WICHITA STATE UNIVERSITY

Program Review Self-Study

Academic unit: <u>Physician Assistant</u>

College: <u>Health Professions</u>

Date of last review   <u>October 2010</u>

Date of last accreditation report (if relevant)   <u>March 2011</u>

List all degrees described in this report (add lines as necessary)

Degree: <u>MPA – Master of Physician Assistant</u>   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

<u>Carla Deckert, Director of Clinical Education (Unclassified Professional)</u> _____

<u>Gina Brown (Assistant Professor)</u>_____

<u>Patricia Bunton, Academic Coordinator (Unclassified Professional)</u>_____

<u>LaDonna Hale (Professor)</u> _____

<u>Kayla Keuter (Assistant Professor, 0.5%)</u> _____

<u>Sue Nyberg (Associate Professor)</u> _____

<u>Daniel Bequillard, Chair and Program Director</u>_____

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Submitted by: <u>Daniel J Bequillard, Department Chair and Program Director</u>_____ Date: <u>04/01/14</u>

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:

The mission of Wichita State University is to be an essential educational, cultural, and economic driver for Kansas and the greater public good.

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

MISSION
- Transform students into highly competent physician assistants

EDUCATIONAL PHILOSPHY
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.

> **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.**

Scholarly Productivity	Number Journal Articles		Number Presentations		Number Conference Proceedings		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 FY 2011	8		4		8										2		
Year 2 FY 2012	4		3		5										1		
Year 3 FY 2013	7		6		7										3		

* Winning by competitive audition. **Professional attainment (e.g., commercial recording). ***Principal role in a performance. ****Commissioned or included in a collection.

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:

Mr. Daniel Bequillard assumed the role of Program Director and Department Chair in July 2013 following the resignation of Mrs. Sue Nyberg, who assumed the role of Director of Assessment in the Physician Assistant program in the College of Health Professions. She is currently responsible for the program assessment of the department. Dr. LaDonna Hale was also appointed as the Director of Research in 2013.

Over the past 3 years the faculty has experienced an increase than in previous years. For the first time the department has a full faculty. The program has initiated a program that has that has preliminary process. This fee will increase the faculty by one (Associate Director) and support staff by two (simulation specialist and Admission/Advisor Director). At the current time, the PA faculty has over 56 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.

With the exception of Dr. Hale, Dr. Minns (medical director) and Mr Bequillard (Program Director) , 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 Ms. Wallace in 2005. We are fortunate enough to have our own Clinical Pharmacologist (Dr Hale), bringing an added dimension to the skills and knowledge base of the Program. Currently there are two tenured faculty in the Program (Ms. Nyberg, Dr. Hale) and two faculty with probationary status (Ms. Brown and Mr. Bequillard) and Mrs. Wallace will start her probationary tenure process next year. 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 28 peer-reviewed journal publications, 34 scientific poster presentations, 5 national research awards and 11 university research awards. 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. Ms. Nyberg was nominated for the research excellence award. In the past 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.

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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$\leq$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 $\geq$54 hr reported) By FY		
		GPA of those Admitted	College GPA	University GPA
Year 1→	51 (11)	3.61	N/A	N/A
Year 2→	55 (12)	3.63	N/A	N/A
Year 3→	54 (13)	3.69	N/A	N/A

*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

Competency: Physician Assistant Practice Skills Obtain the academic and clinical foundation required to work on a primary care physician/PA team which develops and implements comprehensive patient-centered healthcare.	• Course grades • Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009)	Summary of NCCPA Board Certification exam and summary of preceptor evaluations of students are noted below
Competency: Using Basic Science in the Practice of Medicine 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
Competency: Problem Solving 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
Competency: Diagnosis, Management, and Prevention 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)	Summary of NCCPA Board Certification exam, PACKRAT exam and summary of preceptor evaluations of students are noted below
Competency: Basic Clinical Skills Achieve competency in medical, technical, and communication skills necessary to provide healthcare to individuals of all ages from diverse backgrounds.	• 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
Competency: Basic Research Skills Develop basic research skills which lead to scholarship in the PA literature.	• Course grades • Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009) • Student co-authored research (Appendix B)	Summary student co-authored research and summary of preceptor evaluations of students are noted below
Competency: Moral Reasoning and Clinical Ethics Develop an awareness of the ethical, social, and legal issues related to the practice of medicine.	• Course grades • Graduate performance on NCCPA Board Certification exam (Appendix C) • Preceptor evaluation of students on clinical rotations (formal evaluation mechanism implemented in Jan. 2009)	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 consistently above the national average for the last 6 year period. 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 *PACKRAT* Scores (%)							
1st Year		*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
WSU		58.00	55.00	56.61	64.00	**57.46**	**61.20**	**59.55**	**61.60**
National Average		58.00	57.00	57.52	64.00	56.90	56.90	58.66	59.20
2nd Year		*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
WSU		**63.00**	60.93	**75.11**	**64.23**	**65.17**	**70.22**	**66.22**	**68.88**

National Average	62.00	62.09	69.77	61.70		64.40	68.00	64.88	64.26
			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: <u>Preceptor Evaluation of Student - Class of 2013</u>

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

Question ID	Question	Score
001	Identify etiologies, risk factors, underlying pathological processes and epidemiology of medical conditions.	4
002	ID signs and symptoms of medical conditions	4
003	Perform appropriate physical exam according to patient's complaints	4
004	Appropriately select and interpret diagnostics tests	4
005	Articulate the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents	4
006	Choose appropriate treatment modalities consistent with evidence based medicine	4
007	Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings, and other diagnostic data	4
008	Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis	4
009	Medical Knowledge - Comments/feedback	4
010	Provide care that is patient-centered, effective, timely, efficient and equitable for the treatment of health problems and the promotion of wellness	5
011	Competently perform medical and surgical procedures considered essential in the area of practice	5
012	Counsel and educate patients and their families regarding health maintenance; advise appropriate preventive interventions	5
013	Formulate a patient history using essential and accurate information	5
014	Patient Care - Comments/feedback	4
015	Interact effectively with other health care professionals, acknowledging the value of interprofessional care	5
016	Appropriately adapt communication style to the context of the individual patient interaction	5
017	Maintain a demeanor of respect, compassion and integrity	5
018	Show sensitivity to patients' culture, age, gender and disabilities	5
019	Articulate ethical principles pertaining to providing or withholding treatment	5
020	Provide accurate medical record documentation	5
021	Maintain the confidentiality of the patient interaction	5
022	Collaborate with other members of the health care team and provide appropriate referrals	5
023	Accept a high level of responsibility with maturity, initiative and resilience	
024	Recognize personal limitations in knowledge and ability	4
025	Maintain professional and appropriate dress	4

026	Maintain appropriate relationships with medical staff and patients	**5**
027	Professionalism - Comments/feedback	**5**
028	Show evidence of continually learning in medical knowledge, hands-on skills, and communication techniques	**5**
029	Demonstrate an awareness of and responsiveness to the larger system of health care, including funding sources, social services, etc.	**4**

Student Attrition Data by Graduating Class

	2011	**2012**	**2013**
Beginning Program	**44**	**48**	**47**
Graduating Program	**42**	**47**	**46**
Attrition	**2 (4.5%)**	**1 (2.1%)**	**1 (2.1)**
% Graduated	**95.5%**	**97.9%**	**97.9%**

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).

e. The program is investigating the drop in satisfaction of the graduate exit survey. In previous years the average was a 5 year running average. It is stand alone at this time. There are a re myriad of factors that we are exploring.

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 (2011)		89%	1 (2011)		NCCPA Certification Exam	93%	91%
2 (2012)		76%*	2 (2012)		NCCPA Certification Exam	94%	93%
3 (2013)		62%*	3 (2013)		NCCPA Certification Exam	98%	94%

*Available for graduate programs from the Graduate School Exit Survey. Undergraduate programs should collect internally.
*2006 - 2011 Data reported as 5 yr. averages
*2012/2013 Data reported as individual year only

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**
Development of Skills/Abilities				
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
Development of Ability				
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.

There is not any new data for the last three years. The American Academy of Physician Assistants stopped gathering data on graduates. This year we are hiring a data management position to recapture our graduate surveys. The above table will still be the template we will use for our graduates.

In addition, the Program tracks clinical preceptor evaluation of our student's performance during their clinical year. Data from the most recently completed year (Class of 2014) 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)

> f. 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	
-Oral and written communication -Numerical literacy -Critical thinking and problem solving -Collaboration and teamwork -Library research skills -Diversity and globalization	Majors	Non-Majors
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/

g. 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.

The program has implemented the necessary revisions to our academic and technical standards as well as our summative evaluation process. They accepted our action plan and the program is conducting monthly accreditation meetings to prepare for the site visit in 2018.

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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 appli-cants or declared majors°°	No. who enter or are admit-ted in the major	No. enroll-ed one year later	1 Year Attri-tion %	Total no. of grads	Average Salary	Employ-ment % In state	Employment % in the field	Employment: % related to the field	Employment: % outside the field	No. pursuing graduate or profes-sional educa-tion	Projected growth from BLS**
Year 1→	453	44	42	4.5%	42 (11)	$82,100 (est)	unknown	97% (est)			unknown	Current year only
Year 2→	517	48	47	2.1%	47 (12)	$83,000 (est)	unknown	96% (est)			unknown	↓
Year 3→	519	47	46	2.1%	46 (13)	$84,100 (est)	unknown	98% (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	MR	UNK
	Year 1→		1					40		1		1					38		
	Year 2→		2		1	1		44				2		1	1		42		
	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.

Salaries based on Kansas

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.
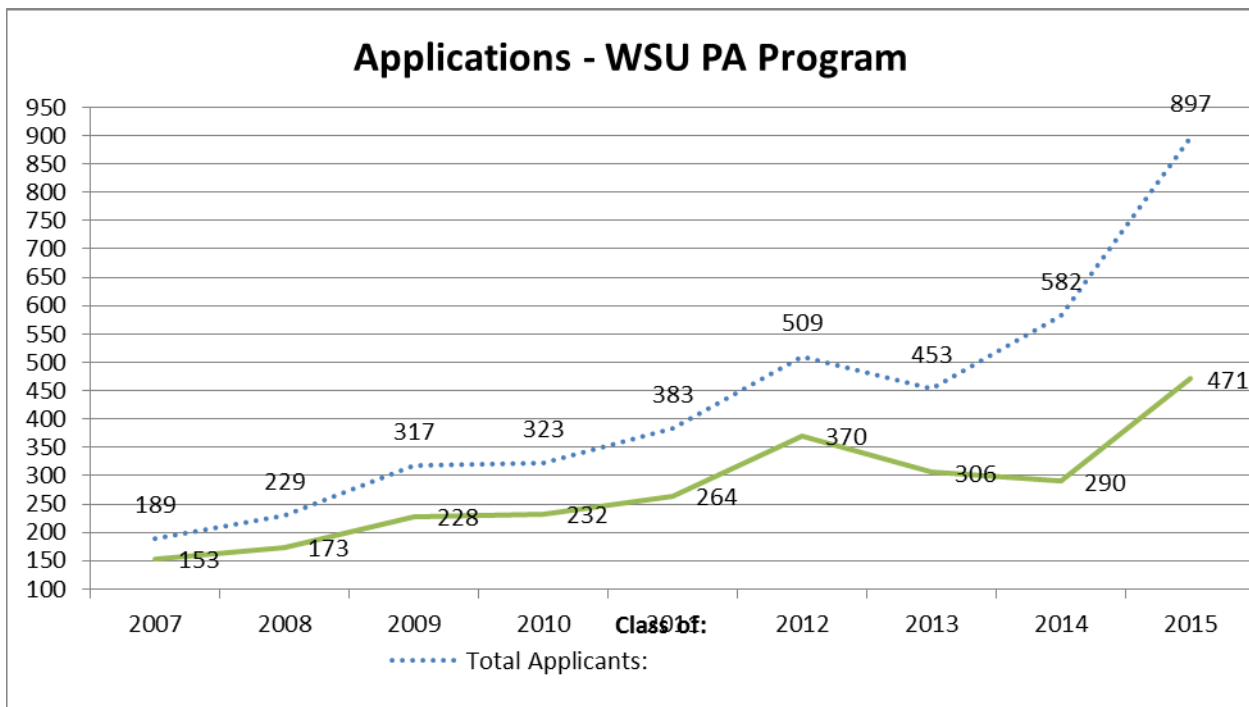
Provide assessment here:

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 2015) was as follows:
- Total applications received - 1048
- Qualified applications received – 546
  - Applications were received from individuals in 36 US states.
- Applicants Interviewed - 160
  - Interviewees were from 18 US states.
- Applicants Accepted – 48
  - 60% Kansas residents
  - 40% Out of State

It is believed that the increase in the most recent year was due to a change in the prerequisites for the program and more aggressive advertising.

Applications - WSU PA Program

Class of:	Total Applicants:	Accepted
2007	189	153
2008	229	173
2009	317	228
2010	323	232
2011	383	264
2012	509	370
2013	453	306
2014	582	290
2015	897	471

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 – 2011	Year 2 - 2012	Year 3 - 2013
UG Majors	0.0	1.1	Not available
Gr Majors	100	99.8	Not available
Non-Majors	0.0	0.2	Not available

    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 (43 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 Master's degree because of increased demand and rising salaries. Faculty retention is becoming increasingly important and it took 18 months to hire the new Program Director. Salaries are increasing in the clinical arena and it is becoming more difficult to recruit high quality. Faculty are frequently recruited for clinical positions. 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 provides significant service to the College of Health Professions through their involvement in the CHP Leadership Academy and various college committees. Faculty has 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).

Goal	Responsibility	Action	Evaluation

1. Continue revision/update Program Vision/Mission Statement	Faculty	Finalize vision/mission/Program objectives and assessment plan	Completed the new Vision and Mission Statement
2. Improve relationships with community and alumni	Faculty	Focus on KAPA, alumni, preceptors and other constituents	1. faculty member (Bunton) nominated and elected to KAPA Board, PD meeting with KAPA reps, Students and faculty attended legislative session 2. Dept. Facebook page developed with frequent postings/pictures 3. Development of "Professional Passport" resulted in significant increase in community service projects 4. Department newsletter developed
3. Facilitate transition of new Program Director	Nyberg/Faculty/ Admin	Offer the usual new faculty mentoring, support in research, T&P progress	
4. Develop additional interprofessional education opportunities	Brown, Bunton, Wallace, Keuter	Facilitate continued PA student/faculty participation in IPE activities, investigate additional opportunities with CHP and KU SOM colleagues	

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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 vast array of resources. We are the only PA Program in the state (UKMC is located in Kansas City Mo) and we have a very strong and consistent support from alumni serving as clinical preceptors, lecturers, and members of the Program Advisory committee. We have also added simulation to the program this year. The SimMan3G is a high fidelity simulator that can mimic all emergency situations and increases the students' abilities to critical think and respond rapidly in emergency situations in a safe environment. It also a great recruitment tool and modernizes the program as well.

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 the 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.

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 43 years, continues to improve which is evidenced by our consistently above the national average board scores. Our depth and breadth of our faculty and preceptors experience has created an environment of excellence which can be seen in the quality of our students. Our accrediting body granted us a 7 year accreditation which demonstrates our stability. The WSU PA Program is sound in terms of its product of quality physician assistant education. Our ongoing assessment of student learner outcomes has proven effective and serves as a foundation for change and growth. The evidence supports 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:

PLANS FOR PROGRAM IMPROVEMENT		
Section	**Improvement Plan – Faculty/Staff Leader**	**Timeframe**
Administration	• Continue enhancement of Faculty Orientation/Mentoring Program – *Hale*	• December 2012

Curriculum	• Add additional clinical rotations in the following areas as a priority: - *Anderson*
	  o general surgery – 1 per academic year
	  o family practice (1 rural, 1 urban) – 2 per academic year
	  o women's health – 1 per academic year
	• Develop policy/procedure (including timeframes/sequencing) for evaluation and reporting clinical year assessment data - *Anderson*
	• Create additional opportunities for interactive learning with other health professions students during the didactic year – *Bunton, Brown, Williams*
	• Incorporate assessment data from clinical year into PA Program Assessment Plan –*Anderson, Nyberg*
	• Infectious Disease curriculum Mapping
		• Ongoing
		
		• August 2012
		
		• May 2012
		
		• December 2012
		
		• September 2013

Program Evaluation	• Combine administrative policies/procedures into one manual – *Nyberg, Administrative Staff* • Review and revise Program Assessment Plan to include clinical year	• December 2011 • Spring 2012

	assessment data & link to objectives – *Nyberg*	
	• Director of Assessment appointed- *Nyberg*	
		• July 2013