



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: 51.0912

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 (Unclassified Professional)

Gina Brown (Assistant Professor)

Patricia Bunton, Academic Coordinator (Unclassified Professional)

LaDonna Hale (Professor)

Kayla Keuter (Assistant Professor, 0.5%)

Sue Nyberg, Chair and Program Director (Associate Professor)

Darron Smith (Assistant Professor)

Lucas Williams (Clinical Educator)

Submitted by: Sue Nyberg, Department Chair and Program Director Date: 6/24/11  
(name and title)

**1. Departmental purpose and relationship to the University mission (refer to instructions in the WSU Program Review document for more information on completing this section).**

a. University Mission:

Wichita State University is committed to providing comprehensive educational opportunities in an urban setting. Through teaching, scholarship and public service the University seeks to equip both students and the larger community with the educational and cultural tools they need to thrive in a complex world, and to achieve both individual responsibility in their own lives and effective citizenship in the local, national and global community.

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

**MISSION**

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

**EDUCATIONAL PHILOSOPHY**

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 of the local community as well as across the state and the surrounding region.
- Continuing to offer the only physician assistant training program in Kansas. The Program was in the first tier of PA programs developed nationwide and has developed a strong reputation for academic and research excellence.

d. Has the mission of the Program (s) changed since last review?  Yes  No

i. If yes, describe in 1-2 concise paragraphs. If no, is there a need to change?

Provide an overall description of your program (s) including a list of the measurable goals and objectives of the program (s) (both programmatic and learner centered). Have they changed since the last review?

Yes  No

e. If yes, describe the changes in a concise manner.

The Physician Assistant (PA) Program is a course of study designed to prepare an individual to practice as a physician assistant. In achieving this goal, the responsibility of the Program is to provide a learning environment in which students:

- obtain the academic and clinical foundation that prepares them to assist the primary care physician in

- 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.

<b>Comparison of Program Alumni and National Workforce</b>		
	<b>WSU</b>	<b>National</b>
Practicing in Primary Care Specialty	47%	33%
Practicing in a Rural Community	30%	7%
Underserved Setting	16%	11%
Source: AAPA Annual Census Data 2009		

**2. Describe the quality of the program as assessed by the strengths, productivity, and qualifications of the faculty in terms of SCH, majors, graduates and scholarly productivity (refer to instructions in the WSU Program Review document for more information on completing this section). Complete a separate table for each program if appropriate.**

Last 3 Years	Tenure/Tenure Track Faculty (Number)	Tenure/Tenure Track Faculty with Terminal Degree (Number)	Instructional FTE (#):			Total SCH - Total SCH by FY from Su, Fl, Sp	Total Majors - From fall semester	Total Grads – by FY	
			TTF= Tenure/Tenure Track	GTA=Grad teaching assist	O=Other instructional FTE				
			TTF	GTA	O				
Year 1 →	5 (Fl 2007)	5 (Fl 2007)	6.4	--	1.0	4,648 (08)	84 (07)	39 (08)	
Year 2 →	5 (Fl 2008)	5 (Fl 2008)	5.1	--	2.3	3,239 (09)	89 (08)	42 (09)	
Year 3 →	3 (Fl 2009)	3 (Fl 2009)	3.3	--	4.1	3,239 (10)	87 (09)	42 (10)	
Total Number Instructional (FTE) – TTF+GTA+O						SCH/ FTE	Majors/ FTE	Grads/ FTE	
↓									
Year 1 →						7.4	628	11.4	5.7
Year 2 →						7.4	438	12.1	5.3
Year 3 →						7.4	438	11.8	5.7

Scholarly Productivity	Number Journal Articles		Number Presentations		Number Conference Proceedings (scientific poster presentations)		Performances			Number of Exhibits		Creative Work		No. Books	No. Book Chaps.	No. Grants Awarded or Submitted	\$ Grant Value
	Ref	Non-Ref	Ref	Non-Ref	Ref	Non-Ref	*	**	**	Juried	****	Juried	Non-Juried				
Year 1→CY08	4		4		12										0	4	145,265
Year 2→CY09	5		3		10										1	5	173,461
Year 3→CY10	8		5		4										2	2	178,309

\* 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.

Provide a brief assessment of the quality of the faculty/staff using the data from the table above. Programs should comment on details in regard to productivity of the faculty (i.e., some departments may have a few faculty producing the majority of the scholarship), efforts to recruit/retain faculty, departmental succession plans, course evaluation data, etc.

Provide assessment here:

Ms. Sue Nyberg assumed the role of Program Director and Acting Department Chair in June 2008 following the resignation of Dr. Richard Muma, who assumed the role of Chair of Public Health Sciences in the College of Health Professions. The Public Health Sciences program and faculty were also separated from the PA Department at that time. She is currently responsible for the organization, administration, program assessment, and development of the Department as well as classroom instruction and supervision of the faculty, staff, and Medical Director. In addition to her teaching duties, Dr. LaDonna Hale was also appointed as the Assistant Program Director in 2009.

Over the past 3 years the faculty has experienced slightly higher attrition than in previous years. Attrition was due to unsuccessful tenure review, faculty return to clinical practice and recruitment to another PA Program. While these resignations have been unusual for our Program because of our historically low turnover, it is believed these changes had, and will continue to have, a positive effect on the rate at which we are able to achieve needed Program improvements. At the current time, the PA faculty has over 50 years of combined experience in PA education and when combined with our medical director, over 80 years combined experience in medical education and 140 years in clinical practice. This compares to the national trend of having a significant number of less experienced faculty in PA programs. While WSU currently has an increased faculty percentage in their position  $\leq 3$  years (57% vs. 45% nationally), the Program also has a significantly higher percentage of faculty with  $\geq 8$  years experience (43% vs. 28% nationally). The Program has also developed a formalized mentoring plan for the new faculty which is still being fully developed. The Department is now fully staffed with 2 new faculty hires during the spring of 2011.

With the exception of Dr. Hale, Dr. Minns (medical director) and Dr. Muma, a majority of the core PA faculty are graduates of the WSU PA Program. Ms. Nyberg graduated in 1981, Ms. Bunton in 1987, Ms. Keuter in 1999, Ms. Brown in 2004, and Mr. Williams in 2007 and Ms. Anderson in 2008. Dr. Hale is a Clinical Pharmacologist, bringing an added dimension to the skills and knowledge base of the Program. The addition of Dr. Smith to the faculty will strengthen the department's research capability, he also brings expertise in health care disparities and cultural competency. Dr. Muma continued to serve the Department as a research advisor through the spring of 2011 but is not considered core faculty. Currently there are three tenured faculty in the Program (Ms. Nyberg, Dr. Hale and Dr. Muma) and two faculty with probationary status (Ms. Brown and Dr. Smith). The Department's tenured faculty are responsible for the majority of department scholarship, however, all faculty have terminal degrees and are required to mentor PA student research, regardless of tenure status. Evidence of the knowledge and expertise of the faculty is their record of scholarly productivity. During the past five years, the PA faculty have collaborated with students on numerous research projects; resulting in 17 peer-reviewed journal publications, 34 scientific poster presentations, 5 national research awards and 11 university research awards (Appendix B). Despite their heavy load of student contact hours, PA faculty have a significant record of scholarship as noted above, far exceeding the level of published scholarship at the majority of PA Programs across the country.

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 selection; review Program mission statement; and providing service to the community and profession. Adjunct lecturers are occasionally utilized to teach courses; they are also recruited and appointed taking into consideration their educational background and clinical experience. Evidence of faculty involvement in these processes is documented in monthly faculty meeting minutes as well as curriculum committee and annual faculty/staff retreat minutes.

On June 1, 2010, Dr. Garold Minns assumed the role of Medical Director following the resignation of the former Medical Director who returned to full-time clinical practice. Dr. Minns is residency trained and board certified in internal medicine. Dr. Minns had been active in teaching WSU PA students for a number of years in addition to his role as Professor of Internal Medicine and Associate Dean for Academic and Student Affairs at the KU School of Medicine–Wichita.

**3. Academic Program: Analyze the quality of the program as assessed by its curriculum and impact on students. Complete this section for each program (if more than one). Attach program assessment plan (s) as an appendix (refer to instructions in the WSU Program Review document for more information).**

a. For undergraduate programs, compare ACT scores of the majors with the University as a whole.

Last 3 Years	Total Majors - From fall semester	ACT – Fall Semester (mean for those reporting)	
		Majors	All University Students
Year 1 →	N/A		
Year 2 →	N/A		
Year 3 →	N/A		

KBOR data minima for UG programs: ACT<sub>≤</sub>20 will trigger program

b. For graduate programs, compare graduate GPAs of the majors with University graduate GPAs.\*

Last 3 Years	Total Admitted - By FY	Average GPA (Admitted) – Domestic Students Only (60 hr GPA for those with ≥54 hr reported) By FY		
		GPA of those Admitted	College GPA	University GPA
Year 1 →	51 (08)	3.64	3.60	3.52
Year 2 →	55 (09)	3.64	3.57	3.49
Year 3 →	54 (10)	3.62	3.56	3.49

\*If your admission process uses another GPA calculation, revise table to suit program needs and enter your internally collected data.

c. Identify the principle learner outcomes (i.e., what skills does your Program expect students to graduate with). Provide aggregate data on how students are meeting those outcomes. Data should relate to the goals and objectives of the program as listed in 1e.

Learner Outcomes (most programs will have multiple outcomes)	Measurement (e.g., rubric, portfolios, rubrics, writing samples, exams)	Results
<b>Competency: Physician Assistant Practice Skills</b> Obtain the academic and clinical foundation required to work on a primary care physician/PA team which develops	<ul style="list-style-type: none"> <li>Course grades</li> <li>Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009)</li> </ul>	Summary of NCCPA Board Certification exam and summary of preceptor evaluations of students are noted below

and implements comprehensive patient-centered healthcare.		
<b>Competency: Using Basic Science in the Practice of Medicine</b> Apply comprehensive principles from biological, physical, social, and behavioral sciences in the management of patients.	<ul style="list-style-type: none"> <li>• Course grades</li> <li>• Graduate performance on NCCPA Board Certification exam</li> <li>• Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009)</li> </ul>	Summary of NCCPA Board Certification exam, PACKRAT exam and summary of preceptor evaluations of students are noted below
<b>Competency: Problem Solving</b> Apply scientific knowledge, humanistic values, critical analysis, and a systematic approach to solving problems.	<ul style="list-style-type: none"> <li>• Course grades</li> <li>• Graduate performance on NCCPA Board Certification exam</li> <li>• Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009)</li> </ul>	Summary of NCCPA Board Certification exam, PACKRAT exam and summary of preceptor evaluations of students are noted below
<b>Competency: Diagnosis, Management, and Prevention</b> Develop a medical knowledge base that provides a foundation for practicing medicine in a variety of settings.	<ul style="list-style-type: none"> <li>• Course grades</li> <li>• Graduate performance on NCCPA Board Certification exam</li> <li>• Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009)</li> </ul>	Summary of NCCPA Board Certification exam, PACKRAT exam and summary of preceptor evaluations of students are noted below
<b>Competency: Basic Clinical Skills</b> Achieve competency in medical, technical, and communication skills necessary to provide healthcare to individuals of all ages from diverse backgrounds.	<ul style="list-style-type: none"> <li>• Course grades</li> <li>• Graduate performance on NCCPA Board Certification exam</li> <li>• Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009)</li> </ul>	Summary of NCCPA Board Certification exam, PACKRAT exam and summary of preceptor evaluations of students are noted below
<b>Competency: Basic Research Skills</b> Develop basic research skills which lead to scholarship in the PA literature.	<ul style="list-style-type: none"> <li>• Course grades</li> <li>• Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009)</li> <li>• Student co-authored research (Appendix B)</li> </ul>	Summary student co-authored research and summary of preceptor evaluations of students are noted below
<b>Competency: Moral Reasoning and Clinical Ethics</b> Develop an awareness of the ethical, social, and legal issues related to the practice of medicine.	<ul style="list-style-type: none"> <li>• Course grades</li> <li>• Graduate performance on NCCPA Board Certification exam (Appendix C)</li> <li>• Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009)</li> </ul>	Summary of NCCPA Board Certification exam and summary of preceptor evaluations of students are noted below

Student performance on the NCCPA Certification Exam (national certification exam) is slightly above the national average for the most recent 5-year period (93.2% vs. 93%). Detailed results are submitted as Appendix B. In addition, *PACKRAT* exam (validated comprehensive exam utilized nationwide by PA Programs) scores for the most recent classes are above the national average.

Annual Comparison of Program and National <i>PACKRAT</i> Scores (%)								
<i>1<sup>st</sup> Year</i>	2004	2005	2006	2007	2008	2009	2010	2011
WSU	<b>60.88</b>	<b>65.00</b>	58.00	55.00	56.61	64.00	<b>57.46</b>	<b>61.20</b>
National Average	56.88	62.00	58.00	57.00	57.52	64.00	56.90	56.90
<i>2<sup>nd</sup> Year</i>	2004	2005	2006	2007	2008	2009	2010	2011
WSU	<b>68.44</b>	<b>68.00</b>	<b>63.00</b>	60.93	<b>75.11</b>	<b>64.23</b>	<b>65.17</b>	<b>70.22</b>
National Average	66.66	64.00	62.00	62.09	69.77	61.70	64.40	68.00
Source: PAEA								

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.

**Evaluation Type: Preceptor Evaluation of Student - Class of 2010**

Report Date: 07/31/2010 - Sorted by Mean

Scale 1 - 5, 4=above average, 5=outstanding

Question ID	Question	Mean	Std
1406718	Demonstrate caring and respectful behaviors when interacting with patients and their families	4.69	0.54
1406728	Respect, compassion, and integrity	4.69	0.54
1406712	Work effectively with physicians and other health care professionals as a member of a health care team	4.65	0.62
1406727	Professional relationships with physician supervisors and other health care providers	4.63	0.63
1406709	Create and sustain a therapeutic and ethically sound relationship with patients	4.61	0.61
1406729	Responsiveness to the needs of patients and society	4.61	0.58
1406731	Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices	4.59	0.58
1406732	Sensitivity and responsiveness to patients' culture, age, gender, and disabilities	4.59	0.59
1406730	Commitment to excellence and on-going professional development	4.58	0.64
1406714	Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity	4.57	0.66
1406717	Work effectively with physicians and other health care professionals to provide patient-centered care	4.55	0.66
1406733	Self-reflection, intellectual curiosity, and initiative	4.55	0.68
1406710	Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information	4.53	0.66
1406713	Apply an understanding of human behavior	4.51	0.66
1406726	Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant	4.51	0.66
1406711	Appropriately adapt communication styles and messages to the context of the individual patient interaction	4.48	0.71
1406740	Use information technology to support patient care decisions and patient education	4.42	0.67
1406715	Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes	4.41	0.72
1406737	Apply information technology to manage information, access on-line medical information, and support their own education	4.41	0.69
1406719	Gather essential and accurate information about their patients	4.4	0.72
1406738	Recognize and appropriately address gender, cultural, cognitive, emotional, and other biases; gaps in medical knowledge; and physical limitations in themselves and others	4.39	0.68
1406724	Provide health care services and education aimed at preventing health problems or maintaining health	4.38	0.68
1406722	Counsel and educate patients and their families	4.37	0.7
1406723	Competently perform medical and surgical procedures considered essential in the area of practice	4.31	0.72
1406703	Identify appropriate interventions for prevention of conditions	4.29	0.67
1406707	Provide appropriate care to patients with chronic conditions	4.29	0.67
1406705	Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data	4.28	0.69
1406743	Apply medical information and clinical data systems to provide more effective, efficient patient care	4.27	0.7
1406702	Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission	4.26	0.71
1406721	Develop and carry out patient management plans	4.24	0.77

1406699	Identify signs and symptoms of medical conditions	4.23	0.68
1406735	Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems	4.23	0.71
1406736	Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness	4.23	0.69
1406742	Practice cost-effective health care and resource allocation that does not compromise quality of care	4.21	0.71
1406706	Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis	4.2	0.76
1406720	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment	4.2	0.72
1406698	Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions	4.19	0.7
1406704	Identify the appropriate methods to detect conditions in an asymptomatic individual	4.17	0.71
1406701	Manage general medical and/or surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities	4.15	0.68
1406700	Select and interpret appropriate diagnostic or lab studies	4.14	0.72
1406741	Understand the funding sources and payment systems that provide coverage for patient care	4.09	0.77

#### Student Attrition Data by Graduating Class

	2006	2007	2008	2009	2010	2011	2012
Beginning Program	42	42	42	42	47	44	48
Graduating Program	40	42	39	42	42	&	^
Attrition	2 (5%)	0	3 (7.1%)*	0	5	2	
% Grad.	95.00%	100.00%	92.9%*	100.00%	89.36%		

& Graduate Summer 2011

^One student on Leave of Absence for 1 year - joined class of 2009, one student from class of 2009 left the program

\*Data adjusted to reflect student transferring to class of 2009

- d. Provide aggregate data on student majors satisfaction (e.g., exit surveys), capstone results, licensing or certification examination results, employer surveys or other such data that indicate student satisfaction with the program and whether students are learning the curriculum (for learner outcomes, data should relate to the goals and objectives of the program as listed in 1e).

Student Satisfaction (e.g., exit survey data on overall program satisfaction). * If available, report by year, for the last 3 years			Learner Outcomes (e.g., capstone, licensing/certification exam pass-rates) by year, for the last three years (Appendix C)				
Year	N	Overall satisfaction – (rated as “satisfied” or higher)	Year	N	Name of Exam	Program Result	National Comparison±
1 (2008)		90.5%	1 (2008)		NCCPA Certification Exam	93%	94%
2 (2009)		89.7%	2 (2009)		NCCPA Certification Exam	95%	92%
3 (2010)		91.9%	3 (2010)		NCCPA Certification Exam	100%	94%

\*Available for graduate programs from the Graduate School Exit Survey. Undergraduate programs should collect internally.

The Program believes the academic and clinical curriculum as designed enables students to meet Program expectations and acquire skills necessary for competent practice. Data from the most recent Program survey of recent graduates provides evidence over time that graduates believe they are adequately prepared for clinical practice.

Recent Graduates Reporting Effectiveness of Skill/Ability Development During PA Program				
Satisfaction with	2000 – 2002	2003 - 2005	2006 - 2008	Comment
<b>Development of Skills/Abilities</b>				
a) Physical exam skills	97%	94%	92%	
b) History taking skills	98%	100%	100%	



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
<b>Development of Ability</b>				
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%	
f) Work as effective member of health care team	92%	96%	95%	
g) Ability to critically evaluate medical literature	n/a	n/a	86%	New item in 2008 survey
Source: Recent Graduate Survey administered every three years; Recent Graduate = most recent 3 years; Percentage Rating as Effective or Very Effective				

Results of these surveys and all other assessment/outcome data are reviewed by the faculty at the annual Program retreat. Action plans and a mechanism for monitoring are developed and implemented when appropriate.

In addition, the Program tracks clinical preceptor evaluation of our students performance during their clinical year. Data from the most recently completed year (Class of 2010) reveals that clinical preceptors are satisfied with student performance in areas of expected competency (Refer to data presented in 3.c. – Preceptor Evaluation of Student)

- e. Provide aggregate data on how the goals of the *WSU General Education Program* and *KBOR 2020 Foundation Skills* are assessed in undergraduate programs (optional for graduate programs).

Goals/Skills Measurements of:	Results	
	Majors	Non-Majors
-Oral and written communication		
-Numerical literacy		
-Critical thinking and problem solving		
-Collaboration and teamwork		
-Library research skills		
-Diversity and globalization		
N/A		

Note: Not all programs evaluate every goal/skill. Programs may choose to use assessment rubrics for this purpose. Sample forms available at: <http://www.aacu.org/value/rubrics/>

- f. Provide a brief assessment of the overall quality of the academic program using the data from tables in 3a – 3e and other information you may collect, including outstanding student work (e.g., outstanding scholarship, inductions into honor organizations, publications, special awards, academic scholarships,

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. The PA Program did receive 2 citations that were considered minor in nature. A summary of these citations is as follows:

1. The Program’s “technical standards” for admission should be more clearly delineated in materials supplied to prospective and admitted students.
2. The Program must document a summative evaluation of each student toward the end of the program.

Program faculty have implemented necessary revisions to our academic and technical standards as well as our summative evaluation process. Our response to these citations was submitted in June 2011, we are waiting for ARC-PA approval of our action plan.

**4. Analyze the student need and employer demand for the program. Complete for each program if appropriate (refer to instructions in the WSU Program Review document for more information on completing this section).**

a. Utilize the table below to provide data that demonstrates student need and demand for the program.

Majors						Employment of Majors*														
Last 3 FYs – Su, Fl, and Sp	No. new applicants or declared majors <sup>oo</sup>	No. who enter or are admitted in the major	No. enrolled one year later	1 Year Attrition %	Total no. of grads	Average Salary	Employment % In state	Employment % in the field	Employment: % related to the field	Employment: % outside the field	No. pursuing graduate or professional education	Projected growth from BLS**								
Year 1→	176	42	39	7.1%	39 (08)	\$77,500	unknown	94% (est)			unknown	Current year only								
Year 2→	195	42	42~	2.4%	42 (09)	\$79,800 (est)	unknown	94% (est)			unknown	↓								
Year 3→	370	47	42	10.6%	42 (10)	\$82,100 (est)	unknown	94% (est)			unknown									
Race/Ethnicity by Major***										Race/Ethnicity by Graduate***										
		NRA	H	AI/AN	A	B	NH/PI	C	MR	UNK	NRA	H	AI/AN	A	B	NH/PI	C	M	R	UNK
Year 1→			1					40		1							38			
Year 2→					1			41					1				40			1
Year 3→		1	3	2	1			40					2				40			

\* May not be collected every year

\*\* Go to the U.S. Bureau of Labor Statistics Website: <http://www.bls.gov/oco/> and view job outlook data and salary information (if the Program has information available from professional associations or alumni surveys, enter that data)

\*\*\* NRA=Non-resident alien; H=Hispanic; AI/AN=American Indian/ Alaskan Native; A=Asian; B=Black; NH/PI=Native Hawaiian/Pacific Islander; C=Caucasian; MR=Multi-race; UNK=Unknown

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.

^^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.

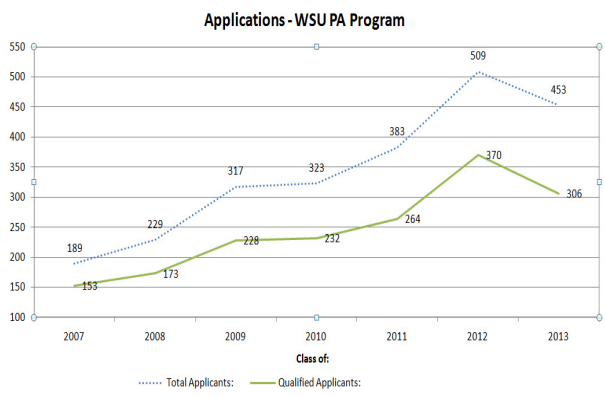
Provide assessment here:

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
  - 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
  - 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.



**5. Analyze the cost of the program and service the Program provides to the discipline, other programs at the University, and beyond. Complete for each program if appropriate (refer to instructions in the WSU Program Review document for more information on completing this section).**

Percentage of SCH Taken By (last 3 years)			
Fall Semester	Year 1 - 2007	Year 2 - 2008	Year 3 - 2009
UG Majors	0.4	0.0	1.1
Gr Majors	66.4	99.8	98.1
Non-Majors	33.2	0.2	0.8

- 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 retention is becoming increasingly important with the rise in clinical salaries. Faculty are frequently recruited for clinical positions, three faculty have returned to clinical practice in the past 3 years and 1 faculty member was recruited by another PA Program. This trend has the potential to significantly impact the Program’s ability to retain and recruit experienced, quality faculty in the years ahead.

PA Faculty provide significant service to the College of Health Professions through their involvement in the CHP Leadership Academy and various college committees. Faculty have served on several university committees including Faculty Senate and committees. Finally, PA faculty have provided leadership in the development of an interdisciplinary research course as well as development of new anatomy course offerings and expansion of the undergraduate pharmacology courses.

The Program also increased the size of the student cohort from 42 to 48 students beginning with the Class of 2012. This will result in an additional 492 credit hours over the course of a 2 year program.

**6. Report on the Program’s goal (s) from the last review. List the goal (s), data that may have been collected to support the goal, and the outcome. Complete for each program if appropriate (refer to instructions in the WSU Program Review document for more information on completing this section).**

(For Last 3 FYs)	Goal (s)	Assessment Data Analyzed	Outcome
<b>N/A since this is initial submission of this report. Current goals noted below</b>			

**7. Summary and Recommendations**

- a. Set forth a summary of the report including an overview evaluating the strengths and concerns. List recommendations for improvement of each Program (for departments with multiple programs) that have resulted from this report (relate recommendations back to information provided in any of the categories and to the goals and objectives of the program as listed in 1e). Identify three year goal (s) for the Program to be accomplished in time for the next review.

Provide assessment here:

The Program’s location within an academic university and the availability of faculty from a local medical community provide a rich variety of educational resources. As the only PA Program in the state, the Program is fortunate to have very strong and consistent support from alumni serving as clinical preceptors, lecturers, and members of the Program Advisory committee. During the past 2 years faculty have worked on improvements to the Program curriculum review and assessment process. These improvements have included the formation of a curriculum committee and a post course curriculum review process. A Student Advisory Committee was formed and students were heavily involved in the reaccreditation review process.

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 grow and operate with an increasing measure of 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 the Program's evaluative activities, the WSU PA Program is sound in terms of its product of quality physician assistant education. The system for ongoing assessment of student learner outcomes has proven effective and serves as a foundation for change and growth. There is evidence that the Program is meeting its overriding goal and objectives of preparing individuals to practice as physician assistants by providing a learning environment in which students acquire the appropriate professional competencies to practice medicine under appropriate supervision and within the context of the PA/physician relationship. PA Program faculty continues to strive for excellence through ongoing assessment and evaluation of Program activities and curriculum. Our current improvement plan and goals are listed in summary fashion below:

<b>PLANS FOR PROGRAM IMPROVEMENT</b>		
<b>Section</b>	<b>Improvement Plan – Faculty/Staff Leader</b>	<b>Timeframe</b>
Administration	<ul style="list-style-type: none"> <li>• Continue enhancement of Faculty Orientation/Mentoring Program – <i>Hale</i></li> </ul>	<ul style="list-style-type: none"> <li>• December 2012</li> </ul>
Curriculum	<ul style="list-style-type: none"> <li>• Add additional clinical rotations in the following areas as a priority: - <i>Anderson</i> <ul style="list-style-type: none"> <li>○ general surgery – 1 per academic year</li> <li>○ family practice (1 rural, 1 urban) – 2 per academic year</li> <li>○ women's health – 1 per academic year</li> </ul> </li> <li>• Develop policy/procedure (including timeframes/sequencing) for evaluation and reporting clinical year assessment data - <i>Anderson</i></li> <li>• Create additional opportunities for interactive learning with other health professions students during the didactic year – <i>Bunton, Brown, Williams</i></li> <li>• Incorporate assessment data from clinical year into PA Program Assessment Plan – <i>Anderson, Nyberg</i></li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• August 2012</li> <li>• May 2012</li> <li>• December 2012</li> </ul>
Program Evaluation	<ul style="list-style-type: none"> <li>• Combine administrative policies/procedures into one manual – <i>Nyberg, Administrative Staff</i></li> <li>• Review and revise Program Assessment Plan to include clinical year assessment data &amp; link to objectives - <i>Nyberg</i></li> </ul>	<ul style="list-style-type: none"> <li>• December 2011</li> <li>• Spring 2012</li> </ul>