WICHITA STATE UNIVERSITY

Program Review Self-Study Template

Academic unit: Physician Assistant (PA)

College: Health Professions

Date of last review April, 2014

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

Certificate (s): _____

Faculty of the academic unit (add lines as necessary)

Name	**Signature**
Kim Darden, MEd, PA-C (Program Director & Interim Chair)	Sig. On file
Gina Brown, MPAS, PA-C (Assistant Professor & Graduate Coordinator)	Sig. On file
LaDonna Hale, PharmD (Professor & Director of Assessment)	Sig. On file
Kayla Keuter, MPH, PA-C (Assistant Professor)	Sig. On file
Emily Mirakian, MPA, PA-C (Clinical Educator & Director of Didactic Education)	Sig. On file
Sue Nyberg, MHS, PA-C (Professor & Director of Clinical Education)	Sig. On file
Corey Rogers, PA-C (Clinical Educator)	Sig. On file
Michelle Wallace, MPAS, PA-C (Clinical Educator & Research Coordinator)	Sig. On file
Garold Minns, MD (Medical Director)	Sig. On file
_____	_____

Submitted by: Kim Darden, MEd, PA-C, Program Director Date: 04.03.2017 ____
(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:

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):

The *Vision* of the WSU PA Program is "Excellence in PA Education"
The *Mission* of the WSU PA Program is to transform students into highly competent PAs.
Our *Guiding Principles* are to:

1. Foster an enthusiastic learning environment committed to student success
2. Promote patient-centered collaborative care
3. Model and cultivate compassion
4. Respond to the need for primary care providers in Kansas
5. Encourage healthcare for rural and underserved populations
6. Emphasize evidence-based practice and promote lifelong learning

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

As the only PA program in Kansas, the WSU PA Program is an *essential* part of the Kansas educational and healthcare landscape. Nearly two-thirds of the 105 Kansas counties are designated as rural or frontier and 85% are federally designated Health Professional Shortage Areas.[1] The WSU PA Program commits to *the greater public good* by providing primary care providers throughout Kansas who serve rural and underserved populations. The Program uses evidence-based admissions and training practices to recruit and encourage graduates to practice rural primary care. A 2016 national survey indicated that WSU is 8th in the nation with the highest number of graduates practicing in rural locations.[2]

As an *economic driver for Kansas*, the WSU PA Program attracts talented individuals from across the country, many of whom stay to work and live in Kansas after graduation. The average starting salary for a WSU PA graduate in Kansas is high at $86,700 with excellent growth potential.[3] Demand for PAs is high regionally and nationally and the US Bureau of Labor Statistics projects job growth of 30% over the next 10 years. The Program offers excellent value – the amount of money borrowed for education for WSU PA students is half that reported nationally for PA programs.[4,5] WSU PA Program resident tuition/fees **($37,170**, including the new 10 credit hour increase) are below the national average for public universities ($45,757) and are the **second to the lowest for the region** (range $33,750 to $77,000). WSU PA Program non-resident tuition/fees ($74,425) are also below national average for public universities ($85,272) and the third lowest in the region (range $59,025 to $114,430), see Appendix A.[6,7]

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?

The PA Program vision/mission and guiding principles are reviewed annually during development of Program goals. The Program's vision/mission and guiding principles are congruent with CHP and University mission statements, accurately reflect Program values, and drive Program assessment and improvement.

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

If yes, describe the changes in a concise manner. ☐ Yes ☒ No

Program Description: The Master of Physician Assistant (MPA) degree is a rigorous 26-month, 83 credit-hour, lock-step graduate program that prepares students to function as competent and safe generalist PAs. The first 13 months of the Program are didactic in nature including 41 credit hours of clinical medicine and science coursework followed by 13 months of clinical rotations across the state of Kansas.

Program Goals: The measurable Program goals/objectives are to meet our six guiding principles as stated previously. Outcomes for these Program goals are measured using a variety of assessments and benchmarks as outlined in the *Outcomes Measures of Success* document discussed in 3.c., Appendix B.

Educational Objectives: To achieve the mission of transforming students into highly competent PAs, all competencies and educational objectives necessary for a beginning practicing professional are incorporated into the Program curriculum. Since the last 3-year review, we have aligned these measurable educational objectives even more tightly with the NCCPA's Core Competencies for the PA Professions located at http://www.nccpa.net/Uploads/docs/PACompetencies.pdf. Outcomes for these educational objectives are measured using a variety of assessments and benchmarks as discussed in 3.c., Appendix C.

Educational Objectives

1) Demonstrate core ***medical knowledge*** about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.
2) Demonstrate ***interpersonal and communication skills*** that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the healthcare system.
3) Demonstrate ***patient care*** that is effective, safe, high quality, and equitable.
4) Acknowledge ***professional*** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.
5) Engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of ***learning and self- and practice-improvement***.
6) Demonstrate an awareness of and responsiveness to the larger ***system of healthcare*** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient.

2. Describe the quality of the program/certificate as assessed by the strengths, productivity, and qualifications of the faculty in terms of SCH, majors, graduates, and scholarly/creative activity (refer to instructions in the WSU Program Review document for more information on completing this section).

Complete the table below and utilize data tables 1-7 provided by the Office of Planning Analysis (covering SCH by FY and fall census day, instructional faculty; instructional FTE employed; program majors; and degree production).

Scholarly Productivity	Number Journal Articles		Number Presentations		Number Conference Proceedings		Num. Books	Num. Book Chpts	Num. Grants Awarded or Submitted	$ Grant Value
	Ref	Non-Ref	Ref	Non-Ref	Ref	Non-Ref				
2014	1	1	6	--	5	--	--	--	5	$9,870
2015	5	--	2	--	3	--	--	1	7	$31,119
2016	1	--	4	--	4	--	--	2	2	$10,826

- **Provide a brief assessment of the quality of the faculty/staff using the data from the table above and tables 1-7 from the Office of Planning Analysis as well as any additional relevant data. 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.**

  FY Summation of SCH and Degree Production: With a lock-step curriculum and capped enrollment, Program Student Credit Hour (SCH) production remains relatively steady and is dependent upon enrollment maximums, student attrition, and Program credit hour requirements. Currently the maximum SCH production is 3,984 (assuming no attrition and 48 students per cohort x 83 CH including PA, HS, and HP courses required for MPA students). Beginning fall 2017, this will increase to 4,464 (48 students x 93 CH) when the program increases from 83 credit hours to 93 credit hours. This will be the highest SCH production in the history of the Program. Refer to 3.h for discussion. Program degree production has remained steady over the last 5 years.[OPA Tables 1,2,6,7]

  Instructional FTE Employed and SCH Production by FTE: The 5-year average FTE from 2011 – 2015 was 6.4. In 2015, faculty FTEs increased to 7.2 and in 2016 to 7.5 brining the Program closer to the national norm of 8.2.[7] The Program 5-year average (2011 – 2015) for SCH production by FTE is in line with College and University norms (199 Program Level; 217 College Level; and 222 University Level) and will increase after the Program credit hour increase from 83 to 93 credit hours.[OPA Tables 3-5] All but 5 of the 41 didactic credit hours (88% of hours) are taught by core PA faculty as compared to 67% nationally.[7] Faculty workload is determined collaboratively between individual faculty and the Program Director.

  Quality of Faculty/Staff: The quality of faculty is strong. Six faculty have a terminal Master's degree, one a terminal Doctor of Pharmacy degree, and one a Bachelor degree (expected to obtain Master's degree by 2019). Faculty have adequate breadth and depth of training and experience including pharmacology, emergency medicine, family medicine, trauma/acute care, orthopedics, surgery, long-term care, women's health, pediatrics, geriatrics, gastroenterology/hepatology, ophthalmology, and research. Faculty have worked in rural, urban, underserved, and international practice settings and most continue to work clinically. Faculty have received numerous College, University, state and national teaching and research awards. The Program has excellent community support through guest speakers and clinical preceptors. Faculty carefully select guest speakers from across Kansas to augment clinical topic areas, provide multiple perspectives, communicate the subtleties of a topic from a position of expertise, and expose students to a variety of health professionals and future colleagues. Core faculty have control over guest speaker selection and monitor and evaluate speakers/lectures to ensure quality.

Faculty have successfully received tenure and promotion when sought demonstrating acceptable performance in the areas of teaching, scholarship, and service commensurate with expected College and University roles. WSU PA faculty professional characteristics are in line with national averages: 88% of faculty are PAs (national = 77%); 38% are tenured (national = 13%) and the average length of time in position is 8.5 years (nationally = 5.8).[4]

Faculty Scholarship: The Program's three tenured faculty produce the bulk of the scholarship, but all faculty are engaged in scholarly pursuits at a level commensurate with expected roles. Our faculty publication rate is congruent with national norms. Career average is 4.2 nationally vs. 7.4 for WSU PA faculty and past 3-year average is 1.7 nationally vs. 1.8 for WSU PA nationally.[8] New faculty are supported with focused mentoring in scholarship and mentoring of student research projects.

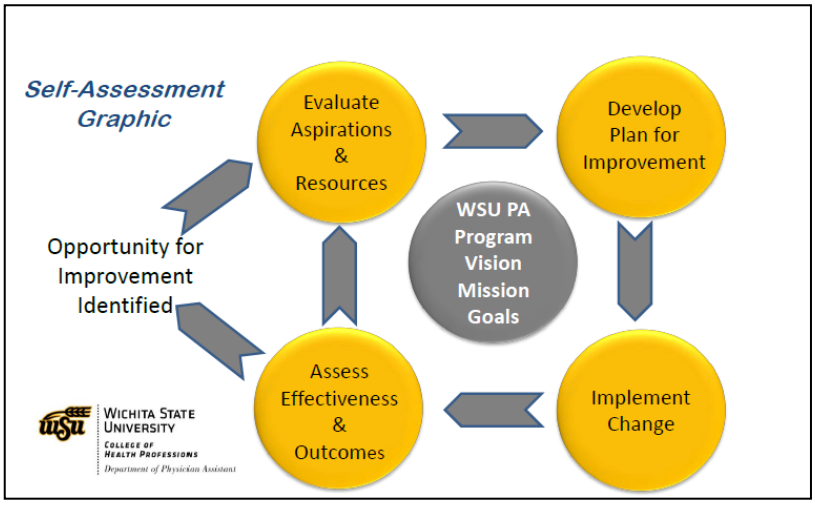
Efforts to Recruit/Retain Faculty: The Program's 5-year faculty attrition rate is in line with national norms (8% vs. 9% national average).[7] Recognizing that high-quality staff support is necessary to retain faculty, staff was increased from two to three in 2014 with staff positions upgraded, bringing the Program in line with national norms (3 FTE staff vs. 3.3 national average).[7] This has also helped to stabilize staff attrition with 0% attrition for the last 3 years. Recognizing that heavy teaching, research, and administrative workloads were contributing to faculty stress and low job satisfaction, the Program has made and continues to make substantial efforts in these areas. The Program has all vacant faculty positions filled with 4 of the 7.5 faculty FTEs being 12-month contracts. This is the highest number of 12-month contracts in the history of the Program and is necessary due to the year-round nature of the Program's didactic, clinical, and administrative needs. Efforts to reduce research advising load include continuing to work with faculty outside of the Program to serve as research advisors, as well as adding a new, non-MPA project, Evidence-Based Medicine (EBM) track beginning Fall 2017. Having 25% of students enroll in the alternate track will offer the same skills of information literacy and critical appraisal in a structured directed study course, but without conducting a traditional research project that requires individualized research advising. Also, rather than placing all the administrative burden on the Program Director, duties have been dispersed and shared amongst faculty by having separate Directors of Assessment, Didactic Education, and Clinical Education, as well as a separate Research Coordinator and Graduate Coordinator. The recent Faculty Senate approval allowing Non-Tenure Track Clinical Educators voting privileges will likely increase PA faculty satisfaction by providing "voice" to our non-tenure track faculty, as will the proposed promotion process for Non-Tenure Track Clinical Educators, if approved. The PA Program has an established faculty development fund that provides annual support to each faculty member for ongoing continuing education and certification maintenance needs.

Succession Plans: Extensive efforts have been made to recruit and retain a holistic and dynamic faculty team. The academic areas of interest and professional goals are identified for all faculty members and reviewed annually. All faculty are expected to and do actively participate in Program and College committees, and University-level involvement is strongly encouraged. Over 50% of the full-time faculty have already engaged in leadership training as Leadership Academy Fellows with plans for the newest faculty to do the same. The diverse involvement of faculty within the College, University, and community creates opportunities for cross-training and professional development in PA education and administration. The Program is currently working to develop an Advisory Board, which will be able to contribute to future succession planning. Finally, the Program maintains strong bonds to the regional and state medical communities. Through a robust program of clinically practicing PAs volunteering time

to the PA Program as guest lecturers and clinical preceptors, we are able to identify a pipeline of potential faculty and/or administrative successors should the need arise.

Course Evaluation Data: Didactic courses and faculty are evaluated using the standardized IDEA tool and faculty self-evaluate using a post-course assessment form. These data are discussed bi-annually at Departmental Curriculum Committee meetings. Course and faculty evaluations are also reported to the Program Director during annual faculty evaluations and, additionally, are reported in aggregate, reviewed and discussed at the Annual Program Review (APR). Over the last three years, 88% of PA Program courses were ranked as "similar" or "higher" as compared to other similar courses across the nation using the same IDEA tool and 82% of PA Program faculty teaching those courses were ranked as "similar" or "higher"[9] which meets the Program benchmark of ≥ 80%, see *Outcome Measures of Success*, Appendix B. The IDEA tool is not designed to evaluate Directed Study in Research courses, thus pertinent questions from the WSU Graduate School Exit Survey are used and compared to CHP averages. The 3-year PA Program satisfaction with research advisor was 81% satisfied with a 3-year CHP average of 84% which meets the Program benchmark of being above or within 3 percentage points of the 3-year CHP average. Per the WSU Graduate School Exit Survey, the 3-year PA Program satisfaction with quality of instruction was 85% vs. 82% for CHP. See *Outcome Measures of Success*, Appendix B.

Overview of Self-Assessment Plan: A variety of data are useful to the Program for identifying strengths and opportunities for improvements. The WSU PA Program uses a systematic and robust ongoing self-assessment process to review quality and effectiveness of educational practices, policies, and outcomes within the context of the University, College, and Program vision/mission and guiding principles. Self-assessment is an ongoing process designed to identify programmatic strengths/weaknesses and implement continuous quality improvement plans. See *Program Self-Assessment Policy/Procedure*, Appendix C.



IDEA is a standardized, reliable, valid course/faculty evaluation tool. An overall index of teaching effectiveness (PRO = Progress on Relevant Objectives) combines ratings of progress on the important or essential objectives identified by the instructor. IDEA Center considers this its single best estimate of teaching effectiveness. As recommended, converted averages were used to make comparisons among faculty members and classes because they take into account the fact that average progress ratings are much higher for some objectives than for others. Data are reported as "higher" (>55th percentile), "similar" (45-55th percentile), and "lower" (<45th percentile). Using broad categories like these rather than precise numbers is a reminder that ratings are neither perfectly reliable nor perfectly valid.[9]

3. **Academic Program/Certificate: Analyze the quality of the program as assessed by its curriculum and impact on students for each program (if more than one). Attach updated 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.

Not applicable

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

Mean GPA of admitted PA graduate students is consistently above the mean GPA of admitted graduate students for WSU overall indicating a strong pool of highly qualified and talented individuals with strong possibilities of success.

Mean Application GPA of Admitted Graduate Students [OPA Table 9]

Year	PA Program GPA	University GPA
5-year average (2012-2016)	**3.7**	**3.5**
Class of 2012 / Graduated July 2012	3.7	3.5
Class of 2013 / Graduated July 2013	3.7	3.5
Class of 2014 / Graduated July 2014	3.7	3.5
Class of 2015 / Graduated July 2015	3.7	3.5
Class of 2016 / Graduated July 2016	3.8	3.5

c. Identify the principal learning outcomes (i.e., what skills does your Program expect students to graduate with). Provide aggregate data on how students are meeting those outcomes in the table below. Data should relate to the goals and objectives of the program as listed in 1e. Provide an analysis and evaluation of the data by learner outcome with proposed actions based on the results.

The Program's principal learning outcomes are based upon the NCCPA's Core Competencies for the PA Profession. The table below lists each of those 6 core competencies and sub-categories and then shows the related curricular component within which those competencies are achieved and assessed. The main assessment measures for those curricular components with descriptions of each, student targets, program targets, and remediation process are shown in Appendix D.

Principal Learning Outcomes (Expected Competencies)	Curricular Component used to Gain this Competency	Assessment Tool / Evaluation for this Competency
1. Demonstrate *medical knowledge* about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care		
a. Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, & risk factors	Anatomy & Pharmacology courses All Clinical Medicine courses Clinical Rotations	Didactic Course Exams Overall Didactic Course Grades End of Rotation (EOR) Exams Program Summative Exam PACKRAT Exams OSCE Exams Clinical Rotation Performance
b. Identify signs/symptoms of medical conditions & differentiate between normal/abnormal findings	All Clinical Medicine courses Clinical Rotations	
c. Select and interpret laboratory and diagnostic tests	Clinical Laboratory All Clinical Medicine courses Pharmacology courses Clinical Rotations	
d. Formulate differential diagnoses	All Clinical Medicine courses Clinical Rotations	
e. Prescribe/monitor pharmacotherapy	Pharmacology courses All Clinical Medicine courses Clinical Rotations	
f. Demonstrate problem-solving / critical thinking skills	All Didactic Courses Clinical Rotations	

Principal Learning Outcomes (Expected Competencies)	Curricular Component used to Gain this Competency	Assessment Tool / Evaluation for this Competency
2. Demonstrate *patient care* that is effective, safe, high quality, and equitable		
a. Perform medical history/physical exams	History & Physical Exam course All Clinical Medicine courses Clinical Rotations & Clinical Skills Checklist	Didactic Course Exams Overall Didactic Course Grades End of Rotation (EOR) Exams Program Summative Exam PACKRAT Exams OSCE Exams Clinical Rotation Performance
b. Formulate/implement evidence-based treatment and preventive care plans	Preventive Medicine course All Clinical Medicine courses Pharmacology courses Clinical Rotations	
c. Provide equitable, patient-centered, collaborative care	Interprofessional Evid-Based Pract course Clinical Rotations	Overall Didactic Course Grade Clinical Rotation Performance
d. Perform medical/surgical procedures	Clinical Skills course Clinical Rotations & Clinical Skills Checklist	Overall Didactic Course Grade Clinical Rotation Performance
3. Demonstrate *interpersonal & communication* skills resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system.		
a. Adapt communication to patient and healthcare team members	History & Physical Exam course Interprofessional Evid-Based Pract course Clinical Rotations	Didactic Course Exams Overall Didactic Course Grades OSCE Exams Clinical Rotation Performance
b. Maintain demeanor of respect/compassion toward patient & health team	Professional Issues course Interprofessional Evid-Based Pract course Clinical Rotations	Didactic Course Exams Overall Didactic Course Grades OSCE Exams Passport Self-Reflection Clinical Rotation Performance
c. Show sensitivity to patients' culture, age, gender, and disabilities	Professional Issues course Interprofessional Evid-Based Pract course Experiential Learning Passport Clinical Rotations	
d. Document medical record to meet site requirements	History & Physical Exam course Clinical Rotations	
e. Provide accurate/concise oral presentation	History & Physical Exam course Applied Clinical Practice course Interprofessional Evid-Based Pract course Clinical Rotations	Didactic Course Exams Overall Didactic Course Grades Clinical Rotation Performance
4. Acknowledge *professional* and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.		
a. Maintain confidentiality of patient interactions and health records	Professional Issues course Clinical Rotations	Didactic Course Exams Overall Didactic Course Grades Number of Professional Warnings Clinical Rotation Performance
b. Follow instructions, accept responsibility, take initiative, is dependable, and modifies behavior following criticism	Interprofessional Evid-Based Pract course Clinical Rotations	
c. Seeks interprofessional interactions and understands appropriate referrals	Professional Issues course Interprofessional Evid-Based Pract course Clinical Rotations	
e. Maintain professionalism in behavior, dress, and student identification	Professional Issues course Clinical Rotations	

Principal Learning Outcomes (Expected Competencies)	Curricular Component used to Gain this Competency	Assessment Tool / Evaluation for this Competency
5. Engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of *learning and self- and practice-improvement*.		
a. Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence	Interprofessional Evid-Based Pract course Clinical Rotations	Didactic Course Exams Overall Didactic Course Grades Clinical Rotation Performance Prof Development Self-Assessment
b. Initiate learning and self-improvement	Interprofessional Evid-Based Pract course Research Methods for EBP course Experiential Learning Passport Clinical Rotations	Didactic Course Exams Overall Didactic Course Grades Passport Self-Reflection Master's Research Project Clinical Rotation Performance
6. Demonstrate awareness of and responsiveness to larger *system of healthcare* to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient.		
a. Respond to larger healthcare system (e.g. funding, social services, etc.)	Professional Issues course Interprofessional Evid-Based Pract course Experiential Learning Passport Clinical Rotations	Didactic Course Exams Overall Didactic Course Grades Clinical Rotation Performance Passport Self-Reflection
b. Understand and practice within the role of a PA	Professional Issues course Interprofessional Evid-Based Pract course Experiential Learning Passport Clinical Rotations	

d. Provide aggregate data on student majors satisfaction (e.g., exit surveys), capstone results, licensing or certification examination results (if applicable), 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 outcomes of the program as listed in 3c).

Evaluate table 10 from the Office of Planning and Analysis regarding student satisfaction data.

Student Satisfaction with Program (Exit Survey Data) by year, for the last 3 years				
Year	N	Program Level	College Level	University Level
1 (Class of 2014)	47	73%	77%	82%
2 (Class of 2015)	45	83%	79%	85%
3 (Class of 2016)	46	91%	86%	86%

*For detailed breakdown of WSU Graduate School Exit Survey data, see Appendix E

Learner Outcomes (licensing/certification exam pass-rates) by year, for the last 3 years				
Year	N	Name of Exam	Program Result	National Comparison±
1 (Class of 2014)	47	PANCE	98%	95%
2 (Class of 2015)	45	PANCE	98%	96%
3 (Class of 2016)	46	PANCE	100%	96%

PANCE = Physician Assistant National Certifying Examination (National Board Exams)
*For detailed breakdown of PANCE content and task areas, see Appendix F

Alumni Survey: Data for the Classes 2012 through 2016 indicate a high level of satisfaction (> 80% in all areas) with the Program in meeting its vision, mission, and guiding principles; student preparation for certification exams, clinical rotations and clinical practice; effectiveness in developing core PA competencies. See Appendix G for detailed results.

Employer Survey: A repeat employer survey is scheduled for summer 2017 – occurs every 5 years. The most recent data collected in 2012, indicate a high level of satisfaction with graduates' skills.

Most Recent Employer Survey Data (2012)	
4.8	Overall preparation as a PA
4.8	Medical knowledge
4.8	Patient management skills
4.5	Clinical skills
4.7	Continuous learning and skill building
4.3	Evaluating medical literature
4.8	Seeks consultation when appropriate
4.5	Interactions with other healthcare professionals
4.5	Interactions with patients
4.5	Leadership skills
4.5	The PA's overall contribution to your practice
4.8	Probability of hiring a WSU PA if you had an opening
	Likert scale ranges from 1 (low) to 5 (high); ***44% response rate***

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).

Not applicable

f. For programs/departments with concurrent enrollment courses (per KBOR policy), provide the assessment of such courses over the last three years (disaggregated by each year) that assures grading standards (e.g., papers, portfolios, quizzes, labs, etc.) course management, instructional delivery, and content meet or exceed those in regular on-campus sections.

Not applicable

g. Indicate whether the program is accredited by a specialty accrediting body including the next review date and concerns from the last review.

The WSU PA Program has been fully accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) since its inception. The next ARC-PA review is scheduled for March, 2018. The last accreditation occurred in 2010 and resulted in full accreditation for the maximum allowable length of time with no citations noted.

h. Provide the process the department uses to assure assignment of credit hours (per WSU policy 2.18) to all courses has been reviewed over the last three years.

All program course syllabi include a statement of credit hour and expected student workload congruent with WSU policy 2.18. The PA Curriculum Committee annually reviews and discusses content, contact hours, and workload for each course to ensure compliance with WSU policies and Program goals. In 2016, the Committee decided that curriculum creep had gradually increased the contact hours for several courses, justifying an increase in credit hour Program allotment from 83 to 93 credit hours. The 10 credit hour adjustment brings us closer to the national mean (104 credit hours) and more accurately reflects student and faculty workload.[7] See Appendix H for summary of credit hour increase changes.

i. **Provide a brief assessment of the overall quality of the academic program using data from 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).**

Student perceptions: our student exit survey shows 86% of our graduates were satisfied or highly satisfied with their education and 93% felt we met our goal of transforming them into highly competent Pas. Student ratings for 88% of PA didactic courses and 82% of faculty are at or above University averages. See *Outcome Measures of Success*, Appendix B.

Every student engages in a minimum of six *interprofessional education opportunities* to learn about, from, and with other healthcare professionals during their didactic education and on clinical rotations. Intentional collaborative learning opportunities are designed, such as Advanced Education in General Dentistry (AEGD) / PA Day in the fall and spring semesters of the didactic year. 100% of PA students participate in applied learning opportunities through a year of clinical rotations in a variety of settings, specialties, and locations throughout Kansas.

100% of PA students engage in *community service* as compared to a 3-year CHP mean of 50% and University mean of 25%. Every PA student engages in a minimum of six service learning activities. Faculty-led initiatives include the Senior Mentor Program; Give-Kids-a-Smile fluoride varnish clinic; United Way Homeless Count; VA Homeless Stand Down; Ready Set Fit health education for elementary children; and health topic presentations at a socioeconomically distressed high school. Every year PA students leave their marks by taking the initiative to develop their own opportunities to engage with and support the community.

Faculty co-author with students to model the importance of not just being a consumer of medical literature, but being a contributor to medical literature. Over the last 5 years, 21% of Master of PA student research projects are published, about 3 to 6 papers per year, and 18% are disseminated as professional state or national poster presentations. Eleven student co-authored papers have been published or in-press since 2014. As compared with other PA programs, this record of student co-authored publication is arguably the strongest in the nation. See Appendix I for list of outstanding student scholarship.

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

a. Evaluate tables 11-15 from the Office of Planning Analysis for number of applicants, admits, and enrollments and percent URM students by student level and degrees conferred.

Student demand for the Program is extremely high and continues to grow. For the 2016/2017 application cycle, there were 1,106 applications to the WSU PA Program initiated through the Central Application Service for PA Programs (CASPA), *745 qualified applicants* (those meeting minimum Program requirements), 150 applicants interviewed, with 48 selected for admission. The number of qualified applicants has *more than doubled over the last 6 years* from 323 to 745.

With a lock-step, 26-month curriculum and capped enrollment, Program SCH production remains steady and is dependent upon enrollment maximums (set by the national accrediting body, ARC-PA) and

student attrition. The Program 3-year average student attrition rate (2014-2016) is 4.7%, better than the national average of 6.5% with a PANCE pass rate above the national average.[7] With regards to race/ethnicity, 100% of students who withdrew or were dismissed over the last 5 years were Caucasian.

The 5-year rolling average percent of URM enrolled in Masters programs is 10.2% at the University-level; 12.6% at the CHP-level; and 3.7% at the Program-level.[OPA Table 12] With an understanding that PAs with a wider set of experiences and perspectives will likely have increased ability to understand current healthcare disparities and identify innovative ways of delivering more equitable care, the importance of diversity within the student body is recognized and supported by the Program. Nationwide, the proportion of URM PAs and PA faculty has decreased over the past 3 decades.[10] As supported by research and best practice recommendations, the Program utilizes a holistic approach for the admission process that looks beyond GPA and standardized test scores, allowing for a more individualized review of applicants.[11] The Program does not require the GRE which has been implicated in reducing recruitment of URMs and the Program awards additional admission points to applicants who are veterans, economically disadvantaged, first-generation, and fluent in URM languages.

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

Employment of Majors*							Response rate = 48% (105/220)
	Mean Salary *(from 2016 AAPA Salary Report)*	Employ-ment % In state	Employment % in the field	Employment: % related to the field	Employment: % outside the field	Number pursuing grad or prof educ.	Projected growth from BLS** Current year only.
Class 2012-2016 Alumni Survey	$86,700[3]	69%	100%	-	-	NA	30% Projected Growth over the next 10 years (Much faster than average)**

* 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)

- **Provide a brief assessment of student need and demand using the data from tables 11-15 from the Office of Planning and Analysis and from the table above. Include the most common types of positions, in terms of employment graduates can expect to find.**

  Alumni Survey Data – above chart: In Oct 2016, an alumni survey was sent to all students with valid email on file from the graduating Classes of 2012 – 2016. Email addresses were available for 220 out of 233 alumni. Response rate was 48% (105/220). 100% of recent alumni were employed as PAs.

  Salary Data: Mean salary for new graduates in Kansas as reported in the *2016 AAPA Salary Report*, is $86,700.[3] Mean salary data from a WSU PA Program 2014 survey of PAs licensed in KS and working in KS, MO, CO, OK & NB with valid email addresses available through the KS Board of Healing Arts (n=337/912) indicated an annual salary of $101,365 ± 33.634 (range 18,000 to 235,000) with a mean of about 10 years in clinical practice. Response rate for the 2014 salary survey was 28% (104/377).

  Employment: Employment of PAs is projected to grow 30% from 2014 to 2024, much faster than the average for all occupations. Excellent job prospects are expected, particularly in rural and medically underserved areas and primary care. The PA role is expected to expand as states allow PAs to perform more procedures; as team-based models of care become more widely used; and as insurance expands coverage of PA services. PAs work in all areas of medicine, including primary care and family medicine, emergency medicine, surgery, and psychiatry. The work of PAs depends in large part on their specialty or the type of medical practice where they work. An assessment of the Class of 2016 graduates indicated that 80% already had employment secured or had multiple offers prior to graduation.

5. **Analyze the service the Program/certificate 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).**

Evaluate table 16 from the Office of Planning Analysis for SCH by student department affiliation on fall census day.

a. Provide a brief assessment of the 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.

As a lock-step curriculum, non-majors are not allowed to take courses with the PA pre-fix. However, several HS and HP courses taught through and by PA Program and faculty are used as requirements and electives within other graduate programs.

DPT 755 Pharmacology for Physical Therapy is a 2 credit hour course taught each summer as a required course for the Doctor of Physical Therapy degree (~80 SCH for DPT annually). HS710 and HS711 are both 3 credit hour pharmacology courses taught sequentially each fall and spring as required courses for MPA and Doctor of Nurse Practitioner degrees (~36 SCH for DNP annually). HP800 is a 2 credit-hour all online course taught each fall and spring through and serves as a requirement for the MPA and Masters of Aging Studies degree as well as an elective for the graduate-level CSD degrees (~34 SCH for CSD and AGE annually). HP801 Interprofessional Evidence-Based Practice is the only graduate-level interprofessional course within the CHP. This 1 credit hour course is co-taught by faculty from PA, CSD, and AGE and is a required course for PA, CSD, and AGE students (~32 SCH annually for CSD and AGE combined).

All faculty are involved in leading student involvement in the previously mentioned community service and interprofessional educational opportunities. Many of the community service and all of the interprofessional educational opportunities involve students and faculty from across the CHP, University, and with KU Schools of Medicine and Pharmacy, Wichita.

Additionally, all faculty actively participate in Program and College-level service and most at the University-level as well. Faculty are involved within their professional organizations at the state and national levels taking on a variety of leadership roles. Within just the last 3 years faculty have served on the following: KS Academy of PA Board of Directors; Case Review Team for Sedgwick County Fetal Infant Mortality Review Committee; Feature Editor for the *Journal of Physician Assistant Education*; PAEA Assessment Council; PAEA Committee on Clinical Education; Alpha Eta Honor Society Engagement Taskforce; Gilgit Eye Hospital Board of Directors, Pakistan; Planning Committee for the PA Rural Primary Care National Conference; Advisory Board for the Mid-American Diabetes Association; and others.

Program faculty highly value interprofessionally collaborative research and often involve students in this type of work. On average, nearly 30% of the MPA student research projects over the last 5 years have been interprofessional. PA faculty also provided 12 continuing education presentations and 12 refereed poster presentations at the state or national level over the last 3 years indicating a high level of professional and community involvement.

6. Report on the Program's/certificate'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).

Previous Goals and Areas for Improvement	Outcome Assessment
As requested in the 2014/2015 *Departmental Progress Toward Assessment of Program – Evaluation Rubric*, an analysis of improvement measures regarding student satisfaction was requested. See Appendix J	Improving student satisfaction has been a Program goal for the last 3 years and multifactorial improvements have been implemented. Student satisfaction has now improved to acceptable levels. Student evaluations of course, faculty, research advising, and the Program now meet Program targets. Continued efforts will be necessary to maintain these results.
Continue enhancement of Faculty Orientation/Mentoring Program	This was a critical component of our Faculty retention plan and has been supported through multiple avenues: • Senior faculty provide focused mentoring to junior faculty in teaching and scholarship • New faculty participate in CHP and University orientations • Stable Faculty Development Fund supports travel and participation in Physician Assistant Education Association (PAEA) workshops and conferences • Distribution of Program administrative duties amongst faculty with financial stipends • Continuous individual workload evaluation and adjustment to support faculty teaching/scholarship
Add additional clinical rotations in the following areas as a priority: • general surgery – 1 per academic year • family practice (1 rural, 1 urban) – 2 per academic year • women's health – 1 per academic year	Recruitment of quality clinical rotation sites that meet Program and ARC-PA standards is an ongoing challenge. However, the Program has been successful in securing new sites and preceptors each year within Kansas. Current clinical rotation options include: 75 family medicine sites in rural and urban settings, 18 sites with women's health components, and 31 surgery sites spanning general surgery, neurosurgery, orthopedics, trauma, and cardiothoracic/cardiovascular surgery. The Program continues to be successful in meeting the breadth and depth of clinical experience required for accreditation.
Develop policy/procedure (including timeframes/sequencing) for evaluating and reporting clinical year assessment data	The *Clinical Rotation Site Visit* policy was revised 05.2016 and a new *Evaluation of Student Performance during the Clinical Year* policy was created 08.2016 to ensure a multicomponent process to assess the progress of each student in a manner that promptly identifies deficiencies in knowledge/skills and establishes a remediation process.
Incorporate assessment data from clinical year into PA Program Assessment Plan	The *PA Program Self-Assessment Policy/Procedures* document was approved 06.2014 and outlines the systematic and robust ongoing self-assessment processes used to review the quality and effectiveness of the Program's educational practices, policies, and outcomes and encompasses both didactic and clinical phases.

Previous Goals and Areas for Improvement	Outcome Assessment
Review and revise Program Assessment Plan to include clinical year assessment data & link to objectives	Clinical year assessment improvements have been robust and include an updated Preceptor Handbook modeling the ARC-PA template, rotation syllabi with objectives linked to Program and PA Competencies, updated preceptor evaluation of student forms congruent with accreditations standards and expected learning objectives, and a template for the Annual Clinical Year Report to standardize documenting and reporting of outcomes.
Create additional opportunities for interactive learning with other health professions students during the didactic year	The PA Program recognizes that excellence and competency require more than didactic coursework – it also requires experiential learning and personal growth. As such, the Experiential Learning Passport Policy and course were developed and approved 05.2015. Currently, every PA student engages in a minimum of six interprofessional educational opportunities.
Infectious disease curriculum mapping	All didactic course content was mapped against the accreditation standards as well as the PANCE blueprint (exam content & topic areas). Specific attention was provided to select content areas, including infectious disease. Necessary content was added throughout the curriculum where deficiencies were noted.
Director of Assessment appointed	This is a stipend supported role currently held by LaDonna Hale, PharmD.

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.

The Program's location within an academic university and the availability of faculty from a local medical community provide a vast array of resources. As the only PA Program in the state (UKMC is located in Kansas City Mo), the WSU Program has strong and consistent support from alumni generously serving as clinical preceptors and guest lecturers without remuneration. The Program continues to incorporate educational simulation opportunities into the curriculum. The SimMan3G is a high fidelity simulator that can mimic medical situations and increases the students' abilities to critical think and respond rapidly in emergency situations in a safe environment. Simulation also provides opportunities for interprofessional education and is an excellent recruitment tool to modernize the Program.

The Curriculum Committee meets at least monthly to review curriculum and assessment processes, as well as any student concerns. In Spring 2016, the Committee completed an extensive evaluation of the curriculum, student workloads, and faculty workloads. As a result, a credit hour increase from 83 to 93 credit hours was requested and granted for the MPA degree. This credit hour adjustment does not represent an increase in current student workload, it is simply a more accurate reflection of what is already occurring throughout the curriculum. The credit hour adjustment will ensure that prospective students fully understand the rigor of the program and time commitment. The credit hour adjustment will also align the

current WSU MPA curriculum with national norms for MPA programs. Nationally, the mean credit hours for PA programs is 104 hours with a program length of 27 months.[7]

The use of clinically active physicians and PAs as instructional faculty in all areas of the didactic and clinical curriculum is 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 applied learning opportunities gained through a year of clinical rotations in a variety of medical specialties and settings provides each PA student exposure to an excellent diversity of patients and instructional/practitioner philosophies.

The challenge of recruiting and maintaining appropriate clinical training sites is ongoing and consistent with national trends. While the longevity of the WSU PA Program and its exclusivity in Kansas has been an asset in maintaining established clinical rotation sites, we are beginning to see encroachment from PA programs in neighboring sites, as well as competition for sites from regional medical programs. Further complicating the difficulty is the steady rise in programs with the resources to pay for clinical rotations and preceptors. Significant faculty time and departmental financial resources are required to obtain sites and ensure adequacy of sites in order to maintain sufficient applied learning opportunities for PA students.

In conclusion, the WSU PA Program, in existence for 45 years, continues to improve which is evidenced by our consistently above the national average PANCE board scores and continued ARC-PA accreditation. The depth and breadth of our faculty and preceptor experience has created an environment of excellence which can be seen in the quality of our students. The Program has recruited and retained a stable faculty and remains on a steady course of growth and innovation. The design of the curriculum together with the commitment of the faculty to identify and cultivate those qualities and characteristics believed to be important for the PA role, consistently results in graduates who exemplify the standards and philosophy of the Program and the PA profession.

The WSU PA Program is sound in terms of its product of excellence in PA education. 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 mission to transform students into highly competent PAs by providing a learning environment in which students acquire the appropriate professional competencies to practice medicine in a team-based medical model. The WSU PA faculty continue 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:

Improvement Plans and Goals	**Timeframe**
Complete extensive evaluation of ARC-PA review of the WSU PA program Self Study Review (SSR) previously submitted 11.2015. The Program will appropriately address the feedback in the next SSR submission as part of the ARC-PA reaccreditation process. The goal is to maintain the Program's 45 year history of continued accreditation status issued through ARC-PA.	SSR submission 08.2017 / Validation site visit 11.2017 / Accreditation review 03.2018
The research curriculum will be evaluated for ongoing relevancy. This holistic assessment will involve faculty, community, and College and University stakeholders. Evaluation will focus on research expectations for PA faculty, College/University goals, and student learning outcomes. Collaborative, interprofessional opportunities will be investigated.	An alternative Evidence-Based Medicine research track will be piloted academic year 2017-2018 with subsequent evaluation of outcomes and results

Improvement Plans and Goals	Timeframe
Development of a PA Program Advisory Committee and recruitment of engaged members from the medical community. The purpose will be to offer advice and consultation to the Program on issues, plans, policies, and procedures that affect the future of the Program, PA education, and PA profession.	Academic year 2017-2018 with ongoing regular meetings in following years
Development of strategic plan for future recruitment and retention of clinical rotation sites and preceptors in accordance with ARC-PA standards and Program objectives. The plan will explore options for community collaborations. Possible incentives for recruitment of clinical preceptors will be identified.	Academic year 2018-2019 following ARC-PA validation site visit and review 03.2018
Conduct assessment of Program Admissions policies and procedures to insure a fair and transparent admission system for all applicants in full compliance with the *Fair Admissions to Higher Education: Recommendations for Good Practice*. Seeking input from the WSU Tilford Commission, the goal is to ensure a holistic approach for the admission process that maximizes student diversity. In order to meet the workload requirement for processing the growing number of Program applications, utilization of the CASPA system will be evaluated for improved efficiencies and enrollment efforts will be coordinated with the WSU Graduate School.	Completion of strategic Graduate Enrollment Management (GEM) Plan Spring 2017. Initiate GEM academic year 2017-2018 with subsequent ongoing evaluation as appropriate. Review and approval of Program's Admissions Policies and Procedures and Application Process planned Spring 2017 with ongoing implementation.

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Appendix A

2017 PA Program Tuition & Cost Comparison Table

Program	State	Resident Tuition	Non-Resident Tuition	Program Length	Credit Hours	5 year PANCE pass rate & other info
Wichita State University – CURRENT	**KS**	**$33,790**	**$66,865**	**26**	**83**	**98%**
Wichita State University – PROPOSED	**KS**	**$37,170**	**$74,425**	**26**	**93**	**98%**
University of North Texas Health Sci Center Ft. Worth	TX	$33,750	$95,180	34	133	98%
Texas Tech University Health Sciences Center	TX	$38,710	$87,439	27	125	95%
Missouri State University	MO	$40,500	$60,647	24	84	92%
University of Oklahoma – Oklahoma City	OK	$43,560	$83,193	30	127	97%
University of Oklahoma – Tulsa	OK	$43,560	$83,193	27	131	98% (web PANCE data outdated)
University of Iowa	IA	$44,165	$89,060	28	124	100%
University of South Dakota	SD	$44,604	$91,500	24	104	90%
University of Nebraska	NE	$46,385	$114,430	28	123	98%
Indiana State University	IN	$47,000	$80,000	29	93	90% New program 2013
University of Arkansas	AK	$50,222	$78,222	28	128	92% New program 2015
University of North Dakota	ND	$50,430	$59,025	24	90	89% New program 2012
University of Missouri – Kansas City	MO	$69,556	$82,678	27	130.5	100% (14 students) New program 2016
Red Rocks Community College	CO	~~$47,084~~ $77,000	~~$47,084~~ unavailable	27	~~80~~ 120	93% New Master's degree started in 2017

National average for resident tuition/program fees, public universities: ***$45,757***

National average for non-resident tuition/program fees, public universities: ***$85,272***

National average program length: ***27 months***

National average program credit hours: ***104 hours***

The 5-year national average PANCE pass rate: ***95%***

Vision, Mission, & Guiding Principles: Outcome Measures of Success

Vision: Excellence in PA education
Mission: Transform students into highly competent PAs

Appendix B

Guiding Principles: The WSU PA Program defines "Excellence in Physician Assistant Education" as meeting our mission of transforming students into highly competent PAs. That competency is measured subjectively and objectively using the following outcomes measures of success based upon our guiding principles.

Guiding Principle	Outcome Measures & Goals	Goal Met?	
Foster an enthusiastic learning environment committed to student success	***Vision/Mission Exit Survey***: ≥ 80% of graduating students will agree or strongly agree that the Program meets this guiding principle (3-year mean)[a]	**81%**	**Yes**
	The Program's 5-year mean for the ***PANCE first-time pass rate*** will be at or above the 5-year national mean	**97%** (95% natl)	**Yes**
	Using standardized ***IDEA course/faculty evaluations*** over the last 3 years, ≥ 80% of Program ***courses*** will be ranked at or above the WSU mean	**88%**	**Yes**
	Using standardized ***IDEA course/faculty evaluations*** over the last 3 years, ≥ 80% of Program ***faculty*** will be ranked at or above the WSU mean	**82%**	**Yes**
	The Program's 5-year mean ***student attrition rate*** will be at or below that reported for the national mean (reported in PAEA annual report)	**4.7%** (6.5% natl)	**Yes**
	Experiential Learning Passport: 100% of graduating students will participate in at least 6 ***professional development*** experiential learning activities	**100%**	**Yes**
Promote patient-centered collaborative care	***Vision/Mission Exit Survey***: ≥ 80% of graduating students will agree or strongly agree that the Program meets this guiding principle (3-year mean)[a]	**95%**	**Yes**
	Experiential Learning Passport: 100% of graduating students will participate in at least 6 ***interprofessional*** experiential learning activities	**100%**	**Yes**
Model and cultivate compassion	***Vision/Mission Exit Survey***: ≥ 80% of graduating students will agree or strongly agree that the Program meets this guiding principle (3-year mean)[a]	**82%**	**Yes**
	Experiential Learning Passport: 100% of graduating students will participate in at least 6 ***service-learning*** activities	**100%**	**Yes**
Respond to the need for primary care providers in Kansas	***Vision/Mission Exit Survey***: ≥ 80% of graduating students will agree or strongly agree that the Program meets this guiding principle (3-year mean)[a]	**91%**	**Yes**
	100% of graduates will complete ≥ 12 weeks of ***primary care clinical rotations***	**100%**	**Yes**
Encourage health care for rural and underserved populations	***Vision/Mission Exit Survey***: ≥ 80% of graduating students will agree or strongly agree that the Program meets this guiding principle (3-year mean)[a]	**93%**	**Yes**
	100% of graduates will complete ≥ 12 weeks clinical rotations in ***rural settings***	**100%**	**Yes**
Emphasize evidence-based practice and promote lifelong learning	***Vision/Mission Exit Survey***: ≥ 80% of graduating students will agree or strongly agree that the Program meets this guiding principle (3-year mean)[a]	**98%**	**Yes**
	Experiential Learning Passport: 100% of graduating students will participate in 6 selected ***research / evidence-based practice*** activities	**100%**	**Yes**
	Student research publication rate ≥ 15% (5-year mean)[b]	**21%**	**Yes**
	Student research professional poster presentation rate ≥ 15% (5-year mean)[b]	**18%**	**Yes**

[a]Vision/Mission Exit Survey is completed annually in June or July prior to graduation. Survey initiated in 2014.
[b]Due to lag time between graduation and publication/presentation, rate is reported 2 years after graduation.

Updated 1/2017

Approved: 06/14

Overview: The WSU PA Program uses a systematic and robust ongoing self-assessment process to review the quality and effectiveness of its educational practices, polices, and outcomes. This process is conducted within the context of the WSU, College of Health Professions, and Program, mission, vision, and guiding principles. Self-assessment is not a one-time event, but an ongoing process critically assessing key aspects of the Program relating to sponsorship, resources, students, operational policies, curriculum and clinical sites using the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) *Accreditation Standards for PA Education* as point of reference. The goal of ongoing self-assessment is to identify programmatic strengths/weaknesses and implement continuous quality improvement plans. [Section C: Introduction]

Philosophy of Data Collection/Analysis:
A plethora of data can be generated from PA Manager, surveys, evaluations, reports, and other sources. Data can quickly become overwhelming causing important and meaningful information to be lost among the clutter. Also, knee-jerk reactions to a single set of data or from inaccurate interpretation/analysis can result in poor decision-making. Therefore, when deciding what to collect/analyze or how to report or interpret results, self-assessment criteria for ARC-PA and WSU as well as the following principles from the *American Association for Higher Education and Accreditation* should be followed:

1. **Assessment of student learning begins with identification of educational values**. Assessment is not an end in itself, but a *vehicle for educational improvement*. Educational values should drive what we choose to assess, rather than measuring what's easy to collect.
2. **Assessment is most effective when it reflects an understanding of learning as multidimensional, integrated, and revealed over time through performance**. Assessment should include a diverse array of methods including those that call for actual performance and tracing that performance over time as the student's knowledge, abilities, values, and attitudes develop.
3. **Clear, shared, implementable goals are the cornerstone for assessment that is focused and useful**.
4. **Assessment requires attention to outcomes but also and equally to the experiences that lead to those outcomes**. Where students "end up" matters greatly, but to improve outcomes, we need to know about student experiences along the way (curriculum, teaching, student effort).
5. **Assessment works best when it is ongoing, not episodic**. Assessment is a process whose power is cumulative. Improvement is best fostered when assessment entails a linked series of activities undertaken over time.
6. **Assessment fosters wider improvement when representatives from across the educational community are involved**. Assessment is not a task for small groups of experts but a collaborative activity; its aim is wider, better-informed attention to student learning by all parties with a stake in its improvement.
7. **Assessment makes a difference when it begins with important issues and illuminates questions that people really care about**. Data collected must be connected to issues or questions [***actual decisions points***] that people really care about. This means thinking in advance about how the information will be used and by whom. The point of assessment is not to gather data and return "results."
8. **Assessment is most likely to lead to improvement when it is part of a larger set of conditions that promote change**. Assessment is more valuable when the quality of teaching and learning is visibly valued and worked at. Information about learning outcomes should be an integral part of decision making, and avidly sought.
9. **Through assessment, educators meet responsibilities to students and to the public.** As educators, we have a responsibility to the public that support or depend on us to provide information about how our students meet goals and expectations. But that responsibility goes beyond the reporting of such information; our deeper obligation – to ourselves, our students, and society – is to improve.

Principles 1 – 9 were abbreviated from the Am Assoc for Higher Educ & Accreditation

Roles/Responsibilities

The Director of Assessment, under the supervision of the Program Director, is responsible for

1) developing policies/procedures regarding the Program's self-assessment process,
2) creating a cycle and timeline for assessment activities,
3) coordinating involvement and support of faculty/staff within the department – providing opportunities for broad faculty involvement,
4) coordinating collection of evidence of student learning and compliance with *Accreditation Standards* and providing a structure for reporting of that evidence,
5) keeping assessment tools current, and
6) ensuring key outcomes are published.

Overseeing Program compliance and documentation of compliance with *Accreditation Standards* related to the didactic curriculum is the primary responsibility of the Director of Didactic Education; while compliance related to the clinical year is the primary responsibility of the Director of Clinical Education; and compliance related to administrative aspects of the program is the primary responsibility of the Program Director.

Essential Self-Assessment Reports

1. University Level Program Review
2. ARC-PA Self-Assessment Report
3. Annual Program Review (APR)
4. Annual Clinical Year Report (ACYR)

1. **University Level Program Review**
    a. This review meets WSU and Kansas Board of Regents (KBOR) requirements and is informed by the Annual Program Review.
    b. University level Program reviews are scheduled every 3 years according to the following schedule: 2014, 2017, 2020, 2023, and so forth.
    c. Related information including KBOR Program Review Policy, schedule for program reviews, instructions for completing review and templates are available on the WSU Assessment Home Page.
    d. Copies of past Program Reviews including individualized feedback for improvement[C1.01] and clarity of these Program Reviews can be found on the shared drive under: Q://Assessment Data/University Level Program Reviews.

2. **ARC-PA Self-Assessment Report**[C2.01]
    a. This report meets ARC-PA requirements and is informed by the Annual Program Review.
    b. ARC-PA Self-Assessment Reports are scheduled every 3 years according to the following schedule: 2014, 2017, 2020, 2023, and so forth. The next full ARC-PA Accreditation Review is scheduled for 2018.
    c. Related information including *Accreditation Standards* and Self-Assessment Templates can be found at http://www.arc-pa.org/acc_standards.
    d. Copies of past accreditation reports and site visit feedback can be found on the shared drive under the "Accreditation" folder.

3. **Annual Program Review (previously called "Annual Retreat")**
    a. Assessment, analysis, and reporting requirements for ARC-PA and the University Level Program Review as well as any additional Program-specific assessment needs are incorporated into the Annual Program Review. This review typically takes place early in the fall semester (Aug – Oct).

b. *Persons involved in the APR*: The APR is a collaborative activity between the primary PA faculty/staff and representatives from across the educational community, students, alumni, preceptors, and community stakeholders.

c. *General structure of data assessment MS Excel spreadsheets*: The typical structure for a data assessment spreadsheet created in MS Excel should include a worksheet of the most current data reported in a table or graph that is compliant with the ARC-PA Self-Assessment Templates (SATs). As new data are added, older data should not be deleted but should be moved to the "Old Data" worksheet of that same document. A "Raw Data" worksheet may also be needed to support data reporting. The final worksheet should contain instructions for that set of data. *Instructions* should be detailed enough that someone unfamiliar with the process can replicate the data for subsequent years.

d. *Table 1: Program Process of Ongoing Self-Assessment* which includes at a minimum, critical analysis of student evaluations for each course and rotation, student evaluations of faculty, failure rates for each course and rotation, student remediation, student attrition, preceptor evaluations of students' preparedness for rotations, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the PANCE, sufficiency and effectiveness of faculty/staff, and faculty/staff attrition.[C2.01]

e. The APR will analyze Program curriculum and student progress including didactic and experiential learning, administrative aspects of the Program, and the Program's ability to meet its vision, mission, and guiding principles. The following data/documents will be collected and analyzed:

Evaluation of Program Curriculum & Student Progress

- Student attrition (deceleration, withdrawal, dismissal) (Student Attrition.exe)
- Courses/rotations and numbers of final course grades of C or below (Grades of C or Below.exe)
- Academic warnings & remediation (Academic Warnings & Remediation.exe)
- Professional warnings & remediation
- Curriculum map for most recent didactic cohort: (Curriculum Map Class of 20XX.exe)
- Most recent cohort national performance on PANCE, PACKRAT 1, and PACKRAT 2 (Most Recent Cohort PANCE & PACKRAT.exe)
- PANCE data (PANCE 5 Year Summary.exe)
- Trends regarding Y1 and Y2 Summative Evaluations
- Student evaluations of courses and faculty (IDEA Course Evals Class of 20XX to present.exe)

Evaluation of Experiential Learning (Clinical/Research Year)

- ACYR prepared by the Dir. of Clinical Education, see item #4 for details.
- Preceptor feedback of student preparedness (Preceptor Evaluation of Student.exe)
- Student performance on national EOR exams and the Program's summative exam
- Student performance on OSCEs
- Summary of student performance during EOR day simulation activities
- Master's research projects (Student Scholarship.exe) and (Student Research Composite CV.doc)

Evaluation of Administrative Aspects

- Faculty and staff attrition (Faculty and Staff Attrition.exe)
- Sufficiency and effectiveness of faculty
- Program strengths, areas in need of improvement and plans *and* modifications that occurred as a result of self-assessment[C1.01] (Areas in Need of Improvement & Plans.exe)

Evaluation of Program Vision/Missing & Guiding Principles

- Vision/Mission statements for WSU, CHP, and PA Program
- Vision/Mission Exit Survey data
- Summary of faculty community service (Faculty Service Summary.exe)
- Summary of student service learning passport activities (Student Service Summary.exe)
- Summary of student interprofessional passport activities
- Summary of student research-related passport activities
- Summary of student professionalism passport activities

**Documents formatted according to ARC-PA SATs are highlighted in grey.

4. Annual Clinical Year Report (ACYR)

a. Key assessment, analysis, and reporting requirements for ARC-PA and the University Level Program Review as well as any additional Program-specific assessment needs specifically related to the clinical year should be incorporated into the ACYR and submitted to the Program Director each August. An abbreviated interim report should also be completed each Dec/Jan.

b. *General structure of the ACYR*: The ACYR should be a data-driven narrative summary including objective and subjective data collected and analyzed by the Director of Clinical Education in collaboration with the Director of Assessment and Program Director.

c. *Specific content included in the ACYR*: The ACYR must provide an overview of essential administrative aspects, and the most recent cohort of students' clinical education experiences and discuss strengths/weaknesses and recommendations for improvements:[C1.01]
   - Provide narrative and data indicating institutional support in securing clinical sites,[A1.11] sufficiency of numbers/types of preceptors/sites,[A2.14] verification of preceptor licensure,[A2.16, B3.05, B3.06, B3.07] provision of preceptor contact information to students,[A2.17] and the ability of the Program to provide clinical sites without solicitation of sites or preceptors [A3.03]
   - Provide narrative and data to support how the Program's clinical education, rotation assignments, clinical experiences, and patient exposure support the Program's vision/mission and goals[B1.01, B1.06, B1.08]
   - Provide narrative and patient encounter data evaluating the sufficiency of breadth and depth of clinical experiences students receive and that students meet required expectations to acquire the competencies needed for clinical PA practice[B1.03, B3.02, B3.03]
   - Provide narrative describing the process for assignment of clinical rotations including sequencing, individualized assignment based upon student's strengths/weaknesses, location preferences, and pre-program experience, and order of EOR exams[B1.04, B3.04]
   - Provide narrative and data regarding how the Dir. of Clinical Education monitors and documents each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation including analysis of rotation failure rates[C2.01, C3.03]
   - Provide narrative and data documenting compliance with the Program's Clinical Site Visit Policy[C4.01, C4.02]
   - Student evaluations of clinical rotations
   - Provide an overall summary of strengths/weaknesses and recommendations

TABLE 1: Program Process of Ongoing Self-Assessment

Data Source	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Department Meetings (monthly) DM	B	B	B	B	B				B	B	B	B
Admiss/Progression Comm APC (bi-annual & prn)	B				B							
Curriculum Committee (monthly) CC	B	B	B	B	B				B	B	B	B
Faculty Self-Assessments (Faculty Activity Records)	G	A										
University Program Review (KBOR report q3yrs)												
Student Course Performance DM, APC (Issues discussed and reported monthly)	G	G	G	G	A	G	G	G	G	A	G	G
Rotation Logs (PA Manager Data) ACYR, APR	A	G	G	G	G	G	G	A	G	A	G	G
End of Rotation Exams					A					A		
Summative Evaluations (Y2) APC					G					A		
Clinical Site Visits ACYR, APR	A							A		A		
Student Evaluation of Clinical Sites ACYR, APR	A							A		A		
Preceptor Evaluation of Students ACYR, APR	A							A		A		
Student Course Evaluations CC, APR (IDEA evals)					G		G			A		G
Student Program Evals APR (2 Exit Surveys)		G					G			A		
Faculty Course Evals (Post-course assessmt) CC, APR		A			G		G	A		A		G
Faculty Program Evaluation APR										A	A	
~~Exit Interviews with Graduates~~												
NCCPA Results APR										A		
Graduate Survey (WSU annually & q 3-5 yr) APR		G								A		
Student Remediation APC, APR										A		
Student Deceleration APC, APR										A		
Student Attrition APC, APR										A		
Faculty/Staff Attrition										A		
Employer Survey (q 3-5 yrs) APR										A		
University Strategic Planning (adhoc)												
Annual Clinical Year Report (bi-annual) APR	A							A		A		
Faculty Retreat (Annual Program Review) APR										A		
Dept Strategic Planning / Annual Goals										A	A	

G = Data **G**athered; **A** = Data **A**nalyzed; **B** = Data are **B**oth gathered and analyzed

Venue at which data are reported, discussed and analyzed

ACYR = Annual Clinical Year Report (written document)
APC = Admissions and Progressions Committee meeting
APR = Annual Program Review meeting
CC = Curriculum Committee meetings
DM = Department Meetings

Admissions/Progressions Committee: bi-annual meetings & prn: 1) Jan is admissions selection process, 2) May is Y1 & Y2 Summative Evaluation process, and 3) meetings prn throughout the year to deal with pivotal student issues such as probation, professional warnings, dismissals and appeals.
Curriculum Committee: monthly meetings discuss curricular issues such as course sequencing, review policy/procedures, review post-course assessments, and progress on curriculum-related improvement initiatives.
Faculty Meetings: monthly meetings discuss programmatic, curricular, and student issues such as dissemination of College and University updates, review policy/procedures, and progress on program-related improvement initiatives.

Appendix D

<table>
<tr><th>Assessment Tool</th><th>Description of Assessment Tool; Target; and Remediation Process</th><th>Results</th><th>Analysis</th></tr>
<tr>
<td>Didactic Course Exams</td>
<td>Student Target: ≥ 80% on each course exam
Program Target: 100% compliance w/ remediation
Description: Individual exams within each didactic course are created by course instructors
Remediation Process: Students failing an exam (≤72%) receive an academic warning and must be retested on the content with a score ≥80%. Students scoring < 80% on the remediation exam are subject to further individualized remediation. Students with low exam performance (<80% but ≥ 72%) must repeat exam with ≥ 80% or receive an academic warning. Remediation does not change the original exam score</td>
<td>• New remediation policy implemented for Class of 2016
• Num. academic warnings for Class of 2014, 2015, 2016, & 2017 were 22, 27, 15, and 11, respectively
• Num. remediated exams was 108 for Class of 2016 and 39 for Class of 2017
• 100% of students were remediated according to policy</td>
<td>• The new policy of individual exam remediation was instituted in response to the trend towards higher numbers of academic warnings
• The new policy resulted in a 50% reduction in academic warnings and a 30% reduction in course grades of C, indicating improved individual exam performance.
• Faculty also noted improved performance on comprehensive final exams within individual courses. This was attributed remediating knowledge gaps prior to comprehensive exams</td>
</tr>
<tr>
<td>Overall Didactic Course Grades</td>
<td>Student Target: ≥ 72% for each course and ≥ 3.0 GPA overall
Program Target: 100% compliance with remediation with student attrition rate at or below national mean
Remediation Process: Students not meeting minimum Program standards are subject to dismissal. Students identified with chronic low performance are offered remediation</td>
<td>• Num. didactic course grades of C for Class of 2014, 2015, 2016, & 2017 were 13, 22, 9, and 1, respectively
• Student attrition rate for Class of 2014, 2015, 2016, & 2017 was 2%, 6%, 6%, and 4% respectively with the 3-year average below the national mean
• 100% of students were remediated according to policy</td>
<td>• Num. grades of C reduced by 30% following the new remediation policy
• Student attrition remained steady indicating that the “stricter” policy did not adversely impact attrition</td>
</tr>
<tr>
<td>End of Rotation (EOR) Exams</td>
<td>Student Target: ≥ 72% curved against national mean
Program Target: Program performance will be at (within 3 points of) or above national average and 100% of students will be remediated according to policy
Description: During the clinical year, students complete 6 national standardized EOR exams covering core supervised clinical practice experiences: family medicine, internal medicine, emergency medicine, women’s health, pediatrics, and psychiatry. EOR exams are an excellent PANCE study tool. Students are provided with a detailed report of their performance and list of topics they missed
Remediation Process: Students failing an exam (≤ 72% curved) must remediate by completing and passing a different version of the EOR exam. Students scoring ≤72% on the remediation exam are subject to further individualized remediation</td>
<td>• In 2016, 2.5% (n=7) of EOR exams were failed; In 2015, 3.7% (n=10) were failed; 2014 data not recorded
• 100% of students were remediated according to policy
• Program performance has been at or above national average for all 6 EOR exams for the last 3 years
Program EOR Comparison to National Average
<table>
<tr><th>EOR Exam</th><th>2016</th><th>2015</th><th>2014</th></tr>
<tr><td>Family Medicine</td><td>104%</td><td>104%</td><td>97%</td></tr>
<tr><td>Internal Medicine</td><td>103%</td><td>100%</td><td>99%</td></tr>
<tr><td>Emergency Med</td><td>100%</td><td>100%</td><td>99%</td></tr>
<tr><td>Women’s Health</td><td>101%</td><td>99%</td><td>97%</td></tr>
<tr><td>Pediatrics</td><td>99%</td><td>99%</td><td>97%</td></tr>
<tr><td>Psychiatric</td><td>100%</td><td>99%</td><td>97%</td></tr>
</table>
WSU PA Program class average score taken as a % of the national average score</td>
<td>• Data indicate that an individual overall EOR exam mean ≥ 69% correlates with PANCE success
• Requiring these exams during the clinical year keep students focused on studying for the PANCE exam and provides individualized feedback
• Program performance on these and other national standardized exams continues to be strong with EOR scores at or above the national average for all 6 EOR exams for the last 3 years</td>
</tr>
</table>

Assessment Tool	Description of Assessment Tool; Target; and Remediation Process	Results	Analysis
Program Summative Exam	***Student Target***: ≥ 72% curved to a class mean of 88% ***Program Target***: 100% of students will be remediated according to policy ***Description***: As required by ARC-PA, this exam is created by the WSU Program faculty to assess overall knowledge and Program objectives prior to graduation ***Remediation Process***: Students failing the exam (≤72% curved) are subject to individualized remediation requirements that must be satisfactorily completed prior to approval for graduation	• Only 1 student failed the summative exam in 2016; none in 2015; and none in 2014 • The item analysis and face validity of the Program Summative Exam are analyzed annually by faculty with modifications made as necessary. Questions are evaluated for discrimination and difficulty. • 100% of students were remediated according to policy	• The *validity of the Summative Exam is good* and questions are corrected when appropriate • As expected, *student performance on the Summative Exam is high*
PACKRAT Exam **(Physician Assistant Clinical Knowledge Rating and Assessment Tool)**	***Student Target***: no less than 1 standard deviation below national mean ***Program Target***: Program performance will be at (within 3 points of) or above national average overall and within each clinical skill and content area. 100% of students will be remediated according to policy ***Description***: This national standardized exam is administered at the end of the didactic year (Y1) and conclusion of the Program (Y2). PACKRAT is designed to mimic the national board exam and tests knowledge related to all major body systems in the areas of pharmacology, diagnosis, history and physical exam, lab and diagnostic studies, clinical interventions, health maintenance, and scientific concepts. Scores are compared nationally against students having the same level/stage of PA training ***Remediation Process***: A failing score results in individualized remediation	• ***For PACKRAT Y1***, 3 students failed from the Class of 2016; 4 from 2015; and 2 from 2014 • Additional class wide reviews were offered of PACKRAT Y1 content areas identified as below the national mean — Class of 2017: hematology, endocrine, formulating diagnosis & history/physical exam — Class of 2016: infectious disease, cardiovascular — Class of 2015: hematology, infectious disease, scientific concepts • ***For PACKRAT Y2***, 2 students failed from the Class of 2016; none from 2015; and 1 from 2014 • Additional class wide reviews were offered of PACKRAT Y2 content areas identified as below the national mean — Class of 2016: none below national mean — Class of 2015: none below national mean — Class of 2014: infectious disease, hist/phys exam • 100% of students were remediated according to policy	• More students pass the Y2 exam as compared to the Y1 exam indicating that *remediation and class wide targeted reviews are effective* • Fewer content and task areas are identified as below the national average on the Y2 exam as compared to the Y1 exam also indicating that *remediation and class wide and targeted reviews are effective*
OSCE Exams	***Student Target***: ≥ 65% ***Program Target***: 100% of students will be remediated according to policy ***Description***: Objective Structured Clinical Exams (OSCEs) occur at the end of the didactic year (Y2) and midway through the clinical year (Y2). These are practical, hands-one exams that utilize standardized patients and require students to perform a complete history and physical exam, interpret diagnostic studies, and develop and document a differential diagnosis and treatment plan ***Remediation Process***: A failing score ≤ 65% results in an academic warning and individualized remediation	• ***For OSCE Y1***, 2 students failed from the Class of 2016; none from 2015; and none from 2014 • ***For OSCE Y2***, 2 students failed from the Class of 2016; none from 2015; and 3 from 2014 • 100% of students were remediated according to policy	• Due to the non-standardized nature of the OSCE examinations, comparisons between Y1 and Y2 performance are not appropriate • Results from the Y1 OSCE are formative in nature and allow *individualized remediation and correction* to occur before the student begins clinical rotations • The reason that the Y2 OSCE occurs midway through the clinical year rather than at the end is that it is also formative in nature and allows correction to occur before the final rotations • Faculty review global student OSCE performance and *provide class wide targeted remediation as necessary*

<table>
<tr><th>Assessment Tool</th><th>Description of Assessment Tool; Target; and Remediation Process</th><th>Results</th><th>Analysis</th></tr>
<tr>
<td>Clinical Rotation Performance</td>
<td>Student Target: On individual evaluations, no scores of 1 (unsatisfactory) in any area; no more than 2 scores of 2 (needs improvement) in any area; and an overall evaluation score ≥ 2.8. For all evaluations combined, no less than 2 standard deviations below class mean within each of the 6 competencies
Program Target: 100% of students will be remediated according to policy
Description: The preceptor evaluation of student contains 23 Likert scale questions assessing the 6 PA Competencies: medical knowledge, interprofessional skills, patient care skills, professionalism, practice-based learning, and system-based learning
Remediation Process: Failure may result in an academic warning, repeated rotation, and/or additional individualized remediation</td>
<td>• 3 students failed an individual evaluation component for Class of 2016; none for 2015; and 3 for 2014
• Overall, when asked if the student is performing at an appropriate level, 1 evaluation was marked as “yes, with reservation” or as “no” for Class of 2016; 1 for 2015 and 2 for 2014.
• Num. of students failing combined evaluation target
<table>
<tr><th>Preceptor Evaluations</th><th>2016</th><th>2015</th><th>2014</th></tr>
<tr><td>Medical knowledge</td><td>2</td><td>1</td><td>0</td></tr>
<tr><td>Interpersonal skills</td><td>3</td><td>2</td><td>3</td></tr>
<tr><td>Patient care skills</td><td>2</td><td>0</td><td>2</td></tr>
<tr><td>Professionalism</td><td>2</td><td>4</td><td>3</td></tr>
<tr><td>Practice-based learning</td><td>2</td><td>1</td><td>3</td></tr>
<tr><td>System-based learning</td><td>1</td><td>1</td><td>1</td></tr>
</table>
• 100% of students completed the clinical skills checklist
• 100% of students were remediated according to policy</td>
<td>• As expected, students with a failed individual evaluation component are also often those students flagged for not meeting the combined evaluation target
• Using the combined evaluation target has improved identification of chronic low performance in areas not previously identified using individual evaluations alone
• For the past 3 years, mean scores from preceptor evaluations of students have been high, ringing from 4.3 to 4.8 for each of the 23 questions</td>
</tr>
<tr>
<td>Number of Professional Warnings</td>
<td>Student Target: No more than 2 professional warnings. Students should show improvement following professional counseling/remediation
Program Target: 100% of students will be remediated according to policy
Description: Professional warnings can occur as a result of non-compliance with attendance, dress code, immunization, and/or social media policies or other expectations of professional behavior. Students issued 2 prof. warnings are placed on probation; receipt of 3 prof. warnings results in Program dismissal
Remediation Process: Individualized remediation includes completion of readings or coaching</td>
<td>• 4 professional warnings were issued to students from the Class of 2016; 11 from 2015; and 1 from 2014
• In the 2014 Preceptor Survey, when specifically asked to list student weaknesses regarding professionalism, 73% stated “none.”
• 100% of students were remediated according to policy</td>
<td>• High number of prof. warnings issued to the Class of 2015 was not a concern. The higher rate was due to a combination of factors including initiation of a stricter dress code, tighter attendance policy, and issuing warnings for outdated immunization records which students were not accustomed to
• No students were dismissed from the Program due to professionalism over the last 3 years
• Preceptors rate student professionalism as high</td>
</tr>
<tr>
<td>Professional Development Self-Assessment</td>
<td>Student Target: Appropriate level of self-awareness
Program Target: 10% of students will be remediated according to policy
Description: Students evaluate themselves using the same tool preceptors use to evaluate them
Remediation Process: Individualized</td>
<td>• No students required significant remediation within these areas beyond individual discussion and counseling
• 100% of students were remediated according to policy</td>
<td>• Evaluated subjectively by faculty by comparing the student’s overall performance against their self-evaluation
• Students generally exhibit appropriate awareness of limitations</td>
</tr>
<tr>
<td>Master’s Research Project</td>
<td>Student Target: Successful completion of the MPA project and oral defense
Program Target: 100% of students will complete MPA project; ≥ 15% 5-yr mean publication & poster rate
Description: Students enroll in four credit hour of directed study coursework and work in student teams with faculty to complete an MPA project</td>
<td>• No students received course grades below C for the directed study courses for the last 3 years
• Over the last 5 yrs, 21% of projects are published and 18% are disseminated as prof. posters beyond GRASP, and 5 have won University, state, or national awards, and two were asked to present in Topeka
• 100% of students completed the MPA project/defense</td>
<td>• Student co-authored publication is arguably the strongest in the nation
• Students represent the University well at GRASP, Topeka, and other venues at the state and national levels</td>
</tr>
</table>

WSU Graduate School Exit Survey						
		PA Class of 2014	PA Class of 2015	PA Class of 2016	PA Mean 2014-2016	CHP Mean 2014-2016
Q4	Overall satisfaction with the program (% satisfied)	73%	83%	91%	87%	81%
Q3	Faculty were accessible (% yes)	96%	98%	100%	99%	98%
Q10	Satisfaction with faculty on feedback of course work (% satisfied)	88%	88%	87%	88%	86%
Q11	Satisfaction with quality of instruction (% satisfied)	79%	83%	94%	89%	82%
Q26	Satisfaction with research advisor (% satisfied)	79%	75%	89%	82%	84%
Q23	Research advisor accessible (% yes)	83%	85%	96%	91%	92%
Q24	Research advisor gave feedback on drafts (% yes)	92%	94%	98%	96%	96%
Q25	Research advisor gave advice on preparation of oral defense (% yes)	85%	90%	100%	95%	94%

Last Updated: Oct 2016

**Response rate: 100%*

**5-point Likert scale ranging from very satisfied (5) to very dissatisfied (1)*

**This University-conducted survey occurs in Feb (5 months prior to program completion)*

Legend
*Above or within 3 points of the 3-yr CHP mean for that year = good
*Between 4 and 6 points below the 3-yr CHP mean for that year = monitor
*More than 6 points below the 3-yr CHP mean for that year = needs improvement

Appendix F

PANCE Performance (5-year Summary) First-Time Exams
WSU Physician Assistant Program

Graduating Class of	2016			2015			2014			2013			2012			5-Year Average		
	WSU	Nat'l	% Nat'l	WSU	Nat'l	% Nat'l	WSU	Nat'l	% Nat'l	WSU	Nat'l	% Nat'l	WSU	Nat'l	% Nat'l	WSU	Nat'l	% Nat'l
Pass rate for 1st Takers	100%	96%	104%	98%	96%	102%	98%	95%	103%	98%	94%	104%	94%	93%	101%	98%	95%	103%
CONTENT AREA																		
Cardiovascular (16%)	79	77	103%	78	77	101%	76	76	100%	79	75	105%	75	75	100%	77	77	101%
Pulmonary (12%)	77	78	99%	75	76	99%	74	75	99%	74	75	99%	73	74	99%	75	75	99%
GI / Nutritional (10%)	79	78	101%	74	76	97%	74	76	97%	76	75	101%	72	73	99%	75	76	99%
Musculoskeletal (10%)	83	82	101%	81	77	105%	78	76	103%	80	75	107%	74	74	100%	79	78	102%
EENT (9%)	81	81	100%	78	76	103%	72	75	96%	76	74	103%	73	72	101%	76	76	100%
Reproductive (8%)	71	74	96%	72	73	99%	77	75	103%	78	74	105%	70	71	99%	74	74	99%
Psych/Behavioral (6%)	79	79	100%	80	77	104%	75	76	99%	71	75	95%	70	74	95%	75	75	99%
Endocrine (6%)	78	77	101%	71	75	95%	74	76	97%	75	75	100%	67	75	89%	73	76	97%
Genitourinary (6%)	74	74	100%	74	73	101%	77	75	103%	78	75	104%	72	74	97%	75	75	100%
Neurologic (6%)	75	75	100%	76	75	101%	73	72	101%	72	72	100%	69	73	95%	73	73	99%
Dermatologic (5%)	81	77	105%	80	79	101%	82	78	105%	82	78	105%	78	76	103%	81	78	103%
Hematologic (3%)	76	76	100%	66	72	92%	64	73	88%	67	73	92%	68	72	94%	68	72	95%
Infectious Disease (3%)	80	81	99%	75	76	99%	76	77	99%	73	77	95%	70	75	93%	75	76	98%
TASKS																		
Pharm Therapeutics (18%)	77	77	100%	76	74	103%	77	75	103%	78	74	105%	74	73	101%	76	75	101%
Formulating Diagnosis (18%)	78	79	99%	75	78	96%	75	77	97%	76	76	100%	72	75	96%	75	77	98%
History/Physical Exam (16%)	79	77	103%	79	79	100%	78	78	100%	76	77	99%	74	76	97%	77	77	100%
Lab/Diagnostic Studies (14%)	78	77	101%	76	75	101%	75	76	99%	76	75	101%	71	74	96%	75	76	99%
Clinical Intervention (14%)	79	77	103%	76	74	103%	75	74	101%	74	73	101%	71	71	100%	75	74	101%
Health Maintenance (10%)	79	77	103%	71	73	97%	70	72	97%	74	72	103%	72	72	100%	73	74	99%
Scientific Concepts (10%)	77	78	99%	75	75	100%	72	74	97%	76	74	103%	70	72	97%	74	75	99%

a Natl comparative data for most recent graduates are not available until Jan of the following year; compared to last year's national data

**All comparisons are to other 1st time takers*

**%Nat'l = WSU class average taken as a % of the national average*

LEGEND
≥ 97%
92% - 96%
≤ 91%

Last updated Mar 2017

Alumni Survey - *Program Satisfaction*
(Classes of 2012 - 2016)

	Please rate your level of agreement with the following statements: (5) strongly agree; (4) agree; (3) neutral; (2) disagree; (1) strongly disagree	**% Agree (mean)**
1.	The WSU PA Program strives to meet its vision of "Excellence in PA Education"	95% (4.4)
2.	The Program achieves its mission of Transforming students into highly competent PAs	94% (4.4)
	The Program effectively adheres to the following guiding principles: (5) strongly agree; (4) agree; (3) neutral; (2) disagree; (1) strongly disagree	
3.	Foster an enthusiastic learning environment committed to student success	88% (4.2)
4.	Promote patient-centered, collaborative care	98% (4.6)
5.	Model and cultivate compassion	90% (4.3)
6.	Respond to the need for primary care providers in Kansas	94% (4.5)
7.	Encourage healthcare for rural and underserved populations	94% (4.5)
8.	Emphasize evidence-based practice and promote life-long learning	97% (4.5)

	Please rate your level of agreement with the following statements: (5) strongly agree; (4) agree; (3) neutral; (2) disagree; (1) strongly disagree	
9.	I was adequately prepared to take and pass the PANCE	98% (4.6)
10.	The didactic (classroom) year adequately prepared me for clinical rotations	87% (4.1)
11.	By the time I graduated, I was adequately prepared for clinical practice	81% (4.0)
12.	Overall, I feel professionally satisfied as a PA	96% (4.6)

	How effective was the Program in helping you develop the following skills and abilities? (4) Very effective; (3) Effective; (2) Ineffective; (1) Not effective at all	**% Effective (mean)**
13.	Physical exam & history taking skills	90% (3.2)
14.	Lab and diagnostic skills	91% (3.1)
15.	Formulating differential diagnosis	97% (3.2)
16.	Development of appropriate treatment plans	92% (3.2)
17.	General medical knowledge	100% (3.4)
18.	Clinical judgement and problem solving	96% (3.2)
19.	Interpersonal communication skills	96% (3.4)
20.	Professionalism	98% (3.5)
21.	Cultural awareness and competency	88% (3.1)
22.	Critical evaluation of medical literature	91% (3.2)
23.	Awareness of health systems and health teams and your role within them	93% (3.2)

Survey distributed Oct 2016
Email addresses were available for 220 out of 233 alumni
Response Rate: 48% (105/220)
Breakout of respondents per Class: Class of 2012 (11%, n=12); 2013 (15%, =16); 2014 (20%, n=21); 2015 (25%, n=26); and 2016 (29%, n=30)

Alumni Survey - ***Professional/Community Engagement***
(Classes of 2012 - 2016)

24. **Indicate which of the following activities you have participated in since graduation: [Check all that apply]**	**% (number)**
Health-related community service associated with being a PA	35% (37)
Community service not necessarily related to being a PA	37% (39)
Member of a PA or health-related professional organization	83% (87)
Leadership role in a PA or health-related professional organization	5% (5)
Research activities (e.g. CQI, posters, publication)	10% (11)
Other professional or clinical accomplishments	15% (16)
% of alumni who checked at least one of these activities	**94% (99)**
% of alumni who checked something other than "member of professional org"	**65% (68)**
Examples offered by alumni of the above activities: Membership in KAPA & AAPA, Fellowships/Residencies, Speaker at European stroke coalition conference, Medical mission trips, Volunteer firefighter, Health fair screenings, Speaking at career days for high school students	

25. **Indicate which of the following WSU PA Program alumni activities you have participated in since graduation: [Check all that apply]**	**% (number)**
Classroom guest lecturer	4% (4)
Preceptor for clinical rotations	12% (13)
Preceptor for didactic year Friday morning observations	3% (3)
Provide housing for PA students while on clinical rotations	5% (5)
Applicant interviews	7% (7)
Participate in our Annual Program Review	6% (6)
% of alumni who checked at least one of these activities	**28% (29)**

26. **Would you like to become more involved with the WSU PA Program through any of the following alumni activities? [Check all that apply]**	**% (number)**
Classroom guest lecturer	18% (19)
Preceptor for clinical rotations	28% (29)
Preceptor for didactic year Friday morning observations	9% (9)
Provide housing for PA students while on clinical rotations	8% (8)
Applicant interviews	30% (32)
Participate in our Annual Program Review	15% (16)
Serve on the PA Department Advisory Board	10% (10)
% of alumni who checked at least one of these activities	**49% (51)**

Survey distributed Oct 2016
Email addresses were available for 220 out of 233 alumni
Response Rate: 48% (105/220)
Breakout of respondents per Class: Class of 2012 (11%, n=12); 2013 (15%, =16); 2014 (20%, n=21); 2015 (25%, n=26); and 2016 (29%, n=30)

Alumni Survey - *Practice Setting*
(Classes of 2012 - 2016)

27. **Which one best describes your primary clinical practice type?**	**% (mean)**
Family Medicine (with our without urgent care)	40% (42)
Emergency Medicine	10% (11)
OB/GYN	1% (1)
Internal Medicine - General	5% (5)
Internal Medicine - Subspecialties *[Critical Care/Hospitalist (7); Dermatology (4); Allergy/Immunology (2); Endocrinology (1); Cardiovascular (1); Gastroenterology (2); Infectious disease (1); Pulmonology (1)]*	19% (20)
Pediatrics - General	1% (1)
Pediatrics - Subspecialties	0%
Surgical *[Ortho (12); Not specified (5); Thoracic (1); Vascular (1); Wound care (1); Ophthalmic (1)]*	20% (21)
Other Specialties *[Behavioral Medicine (2); Rehab (1)]*	3% (3)
Total % *Primary Care* as primary practice type *[Includes Family Medicine, General Internal Medicine, & General Pediatrics]*	**46% (48)**
Total % Primary Care as either the primary or secondary practice type	**52% (54)**

28. **Which one best describes your primary clinical practice setting?**	**% (mean)**
Hospital (includes ED, OR, inpatient & outpatient units of hospital)	30% (31)
Physician practice: solo practice	9% (9)
Physician practice: single-specialty group	21% (22)
Physician practice: multi-specialty group	13% (13)
Community health center or federally qualified health center	12% (13)
Certified rural health clinic	10% (10)
Freestanding urgent care center	3% (3)
Long-term care	3% (3)

29. **Which best represents the size of community where you work?**	**% (mean)**
< 5,000	17% (18)
5,000 - 19,999	13% (14)
20,000 - 49,999	14% (15)
Total Rural	**45% (47)**
50,000 - 99,999	9% (9)
100,000 - 300,000	17% (18)
> 300,000	29% (30)
Total Urban	**55% (57)**

30. **Does your clinical practice mostly serve persons in rural communities? [%Yes]**	47% (49)
31. **Does your clinical practice mostly serve the medically underserved? [%Yes]**	48% (50)
32. **Can you interact reasonably well with patients in a second language? [%Yes]**	7% (7)

Survey distributed Oct 2016
Email addresses were available for 220 out of 233 alumni
Response Rate: 48% (105/220)
Breakout of respondents per Class: Class of 2012 (11%, n=12); 2013 (15%, =16); 2014 (20%, n=21); 2015 (25%, n=26); and 2016 (29%, n=30)
Of the 105 survey respondents, 104 were working clinically as PAs (n = 104)

Appendix H

Summary of Credit Hour Increase and Changes

Degree Requirement Changes for Incoming Class of 2019					
Changes are in red, bold, italics and marked with an asterisk.				Current Credit Hrs	Proposed Credit Hrs
1st Summer Semester			**(Semester Total)**	**6 hr**	***7 hr****
	PA	789	Clinical Anatomy	5	5
	PA	789L	***New course: Clinical Anatomy Lab***	-	***1****
	PA	717	Professional Issues	1	1
1st Fall Semester			**(Semester Total)**	**18 hr**	***22 hr****
	PA	700	Med Hist & PE ***(*New name: Clinical Practice I)***	3	3
	PA	700L	***New course: Clinical Practice I Lab***	-	***1****
	PA	716	Clinical Laboratory	2	2
	PA	718	Clinical Medicine Cardiology	2	***3****
	PA	727	Preventive Medicine	1	***2****
	PA	729	Clinical Behavioral Medicine	2	2
	PA	731	Clinical Medicine Dermatology	1	***2****
	PA	732	Clinical Medicine EENT	2	2
	HS	710	Applied Clinical Pharmacology	3	3
	HP	800	Research Methods for Evid-Based Practice	2	2
1st Spring Semester			**(Semester Total)**	**17 hr**	***22 hr****
	PA	719	Clinical Medicine Pulmonology	2	***3****
	PA	722	Clinical Medicine Gastroenterology	3	3
	PA	724	Clinical Medicine OB/GYN	2	***3****
	PA	728	Clinical Medicine Endocrinology	1	***2****
	PA	730	Clinical Medicine Musculoskeletal	2	2
	PA	734	Clinical Medicine Neurology	1	***2****
	PA	736	Appl Clin Pract ***(*New name: Clinical Practice II)***	2	2
	PA	736L	***New course: Clinical Practice II Lab***	-	***1****
	HS	711	Pharmacologic Mgmt Acute/Chronic Disease	3	3
	HP	801	Interprofessional Evidence-Based Practice	1	1
2nd Summer Semester			**(Semester Total)**	**7 hr**	***6 hr****
	PA	721	Clinical Medicine Genitourinary Renal	2	2
	PA	780	*Clinical Skills* ***(*Course deleted)***	1	***deleted****
	PA	802	Advanced Clinical Rotation I	4	4
2nd Fall Semester			**(Semester Total)**	**14 hr**	**14 hr**
	PA	802,3,4	No changes to rotations (PA 802, 803, 804)	12	12
	PA	896	Directed Study in Research I	2	2
2nd Spring Semester			**(Semester Total)**	**14 hr**	***15 hr****
	PA	805,6,7	No changes to rotations (PA 806, 806, 807)	12	12
	PA	897	Directed Study in Research II	2	2
	PA	850	Experiential Learning Passport	0	***1****
3rd Spring Semester			**(Semester Total)**	**7**	**7**
	PA	899	Advanced Clinical Rotation VIII	7	7
Total Credit Hour Change				**83 hr**	***93 hr****

- *ACLS & BLS content from PA780 Clinical Skills will be moved into PA718 Clinical Medicine Cardiology and other clinical skills from PA780 will be moved to PA736L Clinical Practice Lab II*

WICHITA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
Department of Physician Assistant

Appendix I

PA STUDENT RESEARCH SUMMARY

**Bolded names are WSU Physician Assistant students*

The Master of Physician Assistant program is the only PA program in the state of Kansas. It is a 26-month, 83 credit hour, graduate program that prepares students to practice medicine autonomously with the supervision of a physician. Along with the required 44 credit hours in clinical medicine and science topics and 45 weeks of clinical rotations, students are required to complete 4 hours of Directed Study coursework culminating in completion of a research project. These projects have resulted in numerous student co-authored publications and professional presentations over time, demonstrating that WSU PA students are not only consumers of medical literature, but also contributors to evidence-based practice.

Journal Publications:

1. Berg GM, **Casper P, Ohlman E, Schulte J**, Ahlers-Schmidt CR, Nyberg S, Ekengren F. Physician Assistant Student Assessment of Body Mass Index in children aged 3 to 5 years using visual cues. *Journal of the American Academy of Physician Assistants (In-press).* [Class of 2015].
2. Brown GR, **Metzler S, Desjardins T, Seiler B.** Types of genetic testing: An overview for primary care providers. *Clinical Advisor (In-press).* [Class of 2016].
3. Brown GR, **McLaughlin K, Vaughn K.** Identification and treatment of synthetic psychoactive drug intoxication. *Journal of the American Academy of Physician Assistants (In-press).* [Class of 2016].
4. **Rasmussen D, Landon A, Powell J,** Brown GR. Evaluating and treating mammalian bites. *Journal of the American Academy of Physician Assistants* 2017;30(3):32-34. [Class of 2015].
5. Hale LS, **Fraser SJ,** Keuter KR, Lee FA, Berg GM. A survey assessing Kansas physician assistants' attitudes/beliefs and current practices regarding implementation of fall prevention strategies in older adults. *Kansas Journal of Medicine (In-press).* [Class of 2010]
6. Hale LS, Wallace M, **Adams CR, Kaufman ML, Snyder CL**. Considering point-of-care electronic resources in lieu of traditional textbooks for medical education. *Journal of Physician Assistant Education* 2015;26(3):161-166. [Class of 2016].
7. Brown G, Parham DF, **Harris L, Dare MR, Dollmann L**. A survey of knowledge and practices regarding prevention of unintended pregnancies. *Journal of Physician Assistant Education* 2015;26(1):34-39 [Class of 2013].
8. Brown GR, Hale LS, **Britz MC**, **Schrader MJ**, **Sholz SL**, **Unruh MJ**. A survey of Kansas physicians' perceptions of physician assistant education and qualifications. *Kansas Journal of Medicine* 2015;8(1):18-25. [Class of 2013].
9. Smith BS, Muma RD**, Brewster H, Landers C, Shaffner P**. Satisfaction and race influence on positive health choices among patients at an urban community health center. *Kansas Journal of Medicine* 2014; 7(1):88-95. [Class of 2012]
10. Muma RD, **Kell T, Lyman B**. Evaluation of a targeted curriculum on patient poverty funded by Title VII. *Journal of Physician Assistant Education* 2014;25(2):21-24. [Class of 2013]
11. Berg GM, Hervey AM, **Atterbury D, Cook R**, Mosley M, Grundmeyer R, Acuna D. Evaluating the quality of online information about concussions. *Journal of the American Academy of Physician Assistants* 2014;27(2):1-8. [Class of 2013]
12. Brown G, **Allen L**, **Torkelson A**. Direct patient interventions that can reduce maternal mortality in developing countries: A systematic review. *Family Medicine* 2013;45(8):550-557. [Class of 2012]
13. Berg GM, **Vennart MP, Wentling CJ**, Hervey AM, Nyberg S. Physician assistant education on spirituality and religion in patient encounters. *Journal of Physician Assistant Education* 2013;24(2):24-27. [Class of 2012]
14. **Lira C, Tuel S**, Goldberg LR, Powers NG, Parham DF. Diagnosing lactose intolerance: How PAs can facilitate breastfeeding. *Journal of the American Academy of Physician Assistants* 2013;26(4):21-23. [Class of 2011]
15. Brown G, **Imel B**, **Nelson A,** Hale LS, **Jansen N**. Correlations between PANCE performance, physician assistant program grade point average, and selection criteria. *Journal of Physician Assistant Education* 2013;24(1):42-44. [Class of 2012]
16. Smith B, Muma RD, **Burks L**, **Muck-Lavoie M**. Factors that influence physician assistant choice of practice location. *Journal of the American Academy of Physician Assistants* 2012;25(3):46-51. [Class of 2010]

17. **Reinhard A**, **Whitacre I**, Hervey AM, Berg GM. Knowledge and attitudes of physicians in Kansas regarding domestic minor sex trafficking. *Kansas Journal of Medicine* 2012;5(4):142-153. [Class of 2012]
18. Muma RD, **Phipps B**, **Vredenburg S**. The perceptions of US physician assistants regarding physician assistant-to-physician bridge programs. *Journal of Physician Assistant Education* 2012;23(3):7-11. [Class of 2012]
19. Hale LS, **Morton JM, Albers JN, Pham GT**. Physician assistant student exposure to the long-term care setting by working with a consultant pharmacist. *Journal of Physician Assistant Education* 2012;23(2):31-35. [Class of 2011]
20. Berg GM, **Spense M**, Patton S, Acuna D, Harrison PB. Pressure ulcers in the trauma population: are reimbursement penalties appropriate? *Journal of Trauma and Acute Care Surgery* 2012;72(3):793-795. [Class of 2011]
21. Smith BS, Muma RD, **Montoya CL**, **Pettijohn AK**. Brief report: Perceptions of US physician assistants regarding specialty certification examination. *Journal of the American Academy of Physician Assistants* 2012;25(2):54. [Class of 2011]
22. Berg GM, Crowe RE, **Budke G, Norman J, Swick V**, Nyberg S, Lee F. Kansas physician assistants' attitudes and beliefs regarding spirituality and religiosity in patient care. *J Relig Health* 2011 Sept 16. DOI: 10.1007/s10943-011-9532-2. [Epub ahead of print] print Sept 2013;52(3);864-876. [Class of 2010]
23. Muma RD, Smith BS**, Anderson N, Richardson M, Selzer E, White R**. Perceptions of US physicians regarding the entry-level doctoral degree in physician assistant (PA) education: a comparative study with PAs and PA faculty. *Journal of Allied Health* 2011;40(1):25-30. [Class of 2010]
24. **Kelly DM**, **Frick EM**, Hale LS. How the medication review can help to reduce falls in older patients. *Journal of the American Academy of Physician Assistants* 2011;24(4):30-35. [Class of 2010]
25. Muma RD, **Pries P**. Evaluation of a diversity intervention funded by title VII. *Journal of Physician Assistant Education* 2010;21(4):4-17. [Class of 2009]
26. **Talley A, Ritzdorf K**, Muma RD. Attitudes of US physician assistants towards persons with HIV/AIDS. *Journal of the American Academy of Physician Assistants* 2010;23(12):41-48. [Class of 2009]
27. Muma RD, **Kelley J, Lies S**. Relationships of demographic background and practice setting among practicing physician assistants in the United States. *Journal of Physician Assistant Education* 2010;21(2):15-21. [Class of 2009]
28. Berg G, Nyberg S, Harrison P, **Baumchen J, Gurss E, Hennes E**. Near infrared spectroscopy measurement of sacral tissue oxygen saturation (STO2) in healthy volunteers immobilized on rigid spine boards. *Prehospital Emergency Care* 2010;14:419-424. [Class of 2009]
29. Nyberg SM, Keuter KR, Berg GM, **Helten AM, Johnston AD**. Acceptance of PAs and nurse practitioners in US trauma centers. *Journal of the American Academy of Physician Assistants* 2010;23(1):35-41. [Class of 2008]
30. **Caputo C, Swanson M**, Quigley T, Ablah E. The self-reported, perceived effect of interactions with pharmaceutical industry on physician assistant students and recent program graduates. *Journal of Physician Assistant Education* 2009;20(3):31-35. [Class of 2009]
31. **Wilkin RT**, Hale LS, Claiborne RA. Poor medication history plus slow symptom onset delays a diagnosis. *Journal of the American Academy of Physician Assistants* 2009;22(10):39-41. [Class of 2009]
32. Hale LS, **Mirakian EA**, Day DB. Online vs. classroom instruction: Student satisfaction and learning outcomes in an undergraduate allied health pharmacology course. *Journal of Allied Health* 2009;28(2):e36-e42. [Class of 2007]
33. Hale LS, Nyberg SM, **Mohr AM**, **Wegner-Busch EK**. Preliminary national survey of pharmacist involvement in trauma resuscitation. *American Journal of Health-Systems Pharmacy* 2009;66(9):797-798. [Class of 2008]
34. **Ohlemeier LS**, Muma RD. Perceptions of U.S. PAs regarding the entry-level doctoral degree in physician assistant education. *Journal of Physician Assistant Education* 2008;19(2):10-17. [Class of 2008]
35. Griffin A, Fox CR, **Williams L**, Day D. The accuracy of student-reported patient encounter data. *Journal of Physician Assistant Education* 2008;19(2):37-40. [Class of 2007]
36. Hale LS, Griffin AE, **Cartwright OM**, **Moulin J**, **Alford SJ**, **Fleming RM**. Potentially inappropriate medication use in hospitalized elders: a drug use evaluation using the full Beers criteria. *Formulary* 2008;43:326-327,332-336. [Class of 2007 & Class of 2009]
37. Hale LS, **Shrack JS**, **Stump EK**, Berg-Copas GM. Statewide emergency contraception survey: preliminary findings. *Journal of Kansas Pharmacy* 2007;81(4):58-60,62. [Class of 2008]
38. Patterson JA, Pitetti KH, Young KC, **Goodman WF**, Farhoud H. Case report on PWC of a competitive cyclist before and after heart transplant. *Medicine and Science in Sports and Exercise* 2007;39(9):1447-1451. [Class of 2007]

39. Pitetti KH, **Rendoff** AD, Grover T, Beets MW. The efficacy of a 9-month treadmill walking program on the exercise capacity and weight reduction for adolescents with severe autism. *Journal of Autism and Developmental Disorders* 2007;37(6):997-1006. [Class of 2007]

Book Chapters:

Muma RD, Lyons BA. *Patient Education: A Practical Approach, 2nd Edition.* Jones and Bartlett Learning, Sudbury, MA, copyright 2011.

1. Nyberg SM, **Bannwarth EA**, **Olson BD**. Chapter 4: Complementary and Alternative Medicine. [Class of 2011]
2. Hale LS, **Calder CR**. Chapter 5: Managing Medication Nonadherence. [Class of 2011]
3. Williams L, **Graves KC**, **Szabo R**. Chapter 6: Incorporating Patient Education into Clinical Practice. [Class of 2011]
4. Nyberg SM, **Diedrich AL**, **Thomas KE**. Chapter 12: Gastrointestinal Disorders. [Class of 2011]
5. Quigley TF, **Carr MN**, **Heisserer C**. Chapter 13: Renal Disorders. [Class of 2011]
6. Quigley TF, **Reimler K**, **Prichard LF**. Chapter 19: Behavior Disorders. [Class of 2011]

Professional Poster Presentations:

1. **Martin M, Morton R, Rau S**, Nyberg S, Berg GM. All-Terrain Vehicle (ATV) Dealer and Track Safety Promotion in Kansas. *University of Kansas School of Medicine – Wichita Research Forum*. Wichita, KS. 4/16 [Class of 2016]
2. **Casper P, Ohlman E, Schulte J,** Nyberg SM, Berg GM, Hervey A, Ahlers-Schmidt CR. Physician assistant student assessment of body mass index in children aged 3 to 5 years using visual cues. [Class of 2015]
    a. *University of Kansas School of Medicine – Wichita Research Forum*. Wichita, KS. 4/15
    b. *American Academy of Physician Assistant Annual Conference,* San Francisco, CA. May 2015.
3. **Armstrong CA**, **Gray JP**, Hervey AM, Nyberg SM, Triplett MJ, Berg GM. All-terrain vehicles injury prevention and education. *Kansas Public Health Association Annual Conference.* Topeka, KS. Sep 2014 [Class of 2015]
4. **Landon A, Powell J, Rasmussen D,** Brown G. Treatment considerations for mammalian bites. *American Academy of Physician Assistants Annual Conference.* Boston, MA. May 2014. [Class of 2015]
5. Brown G, **Britz M, Schrader M, Sholtz S, Unruh M.** A survey of physicians' perceptions of physician assistant education and qualifications. *American Academy of Physician Assistants Annual Conference.* Boston, MA. May 2014. [Class of 2013]
6. **Bendickson A**, **Compton J**, **Bui L**, Nyberg S, Goldberg L, Parsons S, Mosack V. Testing tongue strength to evaluate risk for dysphagia. *American Academy of Physician Assistants Annual Conference.* Boston, MA. May 2014. [Class of 2014]
7. **Atterbury D, Cook R**, Berg GM, Mosley M, Grundmeyer R, Acuna D. Google it! Comparison and evaluation of the quality of online information regarding concussion. [Class of 2013]
    a. *American Academy of Physician Assistants Annual Conference.* Toronto, Ontario. May 2012.
    b. *Kansas Public Health Association.* Topeka, KS. Oct 2012.
8. **Reinhard A, Whitacre I**, Berg GM, Hervey AM. Current knowledge and beliefs of Kansas physicians regarding domestic minor sex trafficking. [Class of 2012]
    a. *American Academy of Physician Assistants Annual Conference.* Toronto, Ontario. May 2012.
    b. *Kansas Public Health Association Fall Conference.* Topeka, KS. Oct 2012.
9. **Holmes SK**, Keuter KR, Harrison P, Berg GM. Fall distance and trauma outcomes in an older adult population. [Class of 2012]
    a. *American Academy of Physician Assistants Annual Conference.* Toronto, Ontario. May 2012.
    b. *Trauma Center Association of America 15th Annual Trauma Conference.* Charleston, SC. Oct 2012.

10. **Imel B, Nelson A, Jansen N**, Brown GR. Correlation of preadmission criteria and post-admission didactic grade point average to physician assistant national certifying exam results. *American Academy of Physician Assistants Annual Conference.* Toronto, Ontario. May 2012. [Class of 2012]
11. Muma R, Berg G, Metzler S, Smith B, **Bartlett M**, **Bolan A**, **Dunn S**, **Giest A**, **Huff D**, **Smith J**. Hospital associated morbidity and mortality among Newton Fire/EMS patients who received pre-hospital rapid sequence induction between 2002 and 2009. *American Academy of Physician Assistants Annual Conference.* Toronto, Ontario. May 2012. [Class of 2011]
12. **Allen L, Torkelson A**, Brown GR. A fresh look at maternal mortality: A systematic review of patient interventions that have helped nations reduce their maternal mortality rates. *American Academy of Physician Assistants Annual Conference.* Toronto, Ontario. May 2012. [Class of 2012]
13. **Williams M, Rowe M,** Nyberg S, Vasquez D. Traumatic hypopharyngeal perforation from football helmet chinstrap: a case report. *American Academy of Physician Assistants Annual Conference.* Las Vegas, NV. May 2011. [Class of 2011]
14. **Burrow-Branine J**, **Pell M**, Ablah E, Quigley T, Bunton P. Survey of abortion education in physician assistant programs. *National Abortion Federation 35th Annual Meeting.* Chicago, IL. Apr 2011. [Class of 2011]
15. Berg GM, Nyberg S, **Baumchen J, Gurss E, Hennes E,** Harrison P. Near infrared spectroscopy measurement of sacral tissue oxygen saturation (STO2) in healthy volunteers immobilized on rigid spine boards. [Class of 2009]
    a. *National Pressure Ulcer Advisory Panel Biennial Conference: Emerging Healthcare Issues.* LasVegas, NV. Feb 2011.
    b. *Society for Critical Care Medicine 38th Critical Care Medicine Congress.* Nashville, TN. Feb 2009.
16. Berg GM, **Spence MM**, Patton S, Harrison P. Tissue damage in trauma patients: Where does it start? *National Pressure Ulcer Advisory Panel Biennial Conference: Emerging Healthcare Issues.* Las Vegas, NV. Feb 2011. [Class of 2011]
17. **Budke G, Norman J, Swick V**, Berg G, Crowe R, Nyberg S. Kansas physician assistants' attitudes and beliefs regarding spirituality and religiosity in patient care. [Class of 2010]
    a. *American Academy of Physician Assistants Annual Conference.* Las Vegas, NV. May 2011.
    b. *Proceedings: Kansas Public Health Association 67th Annual Conference.* Sep 2010.
18. **Burks L**, **Muck M,** Muma RD. Factors influencing physician assistant practice location in the United States. *American Public Health Association's 138th Annual Meeting.* Denver, CO. Nov 2010. [Class of 2010]
19. **Talley A, Webster K**, Muma RD. Attitudes of United Stated physician assistants towards persons with HIV/AIDS. *Proceedings: Kansas Public Health Association 66th Annual Conference.* Sep 2009. [Class of 2009]
20. Nyberg S, Berg G, Keuter K, **Johnston A, Helten A**. Utilization of mid-level providers in US trauma centers: A national survey. *American Academy of Physician Assistants Annual Conference.* San Diego, CA. May 2009. [Class of 2008]
21. Berg-Copas GM, Nyberg S, Thomas B, Crowe RE, **Steadman M**. Awareness and implementation of sepsis guidelines in Kansas emergency departments. [Class of 2008]
    a. *Society for Critical Care Medicine 38th Critical Care Medicine Congress.* Nashville, TN. Feb 2009.
    b. *Kansas Public Health Association.* Topeka, KS. Sep 2008.
22. **Swanson M**, **Caputo C**, Quigley T, Ablah E. Physician assistant and physician assistant student exposure to and perceptions of pharmaceutical representatives in the clinical setting: A pilot study at Wichita State University. *American Academy of Physician Assistants Annual Conference.* San Diego, CA. May 2009. [Class of 2009]
23. **Krakowski K, Morgan M**, Fox C, Berg G, Nyberg S. [Class of 2008]
    a. Patient characteristics do not predict satisfaction in a trauma population. *American Academy of Physician Assistants Annual Conference.* San Diego, CA. May 2009.
    b. Do patient characteristics determine satisfaction? Investigating a trauma population, preliminary results. *Kansas Public Health Association.* Topeka, KS. Sep 2008.
24. Fox CR, **Kiefer C**. Oral health and its impact on systemic health: a survey of primary care providers. Paper presented at *Association of Schools of Allied Health Professions Annual Conf*, Baltimore, MD. 2008. [Class of 2008]
25. Muma RD, **Apollo ML**. Kansas tanning operators and their support for regulating youth access to tanning. [Class of 2007]
    a. *Proceedings: Kansas Public Health Association 65th Annual Conference.* Sep 2008.
    b. *American Academy of Physician Assistants Annual Conference.* Philadelphia, PA. May 2007.
26. **Armour, AF, Williamson RK**, Muma RD. Factors influencing physician assistant practice location. *American Academy of Physician Assistants Annual Conference.* San Antonio, TX. May 2008. [Class of 2008]

27. **Paul AK**, Bunton PA**.** Attitudes of Kansas primary care physicians regarding mandatory HPV vaccination of adolescent girls: a pilot study. *American Academy of Physician Assistants Annual Conference.* San Antonio, TX. May 2008. [Class of 2008]
28. Hale LS, **Shrack JS, Stump EK**, Berg-Copas GM. Kansas pharmacists' knowledge, attitudes and beliefs regarding over-the-counter emergency contraception. [Class of 2008]
    a. *Kansas/Missouri Society of Health-systems Pharmacists* poster. Overland Park, KS. Apr 2008.
    b. *American College of Clinical Pharmacy Annual Meeting.* Louisville, KY. Oct 2008.
29. Hale LS, Griffin AE, **Alford SJ, Fleming RM**. Rate of potentially inappropriate medication use in hospitalized elderly patients: a retrospective evaluation using the full Beers criteria. *Kansas/Missouri Society of Health-systems Pharmacists*. Overland Park, KS. Apr 2008. [Class of 2009]
30. **Badura D, Ramos V**, Muma RD. Evaluation of a physician assistant student admission plan that considers race neutral factors. *Physician Assistant Education Association Annual Education Forum.* Tucson, AZ. Oct 2007. [Class of 2007]
31. **Williams L**, Day D. Are self-reported patient encounter data accurate? *American Academy of Physician Assistants Annual Conference.* Philadelphia, PA. May 2007. [Class of 2007]
32. **Schneweis LR, Tiffany RA**, Hale LS. Prescriber rate of compliance in hospitalized patients with the American Diabetes Association guidelines. *Kansas Association of Physician Assistants* poster. Wichita, KS. Jun 2007. [Class of 2007]
33. **Cartwright OM, Moulin J,** Hale LS. A retrospective evaluation of potentially inappropriate medication use in hospitalized elderly patients. *Kansas Association of Physician Assistants* poster. Wichita, KS. Jun 2007. [Class of 2007]
34. Hale LS, **Cha H, Raile T,** Moran D, Vasquez D, Nyberg S, Berg-Copas G. Effectiveness of a sepsis response team in the treatment of severe sepsis and septic shock: A 20 patient feasibility study. *Kansas Society of Health-systems Pharmacists.* Junction City, KS. Apr 2007. Abstract published: *Journal of Kansas Pharmacy*. 2007;81(4):57. [Class of 2007]
35. Hale LS, **Mirakian EA**. A comparison of on-line vs. traditional classroom instruction in an undergraduate pharmacology course. *Kansas Society of Health-systems Pharmacists.* Junction City, KS. Apr 2007. Abstract published: *Journal of Kansas Pharmacy*. 2007;81(4):38. [Class of 2007]
36. **Koster C**, Muma RD. Factors contributing to tobacco use among physician assistants in Kansas. *American Academy of Physician Assistants Annual Conference.* San Francisco, CA. May 2006. [Class of 2006]
37. **Weaver A**, Quigley. Attitudes and practices of PAs in the State of Kansas with regards to opioid management in chronic non-malignant pain patients. *American Academy of Physician Assistants Annual Conference.* San Francisco, CA. May 2006. [Class of 2006]
38. **Humphries L**, Muma RD. A comparison of interviewed and non-interviewed student cohorts for the PA program of study and national physician assistant certification exam scores. *American Academy of Physician Assistants Annual Conference.* San Francisco, CA. May 2006. [Class of 2006]
39. **Allen J**, Nyberg S. A study of frequent horse riders in south central Kansas: their perceptions and knowledge of riding safety. *American Academy of Physician Assistants Annual Conference.* San Francisco, CA. May 2006. [Class of 2006]
40. **Holman S**, Nyberg S**.** Determining attitudes of Kansas chiropractors toward the practice of immunization. *American Academy of Physician Assistants Annual Conference.* San Francisco, CA. May 2006. [Class of 2006]
41. Fox CR, **Baig H, Baig H.** Ethical training in allied health professional education: Current pedagogical approaches to ethical training. *Association of Schools of Allied Health Professions Annual Conference.* Chicago, IL. 2006. [Class of 2007]
42. **Thomas JL**, Hale LS. Evaluation of an extended-interval gentamicin dosing protocol specifically in neonates ≤ 33 weeks gestational age. [Class of 2006]
    a. *Kansas / Missouri Society of Health-systems Pharmacists* poster. Overland Park, KS. Apr 2006. Abstract published: *Journal of Kansas Pharmacy*. 2006;80(6)28-9.
    b. *American Academy of Physician Assistants*, San Francisco, CA, Apr 2006.
43. Slechta JD, **Blackburn KN**, Hale LS. A retrospective, one-year evaluation of nesiritide utilization. *Kansas / Missouri Society of Health-systems Pharmacists* poster. Overland Park, KS. Apr 2006. Abstract published: *Journal of Kansas Pharmacy*. 2006;80(6):29. [Class of 2006]

National Research Honors/Awards:

1.	**Atterbury D, Cook R**	Outstanding Student Research Award in the American Academy of Physician Assistants Student Research Gallery, **$500**	2012
2.	**Baumchen J, Gurss E Hennes E**	National Pressure Ulcer Advisory Panel (NPUAP) 2011 New Investigator Award, **$500**	2011
3.	**Caputo C, Swanson M**	Outstanding Student Research Award in the American Academy of Physician Assistants Student Research Gallery, **$500**	2009
4.	**Paul A**	Outstanding Student Research Award in the American Academy of Physician Assistants Student Research Gallery, **$500**	2008
5.	**Shrack J, Stump E**	American College of Clinical Pharmacy 3rd place poster award	2008
6.	**Williams L**	Outstanding Student Research Award in the American Academy of Physician Assistants Student Research Gallery, **$500**	2007
7.	**Thomas J**	Outstanding Student Research Award in the American Academy of Physician Assistants Student Research Gallery, **$500**	2006

State Research Honors/Awards:

1.	**Casper P, Ohlman E, Schulte J**	2nd place poster award Univ. of Kansas School of Medicine-Wichita, Annual Research Forum	2015
2.	**Reinhard A, Whitacre I**	Outstanding Student Poster Award, Kansas Public Health Association Conference	2012

University Research Honors/Awards:

1.	**Everett G**	WSU Dora Wallace Hodgson Outstanding Master-level Award, **$1370**	2016
2.	**Koester A**	WSU Dora Wallace Hodgson Outstanding Master-level Award, **$810**	2015
3.	**Keeley E, Neubauer E, Hansmeier E**	WSU GRASP 3rd place poster award, **$700**	2015
4.	**Siler D**	WSU Dora Wallace Hodgson Outstanding Master-level Award, **$1500**	2014
5.	**White A**	WSU Delano Maggard, Jr Research Grant, **$300**	2013
6.	**Moore A, Thomsen K**	WSU GRASP 1st place poster award, **$500**	2013
7.	**Allen L, Torkelson A**	WSU Dora Wallace Hodgson Outstanding Master-level Award, **$1000**	2012
8.	**Holmes S**	WSU Dora Wallace Hodgson Outstanding Master-level Award, **$1000**	2011
9.	**Curl J, Garrett L**	WSU GRASP 3rd place poster award, **$400**	2010
10.	**Ohlemeier L**	WSU Dora Wallace Hodgson Outstanding non-Thesis Award, **$1000**	2009
11.	**Wilkin R**	WSU GRASP 2nd place poster award, **$600**	2009
12.	**Talley A, Ritzdorf K**	WSU GRASP 3rd place poster award, **$400**	2009
13.	**Gifford J, Haun R**	WSU GRASP 5th place poster award, **$200**	2009
14.	**Shrack J, Stump E**	WSU GRASP 1st place poster award, **$800**	2008
15.	**Shrack J, Stump E**	WSU Delano Maggard, Jr Research Grant, **$300**	2007
16.	**Thomas J**	WSU Dora Wallace Hodgson Outstanding non-Thesis Award, **$1000**	2007
17.	**Raile T**	WSU Dora Wallace Hodgson Summer Research Award, **$1000**	2006
18.	**Tiffany R**	WSU Dora Wallace Hodgson Summer Research Award, **$1000**	2006
19.	**Blackburn K**	WSU GRASP 3rd place poster award, **$250**	2006

WSU Department of Physician Assistant Outstanding Research Award

1.	**McLaughlin K, Vaughn K**	Identification and treatment of synthetic psychoactive drug intoxication.	2016
2.	**Mayes S**	Vesicoureteral reflux in a 6-month-old infant presenting with fever of unknown source: A case report	2015
3.	**King V, Schwanke T, White A**	Correlations between the NEO-PI-R and PA student professionalism and performance	2014
4.	**Britz M, Schrader M, Sholtz S, Unruh M**	A survey of physicians' perceptions of physician assistant education and qualifications	2013
5.	**Imel B**	Correlation of pre-admission criteria and post-admission didactic GPA to Physician Assistant National Certifying Examination Results	2012
6.	**Spense M**	Tissue damage in trauma patients: Where does it start?	2011
7.	**Caputo C, Swanson M**	PA and PA student exposure to and perceptions of pharmaceutical representatives in the clinical setting: A pilot study.	2009
8.	**Ohlemeier L**	Perceptions of US PAs regarding the entry-level doctoral degree in physician assistant education.	2008
9.	**Apollo M**	Tanning operator's attitudes and stated practices regarding youth access to training in the State of Kansas.	2007
10.	**Raile T**	Effectiveness of a sepsis response team in the treatment of severe sepsis and septic shock: A 20 patient feasibility study.	2007
11.	**Koster C**	Smoking behavior among Kansas physician assistants.	2006
12.	**Marlow K**	Drug treatment versus psychotherapy in adolescents with depression.	2006

Appendix J

Summary of Efforts to Improve Student Satisfaction

Didactic Year Efforts to Improve Student Satisfaction

The didactic year is challenging and stressful for students. One of the four discussion tables at the 2015 APR was devoted solely to this issue of "enthusiastic learning environment." Data from that table discussion along with exit survey and other data helped drive these changes. A variety of improvements were implemented to help improve student satisfaction during the didactic year of the program including:

- All faculty agreed to focus and reflect more on the "tone" of emails and student faculty exchange as well as transparency of policy/procedure changes
- An informal "Enthusiastic Learning Environment" faculty taskforce was created to plan simple celebrations for students such as a picnic lunch and volleyball for PA Day, stress release treats, Halloween movie, and various other celebrations with snacks.
- To reduce stress related to last minute schedule changes and ambiguity with the schedule, improvements were made to scheduling including hard course start/stop dates shared with students early in the Program to allow for scheduling of vacations and wedding and scheduling farther out for all Clinical Medicine courses.
- To reduce weekly workload, faculty now communicate not only major examinations but also quizzes to ensure that they are spread out evenly throughout the semester

Research Advising Efforts to Improve Student Satisfaction

To help address low student satisfaction with research advising, faculty re-examined the research advising organization, use of non-PA advisors, and research requirements. The research proposal and oral presentation requirement was omitted from the curriculum. Rather than sending out a College-wide email soliciting non-PA research advisors, the Research Coordinator was more selective with the invitations, only inviting advisors with strong track-records and reliable advising histories. The Research Coordinator also increased the level of communication with and oversight of non-PA research advisors to more readily identify problems. The Research Coordinator started meeting with students on end-of-rotation days to provide class-wide updates and reminders of due dates.

Clinical Year Efforts to Improve Student Satisfaction

To help address dissatisfaction during the clinical year and with the Director of Clinical Education, a "Student Communication Task Force" was convened to obtain input from students regarding ways to improve communication during the clinical year of the program. Improvements made at the suggestion of this taskforce include:

- Standardized and timely end-of-rotation schedules that are now sent out 2 weeks in advance
- Improved rotation syllabi that more clearly state grading policies
- Improved preceptor handbook that more clearly states student expectations and policies for evaluation of students
- Improved Blackboard portals for clinical rotation courses that contain information and links to study tools frequently accessed by students
- Improved training regarding documentation of patient encounter data during the clinical year
- Improved email communication by creating a single PA Clinical Year email address accessible by both the Director of Clinical Education and Clinical Coordinator
- Using PA Manager to provide real time updated information regarding clinical sites and contact information for preceptors

Other Efforts to Improve Student Satisfaction:

- In the past, the annual Graduation Breakfast celebration was just for the students and faculty. Based upon student feedback, it has now been modified to include families.
- In the past, the Annual Program Review included faculty/staff, the medical director, and a handful of outside community partners (clinical preceptors and guest lecturers). The Annual Program Reviews now include a handful of 2nd year students as well as a handful of recent graduates to help provide more student perspective into important Program decisions

Analysis

Through the efforts of the previously discussed changes and improvement plans as well as the resignation of the former Director of Clinical Education and stabilization of course faculty, student satisfaction has improved to acceptable levels. Student evaluations of course, faculty, research advising, and the Program now meet Program targets. Continued efforts will be necessary to maintain these results.

- Using standardized IDEA course/faculty evaluations over the last 3 years, ≥ 80% of Program *courses* will be ranked at or above the WSU mean (currently 88%)
- Using standardized IDEA course/faculty evaluations over the last 3 years, ≥ 80% of Program *faculty* will be ranked at or above the WSU mean (currently 82%)
- Using the Program Vision/Mission Exit Survey, ≥ 80% of graduating students will agree or strongly agree that the Program meets its guiding principle of "Fostering an enthusiastic learning environment committed to student success" (3-year mean currently 81%)
- Using the WSU Graduate School Exit Survey, the 3-year mean for select satisfaction indices will be above or within 3 percentage points of the 3-year C

WSU Graduate School Exit Survey						
		PA Class of 2014	PA Class of 2015	PA Class of 2016	PA Mean 2014-2016	CHP Mean 2014-2016
Q4	Overall satisfaction with the program (% satisfied)	73%	83%	91%	87%	81%
Q3	Faculty were accessible (% yes)	96%	98%	100%	99%	98%
Q10	Satisfaction with faculty on feedback of course work (% satisfied)	88%	88%	87%	88%	86%
Q11	Satisfaction with quality of instruction (% satisfied)	79%	83%	94%	89%	82%
Q26	Satisfaction with research advisor (% satisfied)	79%	75%	89%	82%	84%
Q23	Research advisor accessible (% yes)	83%	85%	96%	91%	92%
Q24	Research advisor gave feedback on drafts (% yes)	92%	94%	98%	96%	96%
Q25	Research advisor gave advice on preparation of oral defense (% yes)	85%	90%	100%	95%	94%

Last Updated: Oct 2016

**Response rate: 100%*

**5-point Likert scale ranging from very satisfied (5) to very dissatisfied (1)*

**This University-conducted survey occurs in Feb (5 months prior to program completion)*

Legend
*Above or within 3 points of the 3-yr CHP mean for that year = good
*Between 4 and 6 points below the 3-yr CHP mean for that year = monitor
*More than 6 points below the 3-yr CHP mean for that year = needs improvement