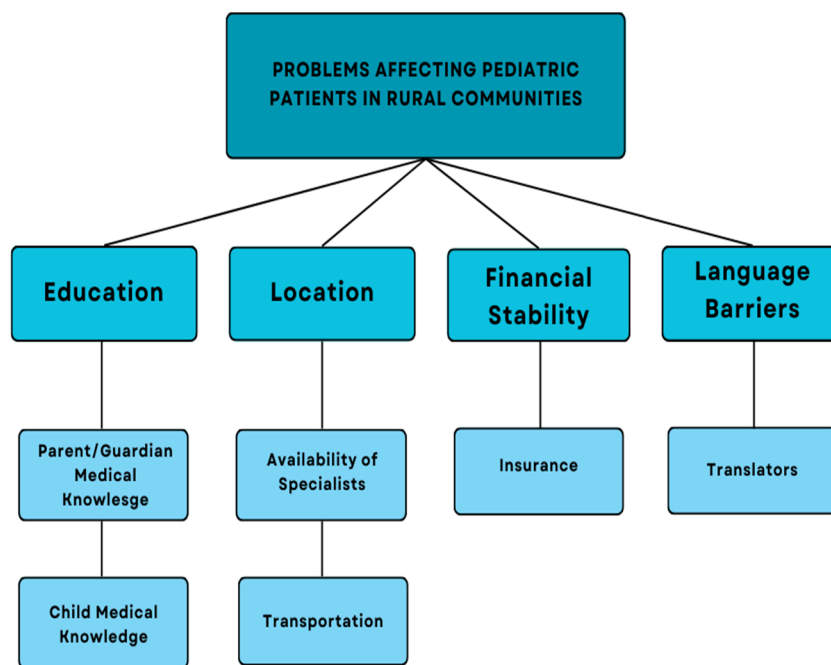
*someone to oversee their vaccination schedule and developmental milestones. So where is all that other money going? It could be going towards a translator for that facility. It could be going to health care events in the community. It could be providing coupons to patients or for parents that need a little bit more help than other parents just to provide help elsewhere and then it can even trickle into the corporate side and even into the government. If healthcare is more affordable to them (government), then we could take up governmental funding for these underserved communities. You can prescribe all the medicine you want as a PA, but how can your patients actually afford it?*

Additionally, it is equally important that PAs place an emphasis on providing customized education to the patients and their parent/guardian. It is crucial that this education is individualized to their specific needs and learning style and is based on their availability to accessing appropriate resources. This could vary depending on the impact of previous barriers discussed, such as language, lack of financial support, and location. PAs go through years of intense learning and training to strengthen their medical knowledge and are able to tailor this knowledge and provide teaching. Due to the nature of the profession, PAs are often able to take more time to educate patients, whereas MDs and DOs may be unable to do so. As a result, PAs are in a position where they may make a powerful impact in the time spent with their patients and set them up for success. Participant six elaborated their thoughts on the matter below:

*P6: "You have to be passionate to be in healthcare. Because doctors are often so busy in their clinics, I feel like PAs have a little bit more flexibility sometimes in taking on an educational role. Almost all of my professors in school were PAs. When it comes to*

*rural areas specifically, I think that we can help the knowledge or education side of things if we can get into those areas and help them learn more things."*

To summarize, this qualitative study revealed four key barriers affecting pediatric patients in rural communities (See Figure 1). Each of these barriers contributes to the overall lack of adequate healthcare available for these patients. PAs are in a position to help fight these inadequacies by providing both direct medical care and education to patients facing significant healthcare disparities. This, coupled with the versatility of the profession, allows current and future PAs the opportunity to go into these rural communities and make an immediate impact.



*Figure 1: Flow Chart illustrating themes/sub-themes impacting care for pediatric patients in rural areas.*

## **Chapter VII**

### **Limitations**

Limitations of this study include time, a variety of demographic factors, the participant pool having experience in different geographical locations, and the availability of PAs who fit the criteria of this study. The major limitation of this study was being able to get in touch with PAs who fit the criteria of this study. Although data saturation was reached, the results may only be applicable to pediatric patients in rural areas of Tennessee.



## **Chapter VIII**

### **Future Recommendations**

While the results of this study did provide some insight into the health care disparities that pediatric patients in rural and or medically underserved communities face, it is recommended that this study be expanded with a larger participant pool. It may be beneficial to include participant populations from other areas as well, not staying specifically in Tennessee. Future studies could also be more specific in focusing solely on one of the four themes identified in this study. This could allow various tactics to be tested in different rural areas to address that specific need.

In stating the above, the main future recommendation that I have based on the responses received from this study is to encourage more PAs to enter practice in rural or medically underprivileged areas. In order to do this, I believe more incentives should be given to attract these PAs to work in these areas. These could include a higher salary, stipends, or student loan repayment option.

## **Chapter IX**

### **Conclusions**

This pilot study answered the original question: “What barriers do PAs face when caring for pediatric patients in rural areas that they do not see in urban areas, and how do these barriers affect the quality of care they provide?” Pediatric patients from rural areas face certain barriers to adequate care that children from urban areas do not face. These barriers include, but are not limited to: education, location, financial stability, and language barriers. My intention in conducting this research was to identify these barriers and potential solutions that can be provided specifically by Physician Assistants’. This research has identified several important ideas for future consideration by PAs with a desire to care for pediatric patients. The findings of this study can be beneficial to both current and future PAs. It is my hope that this study will prompt further research to make the care for pediatric patients in rural communities a priority, and ultimately pave a way for a higher quality of life for each of these patients and their families.

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## **Appendix A: List of Abbreviations and Definitions**

DO – Doctor of osteopathic medicine.

Health care disparities – Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

HPSA – Health professional shortage area

HRSA - Health Resources and Services Administration

MD – Medical doctor

MUA - Medically underserved area

PA – Physician Assistant

Pediatric Primary Care – Healthcare at a basic rather than specialized level for children under the age of eighteen making an initial approach to a doctor or nurse for treatment.

Rural areas – Geographic areas that are located outside towns and cities. Typical rural areas have a low population density and small settlements.

Urban areas A human settlement with a high population density and infrastructure of built environment.

## Appendix B: Copy of IRB Approval Form



12.14.22

Investigator: Max Douglas  
Investigator Email: mrd5b@mtmail.mtsu.edu

Protocol Title: "Physician Assistants' Perception of Care Given to Pediatric Patients Without Access to Adequate Medical Resources"

Protocol Number: 23-2051

Dear Mr. Douglas,

The MTSU Institutional Review Board or its representative has reviewed the research proposal identified above and has determined that the study poses minimal risk to participants or that you have satisfactorily worked to minimize risks, and you have satisfactorily addressed all of the points brought up during the review.

Approval is granted for one (1) year from the date of this letter for 25 participants.

Please note that any unanticipated harms to participants or adverse events must be reported to the Office of Compliance. Any change to the protocol must be submitted to the IRB before implementing this change.

You will need to submit an end-of-project form to the Office of Compliance upon completion of your research. Complete research means that you have finished collecting data. **Should you not finish your research within the one (1) year period, you must submit a Progress Report and request a continuation prior to the expiration date.** Please allow time for review and requested revisions. Failure to submit a Progress Report and request for continuation will automatically result in cancellation of your research study. Therefore, you will not be able to use any data and/or collect any data. Your study expires **12.31.23**.

According to MTSU Policy, a researcher is defined as anyone who works with data or has contact with participants. Anyone meeting this definition needs to be listed on the protocol and needs to complete the required training. **If you add researchers to an approved project, please forward an updated list of researchers to the Office of Compliance before they begin to work on the project.**

All research materials must be retained by the PI or faculty advisor (if the PI is a student) for at least three (3) years after study completion and then destroyed in a manner that maintains confidentiality and anonymity.

Sincerely,

Aleka Blackwell and William Langston  
Chairs, Institutional Review Board  
Middle Tennessee State University

## Appendix C: Copy of Informed Consent

### IRB

#### INSTITUTIONAL REVIEW BOARD

Office of Research Compliance,  
010A Sam Ingram Building,  
2269 Middle Tennessee Blvd  
Murfreesboro, TN 37129



### IRBF016 – Participant Informed Consent

#### A. INFORMATION AND DISCLOSURE SEGMENT (Participant Copy)

**Study Title** Physician Assistant's perception of care given to pediatric patients without access to adequate medical resources  
**Primary Investigator(s)** Maxwell Douglas ☒ Student  
**Contact information** mrd5b@mtmail.mtsu.edu  
**Department & Institution** MTSU  
**Faculty Advisor** Dr. Amanda Flagg **MTSU Department** School of Nursing

**Protocol ID** 23-2051

**APPROVED**

**Expiration: 12.31.23**

The following information is provided to inform you about the research project in which you have been invited to participate. Please read this disclosure and feel free to ask any questions. The investigators must answer all of your questions and you must be given a signed copy of this disclosure.

- Your participation in this research study is voluntary.
- You are also free to withdraw from this study at any time without loss of any benefits.
- In the event new information becomes available that may affect the risks or benefits associated with this research study, you will be notified so that you can make an informed decision at that time.

For additional information on your rights as a participant in this study, please contact the Middle Tennessee State University (MTSU) Office of Compliance (Tel 615-494-8918 or send your emails to [irb\\_information@mtsu.edu](mailto:irb_information@mtsu.edu). (URL: <http://www.mtsu.edu/irb>).

**Please read this section and sign Section B if you wish to enroll in this study. The researcher will provide you with a copy of this disclosure form for you to keep for your future reference.**

#### 1. What are the prime types of physical contact the participant will have?

The participant will have the following type(s) of contact(s) with the investigators or/and other participants at least sometimes during this research:

- ☒ 1.1 Virtual Interactions  
☐ Qualtrics ☒ Zoom ☒ Telephone ☐ Other
- ☒ 1.2 In person interactions  
☐ With PPE ☒ Without PPE ☒ With Social Distancing ☐ Without Social Distancing
- ☒ 1.3 In person interactions without PPE: Participants will be given the option to have their interview in person with no PPE requirements, but they may choose to wear PPE if they desire.
- ☐ 1.3 In person interactions without Social Distancing:  
The participants will be asked to provide their contact details to be used by MTSU COVID-19 task force for contact tracing if needed

#### 2. What is the main category of this research?

- ☐ 2.1 Educational Tests ☒ 2.2 Social/Behavioral Evaluation  
☐ 2.3 Psychological intervention or procedures ☐ 2.4 Physical Evaluation or Procedures  
☐ 2.5 Medical Evaluation ☐ 2.6 Clinical Research  
☐ 2.7 OTHER

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## **Appendix D: Copy of Interview Questions**

1. Will you state your licensure, number of years of experience practicing as a Physician Assistant, and length of experience working with pediatric populations?
2. What is your experience in caring for pediatric patients in rural and/or urban settings?
3. What are some common issues you run into when caring for pediatric patients?
4. What do you notice about your pediatric patients from rural and medically underprivileged areas in terms of their overall health?
5. How does this compare with the overall health of your pediatric patients in urban/medically privileged areas?
6. What barriers, if any, are there to providing care and promoting health to pediatric patients from rural/medically underprivileged areas?
7. What do you think the role of the Physician Assistant is in this?
8. How do you think we can solve this problem?

## Appendix E: Copy of Debriefing Form

### Debriefing Form

Physician Assistants' perception of care given to pediatric patients without access to adequate medical resources

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Thank you for your participation in our study! Your participation is greatly appreciated.

#### Purpose of the Study:

We previously informed you that the purpose of the study was to explore Physician Assistants' perceptions of barriers and other difficulties caring for children in medically underserved areas versus children in areas with adequate access to medical resources and healthcare. The goal of our research is to identify the barriers, answer how those barriers affect the care provided, and answer how Physician Assistants could potentially combat those issues.

#### Confidentiality:

You may decide that you do not want your data used in this research. If you would like your data removed from the study and permanently deleted, please contact the primary researcher, Maxwell Douglas, at [mrd5b@mtmail.mtsu.edu](mailto:mrd5b@mtmail.mtsu.edu).

If you wish to recommend someone who may be interested in participating in the study, you will be asked to provide their contact information, if able. Your identity will not be shared under any circumstances if we reach out to your contact about participation.

#### Compensation:

All participation in this study is voluntary and there will be no compensation for participants.

#### Final Report:

If you would like to receive a copy of the final report of this study (or a summary of the findings) when it is completed, please feel free to contact us.

#### Useful Contact Information:

If you have any questions or concerns regarding this study, its purpose or procedures, or if you have a research-related problem, please feel free to contact the researcher(s), Maxwell Douglas, [mrd5b@mtmail.mtsu.edu](mailto:mrd5b@mtmail.mtsu.edu), 615.574.8046 or Dr. Amanda Flagg, [amanda.flagg@mtsu.edu](mailto:amanda.flagg@mtsu.edu).

**\*\*\*Please keep a copy of this form for your future reference. Once again, thank you for your participation in this study!\*\*\***