

Program Review Self-Study

Academic unit: Physician Assistant College: Health Professions Date of last review October 2010 Date of last accreditation report (if relevant) March 2011 List all degrees described in this report (add lines as necessary) Degree: MPA – Master of Physician Assistant CIP* code: <u>51.0912</u> Degree_____ CIP code_____ Degree_____ CIP code_____ *To look up, go to: Classification of Instructional Programs Website, http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55 Faculty of the academic unit (add lines as necessary) Name Signature Marlyse Anderson, Director of Clinical Education (Unclassifieori10

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a. University Mission:

b. Program Mission (if more than one program, list each mission):

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The mission of the Department of Physician Assistant is to be a learning community dedicated to developing generalist health care professionals by:

- Valuing students
- Integrating teaching, scholarship, practice, and service
- Partnering with the community

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It is the intent of the department that the education and training received will prepare and encourage students to provide primary care in areas where the need is greatest. Service and clinical education in underserved and rural areas and with minority populations is emphasized.

c. The role of the program (s) and relationship to the University mission: Explain in 1-2 concise paragraphs.

The Department of Physician Assistant Master of Physician Assistant degree supports the University mission by:

• Providing students with a high quality, competency based education which prepares graduates to pass a professional board certification examination and practice medicine with appropriate supervision, helping to meet the health care needs

developing and implementing a comprehensive patient-centered approach to health care.

- develop a medical knowledge base that provides a foundation for practicing medicine in a variety of settings.
- achieve competency in medical and technical skill that prepares them to provide health care to individuals of all ages.
- develop skill that prepares them to interact as professionals within an interdisciplinary health care environment.
- develop an awareness of the ethical, social, and legal issues related to the practice of medicine.
- develop skills for continuing professional growth and lifelong learning.
- are encouraged to provide health care services to medically underserved populations.

The Program monitors yearly AAPA census data to determine location, setting, and practice data from the WSU PA Program alumni. Results of the most recent national census data (2009) show that the Program continues to fulfill our aim of preparing graduates for primary care practice to rural and underserved areas as demonstrated by higher percentages of WSU graduates practicing in these areas as compared to national averages.

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Practicing in Primary Care Specialty	47%	33%		
Practicing in a Rural Community	30%	7%		
Underserved Setting	16%	11%		
Source: AAPA Annual Census Data 2009				

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* Winning by competitive audition. **Professional attainment (e.g., commercial recording). ***Principal role in a performance. ****Commissioned or included in a collection. KBOR data minima for UG programs: Majors=25; Graduates=10; Faculty=3; KBOR data minima for master programs: Majors=20; Graduates=5; Faculty=3 additional; KBOR data minima for doctoral programs: Majors=5; Graduates=2; Faculty=2 additional.

The caliber of teaching excellence within the Program has also been formally acknowledged. The CHP Annual Award for Teaching Excellence was awarded to Dr. Hale in 2000 and in 2008 and to Ms. Nyberg in 2006. In addition, Dr. Hale's expertise in teaching has been recognized at the university level through receiving the WSU Academy of Effective Teaching and the WSU Leadership in the Advancement of Teaching awards.

Faculty teaching assignments relate to their respective background, experience, and interests. At a minimum, faculty are responsible for teaching; evaluating student performance; academic counseling; providing remediation; developing, implementing, and evaluating curriculum; administering and evaluating the Program; application review, student interviews

and implements comprehensive patient- centered healthcare.			
5. 5. Apply comprehensive principles from biological, physical, social, and behavioral sciences in the management of patients.	 Course grades Graduate performance on NCCPA Board Certification exam Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009) 	Summary of NCCPA Board Certification exam, PACKRAT exam and summary of preceptor evaluations of students are noted below	
Apply scientific knowledge, humanistic values, critical analysis, and a systematic approach to solving problems.	 Course grades Graduate performance on NCCPA Board Certification exam Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009) 	Summary of NCCPA Board Certification exam, PACKRAT exam and summary of preceptor evaluations of students are noted below	
5.5 Develop a medical knowledge base that provides a foundation for practicing medicine in a variety of settings.	 Course grades Graduate performance on NCCPA Board Certification exam Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009) Ci().42976 ffor4358(t)0.356603(t).356603(t) 	Summary of NCCPA Board Certification exam, PACKRAT exam and summary of preceptor summary of NCCPA Board below -2.64358(*[p)-7.00eo)-7(n)5.0)-11.7149((u)5.0
Achieve competency in medical,	Soldion.9670114.56884 UNITAN 142(1AU1399. 96 T 2()-3fqR4 i7up)1141703(in)(3a4-9999) 2(p)-7(r)-5.00130	f3.12603 0 Td[P)-11.3583(r)-5.00129(e)-2	2.643

• Preceptor evaluation of students on clinical

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Finally, the Program asks our clinical preceptors to rate each student's performance at the end of each clinical rotation. These questions/areas of competence are taken directly from the PA professional competencies developed by our professional organizations. Overall, preceptors rate students quite high in all areas of evaluated competence.

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1406718	Demonstrate caring and respectful behaviors when interacting with patients and their families	46	0.54
1406728	Respect, compassion, and integrity	46	0.54
1406712	Work effectively with physicians and other health care professionals as a member of a health care team	46	0.62
1406727	Professional relationships with physician supervisors and other health care providers	46	0.63

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c) Diagnostic skills	92%	85%	88%	
d) General medical knowledge	95%	96%	93%	
e) Clinical judgment/acumen	89%	90%	87%	
f) Interpersonal skills	81%	83%	83%	
g) Communication skills	80%	90%	82%	16% neutral in 2008 survey
h) Leadership skills	70%	83%	77%	
i) Critical thinking skills	91%	92%	84%	
j) Problem solving skills	92%	88%	87%	
k) Cultural awareness/competency	79%	74%	75%	21% neutral in 2006 survey, 24% neutral in 2008 survey
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a) Develop appropriate treatment plans	97%	92%	86%	
b) Evaluate patient in timely manner	80%	77%	91%	
c) Establish rapport with patients	88%	96%	95%	
d) Establish rapport with co-workers	83%	83%	91%	
e) Communicate with supervisor(s)	89%	88%	89%	

student recruitment and retention). Also indicate whether the program is accredited by a specialty accrediting body including the next review date and concerns from the last review.

Provide assessment here:

As noted above the PA Program continues to meet all educational objectives as evidenced by the data included in this report and our most recent accreditation review of the Program by Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). This review occurred in October 2010 and resulted in reaccreditation through 2018. This was the first time that the Program received the longest period of time allowed for established PA Programs.

°°Qualified applicants to the program for the cohort in question.

"One Student from the cohort class of 2008 joined the cohort class of 2009, one student from the cohort class of 2009 dropped.

Provide a brief assessment of student need and demand using the data from the table above. Include the most common types of positions, in terms of employment, graduates can expect to find.

Provide assessment here:

Application and admission to the PA Program continues to be quite competitive. The majority (approx. 65%) of accepted students are Kansas residents with the majority remaining in Kansas to work following graduation. A majority (65%) of PAs practicing in the state of Kansas are alumni of WSU. The exact number is not known at this time due to alumni lost to follow-up.

Applicant data for the most recent accepted class (Class of 2013) was as follows:

- Total applications received 453
- Qualified applications received 306
 - o Applications were received from individuals in 49 US states and Canada
- Applicants Interviewed 142
 - Interviewees were from 22 US states and 2 from Canada
- Applicants Accepted 48

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• 63% Kansas residents

The following graph represents the trend for applications to the PA Program. It is believed that the decline in the most recent year was due to a change in the policy of the centralized application service making it more expensive for individuals to apply to multiple PA Programs. This trend will continue to be monitored.

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Percentage of SCH Taken B(t)-5.15041(y)9.93191(p)-0.958493(u)-5.15007(a)-2.50551(e)-

a. Provide a brief assessment of the cost and service the Program provides. Comment on percentage of SCH taken by majors and non-majors, nature of Program in terms of the service it provides to other University programs, faculty service to the institution, and beyond.

Provide assessment here:

Students in the PA Program are enrolled in a high number of credit hours for a graduate student (42 credit hours in their first year, 40 in their second year). The Program is also lock-step in nature with one cohort admitted per year. Salaries of PA Program faculty are higher than university average because of the increasing salaries noted in the clinical job marketplace. Forbes magazine rated the PA graduate degree as its top recommended masters degree because of increased demand and rising salaries. The issue of faculty r

The use of clinically active physicians and physician assistants as instructional faculty in all areas of the didactic and clinical curriculum is felt to be an undisputable strength for role modeling and professional identification. Early introduction to and emphasis on experiential learning is also a distinct asset of the Program. This, along with logical and strategic placement of curriculum units, encourages student understanding and solidifies the connection between the didactic core and the clinical practicum. Student exposure to academic clinical settings, clinical rotations, and preceptorships provide an excellent variety of patients and instructional/practitioner philosophies.

One of the most valued Program assets is our reputation for excellence among our preceptors and alumni. Data from the most recent alumni survey revealed that a significant majority of alumni agree that the Program maintains a reputation of excellence in *academic* (4.40; scale 1-5, 5=strongly agree) and *clinical instruction* (4.35; scale 1-5, 5=strongly agree) and that we *fulfill our aim* to prepare students to provide primary care in areas of need (4.35; scale 1-5, 5=strongly agree). Program faculty and staff are qualified, dedicated, and strive for excellence in all areas of Program operation. The design of the curriculum together with the commitment of the Program faculty to identify and cultivate those qualities and characteristics believed to be important for the physician assistant role result in graduates who exemplify the standards and philosophy of the Program and the profession. The Program remains on a steady course of growth and innovation, surviving times of curriculum reorganization and staffing changes.

In conclusion, the Program, in existence for over 39 years continues to the program contribute to its excellence each year and with every new class of students. The inherent strengths of the Program contribute to its stability and outweigh its weaknesses. As evidenced by 316(0)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.93324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.9324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.9324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.9324(u)20.8236(r)17.178(e)19.2736()10.4118(s.1784(a)8.38316(c)9.878