WICHITA STATE UNIVERSITY

Program Review

Self-Study Template

Revised 11-1-2019

Academic unit: Physician Assistant (PA) College: Health Professions

Date of last review April, 2017 Date of last accreditation report (if relevant) March, 2020

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

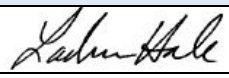
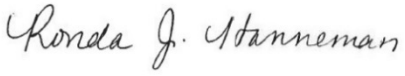
Degree: MPA – Master of Physician Assistant CIP* code: 51.0912

*To look up, go to: Classification of Instructional Programs Website, http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55

Certificate (s): N/A

Faculty of the academic unit (add lines as necessary)

(If interdisciplinary, please list your core teaching faculty and department name if external to academic unit)

NAME (List department –if external to unit)	SIGNATURE	TENURE OR NON-TENURE TRACK
LaDonna Hale, PharmD (Professor, Dept Chair)		Tenured
Ronda Hanneman, MPH, PA-C (Assistant Clinical Professor & Program Director)		Non-tenure track
Gina Brown, MPAS, PA-C (Associate Professor, Director of Didactic Education)		Tenured
Kim Darden, MEd, PA-C (Assistant Clinical Prof, Dir Clinical Development & Operations)		Non-tenure track
Sue Nyberg, MHS, PA-C (Professor, Director of Clinical Education)		Tenured
Corey Rogers, MPAS, PA-C (Assistant Clinical Professor, Dir of Technology Application)		Non-tenure track
Michelle Wallace, MPAS, PA-C (Assoc Clinical Professor, Dir of Research & Applied Learning)		Non-tenure track

Submitted by: LaDonna Hale, PharmD, Department Chair Date: June 18, 2020

(Name and title) (Date)

In yellow highlighted areas, data will be provided

Part 1: Departmental Purpose, Relationship to the University Mission and Strategic Plan engagement

Please list the program purpose statement. Explain in 1-2 concise paragraphs the role of the program and tie them to the University mission (printed below) and strategic plan.

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

A. Program Purpose Statement - formerly Mission

(If more than one program, list each purpose statement):

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

B. The role of the Program(s) and relationship to the University mission:

As the only PA program in Kansas, the WSU PA Program is an *essential* part of the Kansas educational and healthcare landscape. Two-thirds of the 105 Kansas counties are designated as rural or frontier and 89% (all but 12) 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. WSU Graduate School Exit Survey from 2017-2019 indicate that only 3.5% of graduates accepted a job outside of KS. The average starting salary for a WSU PA graduate in Kansas is high at $97,497 with excellent growth potential.[3] The median base salary for

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[1] University of Kansas Institute for Policy & Social Research, *Kansas Statistical Abstract, 2017*, University of Kansas Institute for Policy & Social Research, Lawrence, KS. Sep 2018.

[2] Rural Health Research & Policy Centers. Which PA training programs produce rural PAs? A national study. *Rural Health Research Center Policy Brief #154*. Feb, 2016. www.ruralhealthresearch.org.

[3] American Association of Physician Assistants (AAPA). *2019 AAPA Salary Report*. 2019.

PAs in Kansas is $100,000 ($108,000 adjusted per cost-of-living) as compared to $106,000 nationally.[4] Demand for PAs is high regionally and nationally and the US Bureau of Labor Statistics projects job growth of 37% over the next 10 years, much faster than other occupations.[5] The WSU PA Program offers excellent value – the mean educational loans for WSU PA students is half of that reported nationally for PA Programs ($45,000 vs. $97,360.[6,7] WSU PA Program resident tuition/fees ($39,445) are *below the national average for public universities* ($50,289) and are the *third to the lowest out of the region's 14 programs* (range $35,164 to $74,145). WSU PA Program non-resident tuition/fees ($79,332) are also *below national average for public universities* ($88,677) and the *fifth lowest in the region* (range $54,741 to $133,925), see **Appendix A**.[8,9]

C. *Has the purpose of the Program(s) changed since last review?* ☐ *Yes* ☒ *No*

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.

D. *How does the Program support the university strategic plan?*

WSUs vision is to be globally recognized as the *model for applied learning and research*. Consistent with the strategic plan to support this vision, every PA student engages in applied learning in research, service, professionalism, and interprofessional education. The PA curriculum enables students to integrate and enhance personal development of key PA competencies such as professionalism, interpersonal skills, patient care skills, compassion, sensitivity to diversity, and practice-based learning through experiential learning activities, which are both faculty-led and student-led. Additionally, in alignment with the University priority focused on *research and economic development*, the PA program has well established applied learning opportunities and partnerships with local, regional, and state industry and government including Wesley Healthcare, Ascension Via Christi, and Robert J. Dole VA Medical Center.

The WSU PA Program is committed to the University's priority of *community engagement*. The Program's rate of 100% student engagement in volunteer community service far exceeds the College of Health Professions rate of 63% and the University rate of 28%.[10] PA students and faculty serve as a catalyst for positive social change through active participation in initiatives such as Medical Mission at Home, the Ready-Set-Fit health education program for elementary children, Senior Saturdays at Larksfield Place, health topic presentations at a socioeconomically distressed high school, and more, see **Appendix B**.

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[4] American Association of Physician Assistants (AAPA). *2019 AAPA Salary Report*. 2019.
[5] Bureau of Labor Statistics. US Dept of Labor. *Occupational Outlook Handbook, Physician Assistants.* Available at http://www.bls.gov/ooh/healthcare/physician-assistants.htm. Accessed Aug 7, 2019.
[6] Wichita State University Graduate School Exit Survey Data. 2017-2019, most recent available.
[7] Physician Assistant Education Assoc (PAEA). *PAEA By the Numbers, Student Report 2*. Data from the *2017 End of Program Survey*.
[8] WSU tuition rate includes all tuition & mandatory tuition fees listed on the Tuition & Fees website for Fiscal Year 2019. Data from regional programs obtained from relevant program individual websites in August 2019.
[9] Physician Assistant Educator Association (PAEA). *By the Numbers: Program Report 34 (2018 Data*). Oct 2019.
[10] Wichita State University Graduate School Exit Survey Data. 2017-2019, most recent available.

E. *Provide an overall description of your program (s) including any changes made since the last review?*

Program Description: The Master of Physician Assistant (MPA) degree is a rigorous 26-month, 93 credit-hour, lock-step graduate program that prepares students to function as competent and safe generalist PAs. The first 14 months are didactic in nature including 50 credit hours of clinical medicine and science coursework followed by 12 months of clinical rotations across the state of Kansas and beyond. *The Program increased from 83 to 93 credit-hours beginning Summer 2017 (graduating Class of 2019)*. The increase was necessary to more accurately reflect current contact time which had gradually increased over the years due to increases in medical knowledge and expectations of practicing PAs.

Program Self-Assessment Plan: A variety of data are useful to the Program for identifying strengths and opportunities for improvements. The 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**.

Program Goals: The measurable Program goals are to meet our six guiding principles 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; and **6)** Emphasize evidence-based practice and promote lifelong learning. Outcomes for these Program goals are measured using a variety of assessments and benchmarks as outlined in the *Outcomes Measures of Success* document, see **Appendix D**.

Program Mission: To achieve the mission of transforming students into highly competent PAs, competencies and learning outcomes necessary for a beginning practicing professional are incorporated into the Program curriculum. These measurable learning outcomes are aligned with NCCPA Core Competencies for the PA Professions. **Appendix E** *Learning Outcomes Curriculum Assessment Crosswalk* links these six principal competency areas (see below) with the 23 individual learning outcomes, the curricular components used to gain each competency, and the assessment tool for each learning outcome. **Appendix F** *Assessment of Learning Outcomes, Results, and Analyses* displays results and analyses of key assessment tools.

Principal Competency Areas for the Learning Outcomes

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; demonstrate a high level of responsibility, ethical practice, sensitivity to diverse patient populations, and adherence to legal/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.

Part 2: Faculty Quality and Productivity as a Factor of Program Quality

The quality of the program/certificate as assessed by the strengths, productivity, and qualifications of the faculty in terms of scholarly/creative activity and service. (Refer to instructions in the WSU Program Review Instructions for more information on completing this section. Tables 4 (Instructional FTE), 6 (Program Majors) and 7 (Degree Production) from OPA can be used to help with this section.)

Complete the table below for the faculty who support the program (all faculty who signed or should have signed the coversheet).

Table 1. Departmental Outputs

Scholarly Productivity	Num Journal Articles		Number Presentations		Conference Proceedings		Num Books	Book Chpts	Num. Grants Award/ Submit	$ Grant Value
	Ref	Non-Ref	Ref	Non-Ref	Ref	Non-Ref				
CY 2016	1	--	4	--	4	--	--	2	1	$926
CY 2017	6	--	0	--	0	--	--	0	8	$18,269
CY 2018	2	--	13	--	0	--	--	2	1	$5,252
CY 2019	5	--	0	--	2	--	--	1	3	$17,078

A. Briefly explain the standards in place in your college/department for the evaluation of your faculty research/scholarship/creative activity.

Departmental Standards: The Program benchmark has historically been that the WSU PA Program faculty means should be at or above national norms as reported by the Physician Assistant Education Association (PAEA). These scholarly data are reported differently than what is required for Table 1 above. Data are reported as career totals for faculty with at least one publication of that type.

Career Totals	WSU PA Mean	National PA Mean
Peer-reviewed journal articles	**14.6** (73/5) range 1-30	**5.4** range 1-150
Books/Book Chapters	**4.0** (20/5) range 0-14	**1.3** range 1-25
% Faculty with at least one publication over the span of their career	63% (5/8)	47%

B. Provide a brief assessment of the quality of the faculty/staff using the data from the table above. Include details related to productivity of the faculty including scholarship/research and creative activity and services. (i.e., some departments may have a few faculty producing the majority of the scholarship), service, efforts to recruit/retain faculty, departmental succession plans, etc.

Faculty Scholarship: The Program's three tenured faculty currently produce the bulk of the scholarship, but all faculty are engaged in scholarly pursuits at a level commensurate with expected roles. New faculty are supported with focused mentoring in scholarship and student research projects. Although WSU PA faculty publication rates continue to exceed national norms, this is likely to change when currently tenured faculty

retire in a few years. No faculty have been hired on tenure-track since 2011. Faculty continue to meet College and University expectations with regards to scholarship as evidenced by successful receipt of tenure and/or promotion on the clinical track when sought.

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 **4,464 CH annually**. This figure assumes no attrition (48 students per cohort) x 93 CH total. The 93 required CH for the Program include 84 CH listed under PA, 6 CH listed under HS and 3 CH listed under HP which are all taught by core PA Program faculty. The total Program credit hours increased from 83 credit hours to 93 credit hours beginning Summer 2017 (an 11% increase in SCH). The 5-year rolling average degree production is 46 MPA students per year.

Instructional FTE Employed and SCH Production by FTE: The Program 5-year average (2013 – 2017) for SCH production by FTE is in line with University norms (204 Program Level vs. 220 University Level), and less than the College Level of 316. All but 6 of the 54 didactic credit hours (89% of credit hours) are taught by core PA faculty as compared to 69% nationally.[11] Faculty workload is determined collaboratively between individual faculty and Program Director.

Quality of Faculty/Staff: The quality of faculty is strong. All faculty have a terminal degree. The faculty team has 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 or volunteer clinically. Faculty have a combined 120 years clinical experience and 80 years teaching experience. 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.

The average length of time in primary position for WSU PA faculty is 9.8 years, 1.7 times the national average of 5.8 years) indicating an experienced faculty with good retention.[12] Faculty have successfully received tenure/promotion when sought demonstrating performance within teaching, scholarship, and service commensurate with expected College and University roles. However, the percentage of faculty who are tenured/tenure-track has now fallen below national norms (33% vs. 42% nationally). If the trend in hiring non-tenure-track faculty continues, meeting national benchmarks and CHP and University scholarly goals may become unrealistic.

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[11] Physician Assistant Educator Association (PAEA). *By the Numbers: Program Report 34 (2018 Data*). Oct 2019.

[12] Physician Assistant Education Association (PAEA). *PAEA By the Numbers, Faculty & Directors Report 4*. Data from 2018 Survey.

Faculty/course review processes are rigorous and multifaceted. Faculty complete a Post-Course Assessment Form at the conclusion of each course to include discussion of: 1) significant course changes, 2) analysis of SPTE quantitative data/data trends, 3) thematic analysis of student comments related to the course and faculty, 4) analysis of student performance within the course/data trends (e.g. grade distribution, numbers of academic warnings and exam remediations, student performance on national standardized exams and End-of-Program Summative Evaluations), and 5) improvements or changes for future course offering supported by data analyses. Faculty perform peer-evaluation and analysis of these data through bi-annual discussions at department Curriculum Committee meetings. The Committee forms a consensus regarding the validity of the analysis conducted by the faculty and discusses the improvement plans offered. Course and faculty evaluations are reported to the Program Director/Chair during annual faculty evaluations and are reported in aggregate, reviewed and discussed at the Annual Program Review (APR). Student evaluation of faculty/courses consistently meet Program benchmarks, **Appendix D**. WSU Graduate School Exit Survey data also demonstrate excellent faculty/course evaluations as compared to the CHP 3-year mean: faculty accessibility (100% vs. 97%), faculty feedback of course work (94% vs. 91%), quality of instruction (92% vs. 82%), and overall satisfaction with the Program (88% vs. 79%). The 3-year PA Program satisfaction with research advisor accessibility (91% vs. 94%), research advisor feedback on drafts (92% vs. 95%), and research advice on preparation of oral defense (94% vs. 96%) all meet previously established Program benchmarks to be no more than 3 percentage points below CHP 3-year mean. See **Appendix G** *Graduate School Exit Survey*.

Efforts to Recruit/Retain Faculty: The Program's 5-year faculty attrition rate is down and is now below the national mean (9.0% vs. 13.0% national average). Recognizing that high-quality staff support is necessary to retain faculty, staff was increased from two to three in 2014 with staff positions upgraded, and again increased from three to 3.5 in 2018 (3.4 national median).[13] Mean staff attrition over the last 5 years is 12.4%, nationally 12.0%.[14] Recognizing that heavy teaching, research, and administrative workloads contribute to faculty stress and low job satisfaction, the Program has made substantial changes in these areas. In 2019 (filled in 2020), a new 1.0 FTE position was created to share clinical year workload to focus on establishing new affiliation agreements and clinical sites as well as alumni relations necessary to support Program efforts to meet Accreditation standards. In June 2019, one 0.5 FTE faculty resigned and a second 0.5 FTE retired. One of those 0.5 FTE is expected to be filled by Aug 2020. The second 0.5 FTE position was converted to a 12-month 1.0 FTE, expected to be filled by Aug 2020. A new 10-month FTE was also created, expected to be filled by Aug 2020. This increases number of faculty from 8 to 9.5 brining the Program in-line with national trends and supporting Program efforts to meet Accreditation standards. Due to the high turn-over in the role of Department Chair/Program Director, beginning Jun 2020 that position was split between two faculty who will have reduced teaching loads in order to take on those additional responsibilities. 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.

[13] Physician Assistant Educator Association (PAEA). *By the Numbers: Program Report 34 (2018 Data*). Oct 2019.
[14] Physician Assistant Educator Association (PAEA). *By the Numbers: Program Report 34 (2018 Data*). Oct 2019.

Succession Plans: Extensive efforts have been supported by the Program, College, and University to recruit and retain a holistic and dynamic faculty team. Academic interests and professional goals are reviewed annually. Faculty are expected to and do actively participate in Program and College committees; University-level involvement is strongly encouraged. The diverse involvement of faculty within the College, University, and community creates opportunities for cross-training and professional development in PA education and administration. Minimum criteria for all new hires was increased from Bachelor to Master degree with an increased expectation to engage in scholarly activity. Mentoring for these new faculty will be enhanced. Finally, the Program maintains strong bonds to regional and state medical communities. Through a robust program of clinically practicing PAs volunteering with the Program as guest lecturers and clinical preceptors, we are able to identify a pipeline of potential faculty and/or administrative successors as need arises.

Part 3: Academic Program(s) and Emphases

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). **See Appendix C – Program Self-Assessment Policy**

A. Undergraduate programs: Not Applicable

1. Please review Table 8 provided by the Office of Planning and Analysis. Is the program ACT below 20 (triggered by KBOR defined Minima)? ☐ Yes ☐ No

   If yes, please explain the average ACT scores for your students.

B. Graduate programs:

1. Please review Table 9 provided by the Office of Planning and Analysis. Is the program GPA below the university average? ☐ Yes ☒ No

If yes, please explain the average GPA of your graduate students.

C. Accreditation status: If accreditation is previously noted, please add:

Accrediting Body: The Accreditation Review Commission on Education for Physician Assistants (ARC-PA)

Next Review Date: March 2021

Commendations and concerns from the last review:

In Mar 2018, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) placed the WSU PA Program on Accreditation-Probation status. The basis for the decision was the information contained in the Program application and appendices submitted to ARC-PA on Aug 2017, the report of the site visit team (site visit Oct 2017), the Program response and accreditation history (first accredited Nov

1973). During the Program review, ARC-PA noted nineteen (19) areas of noncompliance with the Standards and the PA Program failed to demonstrate the following at the time of the site visit:

1. Supervised clinical practice experiences (SCPEs) enable each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice.
2. The PA Program uses data collection and analysis to guide program modifications.

Required reports detailing Program responses to citations were submitted in a timely manner: Report #1 – submitted Jun 5, 2018; Report #2 – submitted Jun 29, 2018; Follow-Up Report – submitted Nov 16, 2018; and Report #3 – submitted Aug 15, 2019. An ARC-PA focused probation site visit occurred Oct 7-8, 2019 prior to the Mar 2020 ARC-PA Commission meeting. During the meeting, the Commission extended Accreditation-Probation status. At that time, ARC-PA noted five (5) areas of noncompliance. Based on information contained in the Program's application and appendices submitted to ARC-PA, the report of the site visit team and the Program's response to the site visit team observations, the Program failed to demonstrate compliance with the following standards: SCPEs should occur with preceptors practicing in: internal medicine; pediatrics; women's health; and behavioral health care. Additionally, ARC-PA found the Program did not prepare a self-study report that accurately and succinctly documented faculty evaluation of the administrative aspects of the program. Required reports detailing Program responses to citations will be submitted in a timely manner: Report #1 – due Dec 1, 2020; Report #2 – due Aug 2, 2021. A focused probation site visit will occur in Oct 2021 prior to the Mar 2022 Commission meeting. This visit will evaluate the Program and institutional progress in addressing specific citations identified during the course of the most recent Program review.

D. Assessment of Learning Outcomes

1. Complete the table below with program level data. Identify the principal learning outcomes (i.e., with what skills does your Program expect students to graduate) and provide aggregate data on how students are meeting those outcomes

You may add an appendix to provide more explanation/details. (If specialty accreditation has been conferred within 18 months of this process, programs can append the information from the accreditation document to this self-study and cite, with page number, the appropriate information. If specialty accreditation has not been affirmed within 18 months, please complete the table or submit an updated version of your accreditation information. If not accredited, please complete the table below.)
All Program learning outcomes are based upon the NCCPA Core Competencies for the PA Professions. These measurable learning outcomes are aligned with NCCPA Core Competencies for the PA Professions. **Appendix E** *Learning Outcomes Curriculum Assessment Crosswalk* links these six principal competency areas including the 23 individual learning outcomes with curricular components used to gain each competency and the assessment tool for each learning outcome. **Appendix F** *Assessment of Learning Outcomes, Result, and Analyses* provides a description of the assessment tool, remediation process for that assessment, individual student criterion/targets, program criterion/targets, results, and analyses.

2. Provide an analysis and evaluation of the data by learner outcome with proposed actions based on the results listed in Table 2. Data should relate to the goals and objectives of the program as listed in Part 1.

Table 1 Student Learning Outcomes Comparison

Learner Outcomes (licensing/certification exam pass-rates) by year, for the last 3 years				
Year	N	Name of Exam	Program Result	National Comparison±
Class of 2017	46	PANCE	100%	97%
Class of 2018	49	PANCE	100%	98%
Class of 2019	46	PANCE	100%	93%

PANCE = Physician Assistant National Certifying Examination (National Board Exams)

The Program 5-year PANCE average is 100% with a student attrition lower than the national average. Not only is the Program pass rate above the national average, but so are the vast majority of content and task areas. See **Appendix H** for detailed breakdown of PANCE performance within each content and task area. This provides strong indications of the WSU PA Program's excellence and effectiveness in ongoing self-assessment and adjustment as demonstrated within the results and analysis columns of **Appendix F**.

E. Assessment of Student Satisfaction

3. Use Table 3 and OPA Table 10 to provide analysis and evaluation using student majors' satisfaction (e.g., exit surveys from the Office of Planning and Analysis), 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 3d) to illustrate student satisfaction with the program and perceptions of program value.

Student satisfaction data from the WSU Graduate Exit Survey are reported in **Appendix G**. The 5-year average (2014-2018) percentage of students satisfied with the Program (**85%**) is similar to the University (84%) and higher than for the College (80%). The Program's Vision/Mission Exit Survey (**Appendix D**) also indicates graduates are highly satisfied with the Programs ability to meet it's guiding principles (all indices ≥ 85% satisfied). Not reported in Appendix D, this exit survey also indicates that **98%** of graduates believe the Program meets its vision of "Excellence in PA Education" and **96%** believe the Program meets its mission of "Transforming students into highly competent PAs."

F. General Education

1. Does your program support the university General Education program? ☐ Yes ☒ No
   If yes, please complete the table below by listing the general education courses and noting which of the general education outcomes are addressed in the class. If no, skip this question.
2. Use Table 4 to further explain which goals of the *WSU General Education Program* are assessed in undergraduate programs (optional for graduate programs) and the results. Not Applicable

G. Concurrent Enrollment

1. Does the program offer concurrent enrollment courses? ☐ Yes ☒ No

If yes, 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.
If no, skip to next question.

H. Credit Hours Definition

1. Does the Program assign credit hours to courses according to Wichita State University Policy 2.18?

☒ Yes ☐ No If no, provide explanation.

I. Overall Assessment

1. Define the overall quality of the academic program based on the above information 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).

As previously discussed, 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**. Overall, faculty demonstrate excellence within teaching and service. Although the rigors of the Program are high, overall student/graduate satisfaction is also high, national PANCE performance is excellent (100% 5-year first-time pass rate), and student attrition is low (4%). As demonstrated in **Appendix E**, learning outcomes are cross walked with both didactic and experiential learning curricular components and a wide variety of subjective and objective assessments are used to evaluate those learning outcomes. As demonstrated in **Appendix F**, appropriate student and Program targets / benchmarks have been established and are carefully monitored and analyzed over time for trends. When potential issues are identified, a quality improvement plan is developed, implemented, and then outcomes are reassessed. Graduates are well-prepared upon graduation with strong potential for employment.

Part 4: Student Need and Employer Demand

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).

Complete the table below.

Table 2 Employment of Majors							
	Avg. Salary	Employment In state (%)	Employment in the field (%)	Employment related to the field (%)	Employment outside the field (%)	Pursuing graduate or professional education (N)	Projected growth from BLS**
2019	$97,497	96%	100%	_	_	NA	37% projected growth over the next 10 years*

* https://ksdegreestats.org/program_search.jsp and U.S. Bureau of Labor Statistics Website: http://www.bls.gov/oco/ are good resources to view job outlook data and salary information (if the Program has information available from professional associations or alumni surveys, enter that data)

A. 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. Also address students enrollment, degree production and employment outcomes for diverse students.

Student demand for the Program remains extremely high, with on average 1,151 verified applicants annually. Typically about 700 to 800 of these applicants are qualified for admission. Typically 150 applicants are interviewed annually, with 48 selected for admission. The typical WSU PA student graduates with about *half the amount of student loan debt as compared to the national average for PA students*;[15,16] and starting salaries for our graduates are highly competitive. By the time WSU PA students graduate, **88%** have already accepted employment offers or have multiple offers to consider. There is no difference in rate of employment for diverse students.

The 5-year rolling average percent of URM enrolled in Master's programs is 10.5% at the University-level; 11.4% at the CHP-level; and 4.5% at the Program-level. 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. 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.[17] 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.

[15] Wichita State University Graduate School Exit Survey Data. 2017-2019, most recent available.

[16] Physician Assistant Education Assoc (PAEA). *PAEA By the Numbers, Student Report 2*. Data from the *2017 End of Program Survey.*

[17] DiBaise M, Salisbury H, Hertelendy A, Muma RD. Strategies and perceived barriers to recruitment of underrepresented minority students in physician assistant programs. *J Physician Assist Educ* 2016;26(1):19-27.

Part 5: Program Service

Analyze the service the Program/certificate provides to the ***discipline, other programs at the University, and beyond****. Complete for each program if appropriate.* ***Data tables 1, 2, 3 and 5a, b and c 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) can be used to partially address this section.*** *(Refer to instructions in the WSU Program Review document for more information on completing this section).*

A. Provide a brief assessment of the service the Program provides using SCH by majors and non-majors.

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 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 (~24 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 and CSD (speech language pathology and audiology faculty) and is a required course for PA, CSD, and AGE students (~32 SCH annually for CSD and AGE combined).

B. Provide a brief assessment of the service the Program/certificate provides to other university programs.

All Program faculty actively participate in Program-level service and at least one College-level committee. Most also provide University-level service as well. Program faculty highly value collaborative, interprofessional scholarship and often involve students in this type of work. On average, nearly 30% of the MPA student projects over the last 5 years have been interprofessional, reaching across the College and into the community. This provides those CHP faculty outside the Program with graduate students to assist in their research making that research more feasible.

Interprofessional education is required by all of the CHP program accrediting bodies; therefore faculty across CHP must work collaboratively to develop and oversee a variety of interprofessional education activities, see **Appendix I**. These activities not only include other CHP programs but also Newman University and the Schools of Medicine and Pharmacy at KU-Wichita. All PA faculty serve as liaisons and co-developers for various interprofessional activities. These activities typically do not fall within any course and are not reflected in the faculty member's teaching load.

C. *Provide a brief assessment of the service the Program/Certificate provides to the institution and beyond.*

Faculty are involved within their professional organizations at the state and national levels taking on a variety of leadership roles. Examples include providing clinical volunteer services at a local indigent care clinic, pregnancy crisis center, consultant for development of the first PA program in the country of Myanmar, Sedgwick County Fetal Infant Mortality Review committee, and others. PA faculty also provide continuing education presentations and refereed poster presentations at the state or national level. All PA faculty serve as liaisons and co-developers for various service-learning activities involving a variety of community partners, see **Appendix B**. These activities typically do not fall within any course and are not reflected in the faculty member's teaching load.

Part 6: Graduate Enrollment Management (GEM)

For each graduate program, summarize and reflect on the progress you have made toward your GEM plan following the (a)-(d) template.

A. *Briefly summarize the GEM plan, paying particular attention to the vision, actions, and GEM evaluation.*

In alignment with the vision and mission of the College, Graduate School, and University, the PA GEM plan outlines five primary goals:

1. Maintain a comprehensive and equitable admissions process seeking applicants with qualities consistent with the Program's Guiding Principles while adhering to fair practices, preserving transparency, and maximizing student diversity consistent with ARC-PA standards.
2. Adequately support the PA Department Director of Admissions throughout the application process from opening of CASPA to matriculation of students. In order to maintain a realistic workload for the Director of Admissions with a consistently large pool of applicants to the PA program, it will be essential to explore innovative ways to continue with our holistic admissions model.
3. Remain as a competitive, first-choice program for prospective students in an environment of rapidly increasing demand and options by maintaining relevancy in PA/Medical Education. Increase local, regional, and national awareness of the WSU PA program through funded strategic recruitment efforts.
4. Continue utilization of CASPA and resources available through PAEA, as well as continued collaboration with the Graduate School in utilization of CollegNet.
5. Support continuation of collaborative PA student-faculty scholarship in accordance with the University's research mission. Provision of appropriate financial assistance for dissemination of information.

Summary of Enrollment History over Past 5 Years:

CASPA Application Cycle	# of Applicants	PA Class	Students Matriculated	Attrition
2018-2019	690 verified	2021	50	-4
2017-2018	1019 verified	2020	48	-2
2016-2017	745 verified	2019	48	-3
2015-2016	1210 verified	2018	50	-1
2014-2015	941 verified	2017	48	-2

B. Discuss how graduate assistantships are being used to advance the GEM goals.

Not Applicable; graduate assistantships and graduate investments have not been utilized by the Program.

C. Provide an assessment of successes, challenges, deficiencies with the GEM plan.

1. *Goal 1*: At the 2020 Annual Program Review, PA faculty/staff, Aaron Coffey, Assistant Dean GEM/Director of Graduate Admissions and Mandy Konecny, Director of CHP Advising extensively reviewed and analyzed the Program's application demographic data and admissions processes within the context of ARC-PA Standards, standards for fair admissions practices and transparency, SEM Plan and GEM Plan. Suggested revisions were subsequently reviewed and approved as appropriate during Department faculty meetings.
2. *Goal 2*: The Program has successfully streamlined roles and responsibilities of the Director of Admissions to maximize efficiency in workload and improve overall job satisfaction. The Program was not successful in its request for a Graduate Staff Assistant to provide objective initial screening of applicant qualifications; further develop capabilities of WebAdMIT and facilitate transition from CollegeNet to Slate; provide statistical analysis of applicant pool data; and continue to develop and refine the Program's rubric for scoring applicant performance against an identified set of criteria. Therefore, the Graduate School Coordinator role has been expanded to include these duties under the title of Graduate Admissions Coordinator.
3. *Goal 3*: Beginning June 2020, the newly approved position of Director of Clinical Development and Operations will be responsible for marketing and promotion of the WSU PA Program through written, oral, in-person, and social media platforms. In order to remain a relevant and first-choice Program, the PA Program will investigate the feasibility of becoming the nation's first entry-level doctoral PA Program and/or one of the nation's first dual degree Master's/Doctoral programs.
4. *Goal 4*: The PA Program continues to utilize CASPA and resources available through PAEA, as well as collaborates with the Graduate School in utilization of CollegNet for Program admissions. When the Graduate School announced use of CollegeNet would cease in Aug 2020 and transition to Slate, the PA Program volunteered to be a pilot program to facilitate integration of Slate into the admissions processes. The current PA admissions cycle opened in Apr 2020 and will close in Sep 2020. Slate was not ready to be deployed in Apr with PA as a focused pilot program. Therefore, the transition from CollegeNet to Slate will likely be delayed until the next admission cycle to minimize disruption to the current process and confusion to the applicants.
5. *Goal 5*: In accordance with the University research mission, the Program continues to support collaborative PA student-faculty scholarship with 22% of student projects presented as professional state/national poster presentations or publications. Three new faculty positions were all hired in at the Master's level with increased emphasis within the position descriptions related to scholarship. All faculty will receive formalized mentoring with regards to scholarship.

D. *Summarize how the GEM plan is being updated going forward based on the findings above.*

The PA GEM plan will continue to be reviewed on an annual basis with revisions as appropriate. Additional collaboration with the Graduate School will be critical for moving forward on several goals of the GEM plan including transitioning part of the PA admission process from CollegeNet to Slate; providing support for increasing university requirements relevant to admission and program data analysis; and development of infrastructure to support faculty research efforts at a level consistent with university expectations.

Part 7: Undergraduate Enrollment Management

For each undergraduate program, summarize and reflect on the progress you have made toward your colleges enrollment goals. Not Applicable

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A. *Briefly describe how the department and faculty have engaged in undergraduate strategic enrollment management including both recruitment and retention initiatives and activities.*

B. *Provide an assessment of successes, challenges, and deficiencies with departmental activities.*

Part 8: Impact of Previous Self-Study Recommendations

At the conclusion of the last program self-study performed, the committee provided recommendations for improvement for the department. Please list those recommendations and note your progress to date on implementation.

Complete the table.

Table 3 Changes made based on Previous Recommendations

Recommendation	Activity	Outcome
Increase scholarly production in terms of journal articles, presentations, and external grants	Two national grants were sought: 1) Expansion of Practitioner Educ-Physician Assistant (PRAC-ED-PA) and 2) PAEA Substance Use Disorder Curriculum, supported by Substance Abuse and Mental Health Services Administration Grant No. FG-19-001.	The overall rate of scholarly production remained steady but did not demonstrate a significant increase. Both grants were awarded, totaling $10,000
Consider incorporating the UNISCOPE model into assessment of scholarship	All PA faculty now incorporate UNISCOPE within FAR documentation. One faculty member sought promotion in the new CHP clinical track	Promotion was successful
Align recruitment and retention efforts with the University's SEM Plan and GEM Plan	SEM Goal 11 strives to increase enrollment of domestic and international graduate students. While ARC-PA caps Program enrollment at 48, the Program remains actively involved in recruitment and retention efforts. Examples include: educational events with state high school students (Wichita West High School; Dodge City High School); active participation in University sponsored recruitment events (Black & Yellow Days; CHP Living Learning Community dinner; Distinguished Scholarship Invitational); presentations provided to pre-PA student organizations (WSU; KSU; UMKC; Baker Univ), and UG advising departments at WSU and other institutions	With capped enrollment, growth cannot be demonstrated.

Part 9: Program Goals from Last Review

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).

Complete the table.

Table 4 Results of Goals from Last Review

Goal(s)	Assessment Data Analyzed	Outcome	Status (Continue, Replace, Complete)
Complete evaluation of ARC-PA review of the WSU PA Program Self Study Review (SSR) previously submitted 11/2015.	Report completed and submitted Aug 2017.	The Program appropriately addressed feedback on the vast majority of citations. Outcomes detailed in Part 3C: Accreditation Status of report.	Complete
The research curriculum will be holistically evaluated for ongoing relevancy by faculty, community, and CHP and University stakeholders. Evaluation will focus on research expectations for PA faculty, CHP/University goals, and student learning outcomes.	Students became adept in critical evaluation of the literature, case presentation, and information literacy. In 2018, 1 student presented a case report at GRASP; in 2019, 4 students presented at GRASP; in 2020, 6 students presented at GRASP with one taking 3rd place.	As an alternative to a traditional research project, an alternate evidence-based medicine research track was piloted AY 2017-2018. The EBM track was successful in meeting Program learning outcomes and will be continued.	Complete
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.	NA	This goal was deferred in December 2018 at which time focus was shifted to immediate Program needs with a primary focus on accreditation requirements.	Replace
Development of strategic plan for future recruitment and retention of clinical rotation sites and preceptors in accordance with ARC-PA Standards. The plan will explore options for community collaborations. Possible incentives for recruitment of clinical preceptors will be identified.	Strategic plan was developed but only partially implemented due to limited resources and institutional support. Efforts did not result in adequate increases in clinical sites and preceptors; thus the Program remains on probation.	The Program remains on probation for citations within this area. A new Affiliate Clinical Preceptor status created 2019. Dir of Clinical Development and Operations position approved Fall 2019 and filled June 2020.	Continue

Goal(s)	Assessment Data Analyzed	Outcome	Status (Continue, Replace, Complete)
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.	PA faculty/staff, Aaron Coffey, Assistant Dean GEM/Director of Graduate Admissions and Mandy Konecny, Director of CHP Advising extensively reviewed and analyzed the Program's application demographic data and admissions processes within the context of ARC-PA Standards, standards for fair admissions practices and transparency, SEM Plan and GEM Plan (2020).	Policies/procedures updated; feedback documents revised; transparency informational document created for website (Jul 2017). Program Director and Director of Admissions attended CASPA workshops in 2017 and 2018. New Director of Admissions hired in 2018 and completed CASPA and WebADMIT training online and in person 2018-2019. Coordinator of Graduate Admission position created to provide additional support and data analysis to the Dir of Admissions (Jun 2020). After the 2020 holistic analysis, suggested revisions were developed and implemented.	Complete

Part 10: Forward-facing Goals

Identify goal(s) for the Program to accomplish in time for the next review. Goals must be **Specific, Measurable, Attainable, Realistic and Time-bound (SMART)** and should be tied to the university and college strategic plans.

Complete the table.

Table 5 Forward Facing Goals for Program Review Period

Program/Certificate Goal	Specific	Measurable	Attainable	Realistic	Time-bound
Program will be fully Accredited with probationary status removed	Yes – ARC-PA Accreditation status	Yes – ARC-PA Accreditation status	Yes – Program is now receiving good support from CHP & WSU administration	Yes – Full accreditation at next review is required for Prog continuation	Yes – March 2022
Increase number of supervised clinical practice experiences (SCPEs) within the required rotation types (Women's Health, Behavioral Health, Internal Medicine, and Pediatrics)	Yes – SCPE types: WH, BH, IM, & Peds	Yes – Number of each type of SCPE & % of students receiving required SCPEs	Yes – New position approved & filled for Dir. Clinical Development & Operations	Yes – This is an Accreditation requirement	Yes – December 2021
Investigate feasibility of transitioning to an entry-level doctoral program and/or dual-degree doctoral program	Yes – Written proposal developed	Yes – Written proposal developed	Yes – All faculty have a terminal degree (Master's); faculty development funds can partially support faculty tuition to obtain necessary doctoral degrees	Yes – As one of the oldest programs in the nation and a long history of academic excellence, the WSU PA Program is well-positioned	Yes – This is not a required element for Program continuation or Accreditation
Increase involvement of all faculty in the area of scholarship (journal publications, presentations, grants)	Yes – Scholarship as defined traditionally and via UNISCOPE model	Yes – Number pubs, presentations, grants; % faculty participating in scholarship or research training	Yes – Faculty development funds; focused mentoring and training	Yes – Faculty roles & annual goals will be expected to include scholarly expectations	No –

Provide any additional narrative covering areas not yet addressed.

Appendix A

2019 PA Program Tuition & Cost Comparison Table

Program	State	Resident Tuition	Non-Resident Tuition	Program Length	Credit Hours	Class Size	5-year PANCE Pass Rate
University of North Texas Health Sci Center Ft. Worth	TX	$35,164	$93,532	30	125	75	100%
University of North Dakota	ND	$37,736	$54,741	24	90	30	93%
Wichita State University	**KS**	**$39,445**	**$79,332**	**26**	**93**	**48**	**100%**
Texas Tech University Health Sciences Center	TX	$41,249	$93,124	27	125	54	98%
University of Oklahoma – Tulsa	OK	$44,279	$84,913	30	131	25	100%
University of Oklahoma – Oklahoma City	OK	$45,641	$84,706	27	127	50	93%
Missouri State University	MO	$45,960	$70,494	24	87	30	98%
University of South Dakota	SD	$48,098	$98,676	24	104	25	92%
Indiana State University	IN	$48,417	$85,989	29	93	30	94%
University of Iowa	IA	$49,555	$96,797	28	124	25	100%
University of Arkansas	AK	$49,601	$75,501	28	128	36	92%
University of Nebraska	NE	$54,500	$133,925	28	123	66	96%
Red Rocks Community College	CO	$68,740	$75,466	27	120	30	95%
University of Missouri – Kansas City	MO	$74,145	$88,093	29	130	20	100%

WSU tuition rate includes all tuition & mandatory tuition fees listed on the Tuition & Fees website for Fiscal Year 2019. Data from regional programs obtained from relevant program individual websites in August 2019.

Data for National Comparison:

National average for resident tuition/program fees, public universities: **$47,886**[1]

National average for non-resident tuition/program fees, public universities: **$85,401**[1]

National average program length: **27 months**[1]

National average program credit hours: **110 hours**[1]

National average class size: 46 students[1]

The 5-year national average PANCE pass rate: **96%**

[1] Physician Assistant Educator Association (PAEA). *By the Numbers: Program Report 33 (2017 Data*). 2018.

Service-Learning Summary Class of 2019

Appendix B

Percentage of graduate students who engaged in at least one community service activity during their educational program.	%
WSU Graduate students	28%
College of Health Professions students	63%
Physician Assistant students	**100%**

The following pages describe several faculty-led initiatives within which our students participated. In addition to these activities, every year our students leave their mark by taking the initiative to develop their own opportunities to engage with and support the community.

Ready Set Fit! Program

The Ready Set Fit! program is a national initiative endorsed by the American Academy of Family Physicians, Americans in Motion (AIM). WSU PA students volunteer to provide 3rd and 4th grade students with upbeat and interactive discussion regarding being active, eating smart, and feeling good as well as providing the children with information about the PA profession.

Medical Mission at Home

Sponsored by Via Christi, this is a one-day free event held each spring designed to improve the health of individuals and the community. The event offers free medical care, medical testing, screenings for dental, vision, & hearing, foot care, community services, and connections to follow-up care. Students assist at various stations related to their discipline.

PA Community Service Day

PA students self-organized a community service day to include visiting veterans at the Dole VA Center, delivering Meals on Wheels, assisting families receiving a 2 month supply of groceries from the Salvation Army, working in the United Way warehouse to prepare office supplies and household items for distribution to non-profit organizations and working with the Uniited Methodist Open Door to create T-shirt backpacks, snack packs, and organize hygiene products. This day was an absolute success and with the help of our wonderful community partners, we hope to make this an annual event in the future!

Senior Saturdays at Larksfield Place

This was a series of volunteer sessions offered at Regent Park Rehabiliation and Healthcare through the WSU Community Service Board. Students had the opportunity to interact with older adults by providing companionship, playing games, sharing conversation, and just hanging out.

West High School Presentations

For the past several years, WSU PA students have been giving presentations on Healthy People topics to West High School students, enrolled in the health professions track of study. Topics include tobacco use, substance abuse, mental health, responsible sexual behavior, physical activity, obesity, injury & violence, environmental quality, immunizations, and access to healthcare. West High school has many students who live in poor socioeconomic conditions. This is an opportunity for dialogue between High School students and PA students about important health issues as well as an opportunity for PA students to share information about the profession and how one becomes a PA.

KIDS Network Community Baby Shower

This event allows students to interact with low-income expectant parents, their support people, and community service providers to put on an educational “baby shower.” At the shower, participants learn about infant safe sleep and maternal child health in order to improve health and infant birth outcomes. Our students interact with expectant mothers and assist in various duties (loading cribs, acting as guides, etc.). The event is held in a zip code identified as having a higher risk of infant death than the surrounding area.

Student-Initiated Service Learning Activities

Blood Donations
Bowl for Kids’ Sake – Big Brothers Big Sisters
Catholic Charities Food Pantry
Down’s Syndrome Society of Wichita
Foodbank Friday
ICT SOS – Fresh Start Bags
ICT SOS Race for Freedom
Purple Mile Walk Domestic Abuse Awareness
Interfaith Ministries Holiday Warehouse
Lifecare Center Bingo
Lord’s Diner
Operation Holiday
People’s Health Clinic Volunteer
Relay for Life
Ronald McDonald House
Salvation Army Angel Tree
St. Catherine’s Health Fair
Suitcases for Haiti
Toys for Tots
Trunk or Treat
Urban League Tutoring
Victory in the Valley
Walk to End Alzheimer s
Wellsville Retirement Community
Wichita’s Littlest Heroes

Program Self-Assessment Policy/Procedures

Date of Inception: 06/14 **Reviewed:** 08/18; 09/18
Revised: 05/17, 8/19

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/Assessment

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

Citation numbers are from the ARC-PA *Accreditation Standards for PA Education, 4th ed.*

Reporting / Analysis of Quantitative Data

For consistency in data reporting and analysis, quantitative data are typically reported as means and/or percentages as appropriate. A measurement of variation (standard deviation or range) should be provided with the mean. When statistical analysis is conducted, either parametric or non-parametric tests should be used, as appropriate. When correlational statistical tests are used, correlation coefficients are defined as negligible (0 to 0.19), weak (0.2 to 0.39), moderate (0.4 to 0.59), or strong (0.6 to 1). Quantitative data should be tracked and trended over time and monitored for outcomes below established benchmarks, demonstrating a downward trend, or demonstrating significant fluctuations.

Analysis / Reporting of Qualitative Data

Qualitative data are used to gain an understanding of underlying reasons, opinions, and motivations. They can provide insights into the "whys" behind quantitative data and uncover trends in thought and opinions which allow deeper data analysis. Qualitative data can be collected through unstructured or semi-structured techniques (e.g. surveys, focus groups, individual discussions). Although not possible for all types of qualitative data, for consistency in data reporting and analysis, qualitative data should be quantified whenever possible.

Survey data gathering attitudes, beliefs and opinions are also considered qualitative data (e.g. student evaluations of preceptors, faculty, courses and exit survey data). For consistency in data collection, the Program will typically use a 5-point Likert scale: (5) Strongly Agree, (4) Agree, (3) Neutral, (2) Disagree, and (1) Strongly Disagree. Likert scale data are typically reported as a sum of Strongly Agree + Agree responses. The data mean may also be provided for descriptive purposes only. Measurement of variation is not necessary here, as these means are descriptive only. When statistical analysis is conducted with Likert scale data, they are to be analyzed using non-parametric tests. If the survey is a validated, reliable instrument, data may be analyzed using parametric tests. Response rate should be reported for all survey data.

Open-ended comments should also be quantified when possible. For consistency in data reporting and analysis, a simple thematic analysis should be conducted. The goal of a thematic analysis is to identify themes, i.e. patterns in the data that are important or interesting or help clarify the Likert-scale data. This is much more than simply summarizing the comments. A good thematic analysis interprets and makes sense of the data. A typical starting point is to search for positive vs. negative themes or strengths vs. weaknesses/areas for improvements. Student comments should also be coded and reported by content. For example, reporting and analysis of student perceptions of faculty may be coded and reported as…

> ***Strengths/Weaknesses related to stimulating student interest in course content****…Positive themes were related to real-life stories/case studies (8); excellent teacher/knowledgeable (5); study tools/organized material and lecture notes (4); appreciated critical thinking, application (3); dedicated/passionate about student learning/material (3); and made difficult material easy to understand (2). Negative themes were related to report as above (if none, state no negative comments were noted more than twice or something like that). Only positive/negative comments mentioned more than twice are coded and reported.*
>
> ***Strengths/Weaknesses related to establishing rapport with students****…Positive themes were related to the instructor's dedication to helping students learn/encouraging students (6); good/timely feedback (4); and approachable/open-door policy (4). Negative themes were related to instructor being perceived as intimidating/unapproachable (11); feeling like the instructor was bothered by their questions (6); and not feeling comfortable asking questions (3). Only positive/negative comments mentioned more than twice are coded and reported.*

Philosophy of Establishing Benchmarks

Benchmarking is an ongoing, systematic process for measuring and comparing the work processes of an organization to past performance of that organization and/or comparing one organization to another, by bringing an external focus to internal activities, functions, and operations. Benchmarking is a way of discovering gaps in processes and outcomes. The purpose of benchmarking is to communicate expectations, plan curriculum and instruction, monitor and evaluate learning, monitor and evaluate outcomes related to process changes, and predict future performance.

When possible and appropriate, the Program should use various quantitative benchmarks against which to measure performance. The Program uses two main types of benchmarking 1) internal benchmarking and 2) external benchmarking. Benchmarking should be an ongoing process; therefore, benchmarks are implemented, monitored, and adjusted when appropriate.

1) *Internal benchmarking* is done by assessing against past Program performance within that area as well as performance in similar areas/functions within the Program. This includes trending data over time, self-comparison through repeated measures, and correlations between internal data and outcomes such as PANCE scores.
2) *Eternal benchmarking* is done by calibrating Program benchmarks against the performance of others. Examples of external benchmarking include:
    a. *Internal units* – comparisons within the University (e.g. comparisons with other WSU graduate programs or other WSU College of Health Professions programs)
    b. *Similar programs* – comparisons with similar PA programs within universities identified as "peer institutions" via the University formal processes (***Appendix A***) and/or membership in the American Athletic Conference. Appropriate benchmarks include established programs of similar size and not affiliated with a medical school
    c. *Functional comparisons* – comparisons across diverse settings (e.g. national data obtained from PAEA or AAPA or published data)

It is important to select a benchmark challenging enough to reflect the Program's Vision of "Excellence in PA education" while balancing that with an understanding that striving for excellence is different than striving for perfection. Striving for perfection or unnecessarily lofty goals runs the risk of causing teams to lose sight of themselves and their purpose. Fluctuations in certain types of data are often normal and expected. For example, fluctuations are frequently seen with student satisfaction surveys from one cohort to the next or when a change occurs such as significant course revisions, new course instructors, or changes to policy or practice that might affect student satisfaction. Therefore, a single low rating may not be alarming especially if the reasons are understood and justifiable. In such cases, documentation of reasons for the low evaluations and plans for corrective actions are appropriate.

Steps involved in benchmarking:

1) Determine what needs benchmarking by understanding the Program's current processes, current performance gaps, and Accreditation requirements
2) Obtain support and approval from the assessment team (Program Director, Director of Assessment, Director of Didactic Education, and Director of Clinical Education)
3) Communicate benchmarks and expectations to involved parties (e.g. faculty, students, preceptors, administration)
4) Determine objectives and scope of benchmarking (e.g. track progress from present into the future, track outcomes after a change is made, identify negative trends, make comparisons with quality indicators)
5) Determine primary metrics to be used
6) Develop data collection plan
7) Disseminate results for discussion and analysis

Adapted from Six Sigma Principles (www.isixsigma.com) and Benchmark Assessment for Improved Learning, an Assessment & Accountability Comprehensive Center (AACC) Policy brief

Typical Program Benchmarks:

Whenever possible and as appropriate, using similar benchmarks for similar types of data aids in consistency and transparency of benchmarks and expectations for all involved parties.

1) *Required Elements*: A typical benchmark for a required element of the Program would be a goal of 100%. Examples of required elements would be that 100% of students participate in service learning opportunities or 100% of full-time faculty are expected to have a terminal degree or a plan to obtain that degree.
2) *University-Defined Benchmarks*: When University-defined benchmarks are available and appropriate to use, the typical Program benchmark would be meet the University benchmark. Examples include benchmarks for tenure and promotion and student-to-faculty ratio.
3) *Satisfaction Surveys*: A typical Program benchmark for a satisfaction survey would be a goal of ≥ 80% satisfied. The appropriateness for this benchmark can be established by calibrating against past internal data for that individual data point (if available) and/or calibrating against similar Program satisfaction surveys or similar College or University surveys.
4) *National Program Data*: When national PA program data are available and appropriate to use, a typical benchmark would be a goal of at or above the national average for that data point. The most recent PAEA Annual Report is a reliable source of national and regional information. Benchmarking externally against national or regional PA programs rather than internal College or University data is more appropriate for things such as student attrition and faculty-to-student ratio considering the WSU PA Program far exceeds the minimum requirements of the WSU Graduate School which is simply to maintain a minimum 3.0 GPA.
5) *Standardized Exam Performance*: A typical Program benchmark for standardized exam performance would be goal of ≥ 97% of the national average – in other words, no more than 3 percentage points below the national average. The 3 percentage points below national average is appropriate considering the wide standard deviation for this type of data. The standard deviation is much wider than 3 percentage points, thus a benchmark of ≥ 97% of the national average is high but appropriate, considering past performance and our mission of "Excellence in PA education."

Self-Assessment 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 and curricular policies is the primary responsibility of the Director of Didactic Education; while compliance related to the clinical year and clinical year policies is the primary responsibility of the Director of Clinical Education; and compliance related to administrative aspects of the Program and administrative policies is the primary responsibility of the Program Director. All Program policies/procedures are reviewed annually prior to each new cohort of students and as needed.

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[A1.03.a]

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: 2017, 2020, 2023, 2026 and so forth.
c. Related information including KBOR Program Review process, 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/Program Reviews (WSU KBOR Reports) and on the WSU Assessment Home Page

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: 2017, 2020, 2023, and so forth.
c. Related information including *Accreditation Standards* and Self-Assessment Templates can be found on the ARC-PA website.
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

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 in the fall semester (Sep – 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 similar to the ARC-PA Self-Assessment Templates. As new data are added, older data 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 specific instructions for that data set. *Instructions* should be detailed enough that someone unfamiliar with the process can replicate the data for subsequent years.
d. *Timeline for Data Collection / Assessment*: ***See Appendix B: Timeline for Data Gathering and Analysis***

e. *Self-Assessment Analysis*: At a minimum, self-assessment should include 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] 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.[Section C: Evaluation] The following data/documents will be collected and analyzed:

Evaluation of Program Curriculum & Student Progress

- Curriculum map for most recent didactic cohort
- Vision Mission Exit Survey and Graduate School Exit Surveys
- Student evaluations of courses and faculty
- Performance on PANCE, PACKRAT 1, PACKRAT 2, and EOR exams
- Courses/rotations and numbers of final course grades of C or below
- Academic warnings & remediation
- Professional warnings & remediation
- Student attrition (deceleration, withdrawal, dismissal)
- Y1 Summative Evaluation results
- End-of-Program Summative Evaluation results

Evaluation of Experiential Learning (Clinical/Research/Passport)

- ACYR prepared by the Dir. of Clinical Education, see item #4 for details.
- Relevant items from above (e.g. PANCE, EOR, End-of-Program Summative Exam)
- Preceptor feedback of student preparedness
- Student evaluations of preceptors / clinical sites
- Student evaluations of research advising (from exit surveys)
- Outcomes of Master's research projects (dissemination rate, research composite list)

Evaluation of Administrative Aspects

- CHP Climate Survey (faculty/staff)
- Graduate School Exit Survey (students)
- Faculty and staff attrition
- 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]

Evaluation of Program Vision/Mission & Guiding Principles

- Vision/Mission statements for WSU, CHP, and PA Program
- Vision/Mission Exit Survey data
- Vision/Mission Outcome Measures of Success summary document
- Alumni, Employer, and Preceptor surveys

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 October. An abbreviated interim report primarily focused on sufficiency of sites and recruiting should also be completed each January.

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

APPENDIX A – Process for Identification of Peer Institutions

WSU peer institutions are determined using a three-stage process. This process focuses on institutional characteristics including mission, Carnegie Class, enrollment trends (including KBOR priorities), and budget. Analyses are based on the most recent national data and utilize strong statistical techniques designed to identify those institutions that are "most like" WSU on the most important characteristics. This process assures that actual institutional characteristics, rather than personal opinion, drive the process.

Stage 1 Analysis:

- Total enrollment of 10,000 to 20,000 (similar to WSU enrollment of approximately 15,000)
- Shares of graduate students ranging between 15% - 20% (WSU share is approximately 18%)
- Within 5% of total enrollment shares as compared to WSU shares of similar disciplines within Business, Education, Engineering and other STEM (science, technology, engineering, and math)

Stage 2 Analysis:

- Separately for peer institution, a connectivity-based clustering technique (hierarchal cluster analysis using an agglomerative approach) is performed using selected factors from: 1) institutional student data (enrollment, graduate enrollment, discipline shares) and 2) institutional financial data (proportions covering revenue sources and expenditure types)
- Outlying clusters are excluded and those meeting minimal distance criterions (squared Euclidean distance) are retained

Stage 3 Analysis:

- The President's executive team and college deans then separately review and select candidates
- The President's executive team then performs a secondary review determine the final 5 peer institutions

APPENDIX B: Timeline for Data Gathering and Analysis

Data Source	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admission Process & Outcomes										APR	APC	APC
Program Eval of Institutional Support (e.g. faculty appointment, promotion, faculty development, clinical site development, financial support)	ACYR	FAR		Climate				ACYR		APR		
Program Eval of Institutional Resources (e.g. human, physical, technology)				Climate						APR		
Program/Student Eval of Institutional Serv. (e.g. health, learning res., financial aid)		Grad		Climate						APR		
Student Didactic Course Perform (G = grades submitted, discussed at FDM prn)			G		G	Y1 Sum	G			APR		G
Student Clinical Course Perf. (grades, rotation logs, EOR, discussed at FDM prn)	ACYR	G	G	G	G	G	G	ACYR	G	APR	G	Y2 Sum
Student Eval of Didactic Courses (SPTEs at course conclusion; analyzed at CC)	CC		G		G		G	CC		APR		G
Student Evaluation of Rotations/Clinical Sites	ACYR	G	G	G	G	G	G	ACYR	G	APR	G	G
Student Eval of Didactic & Clinical Faculty	CC/ACYR		G		G		G	CC/ACYR		APR		G
Faculty Course Evaluations (Post-course Assessment forms)	CC		G		G		G	CC		APR		G
Faculty Evaluation of Clinical Sites (data gathered throughout the year on visits)	ACYR							ACYR		APR		
Preceptor Feedback of Student Preparedness	ACYR							ACYR		APR		
Summative Eval Performance (End-of-Program Summ Eval)					Prog Sum					APR		
PANCE Performance [APR]								G		APR		
Student Remediatn (discussed FDM prn; analyzed individually at Y1/Y2 Summ Evals)	G	G	G	G	G	Y1 Sum	G	G	G	APR	G	Y2 Sum
Student Deceleration (decisions made by APC at Y1/Y2 & Prog Summ Evals)					Prog Sum	Y1 Sum				APR		Y2 Sum
Student Attrition (decisions made by APC at Y1/Y2 & End-of-Program Summ Evals)					Prog Sum	Y1 Sum				APR		Y2 Sum
Student Exit Evaluations of Program (Graduate School / Prog Vision/Mission)		Grad					V/M			APR		
Graduate Evaluations of the Program (Alumni Survey q 5 years)						G	G			APR		
Employer Surveys (q 5 years)						G	G			APR		
Sufficiency & Effectiveness of Faculty/Staff		FAR								APR	Goals	Goals
Faculty/Staff Attrition										APR		
Faculty Evaluation of the Curriculum (also discussed at CC prn)	CC/ACYR							CC/ACYR		APR	Goals	Goals
Faculty Evaluation of the Program (strategic planning / annual goals)										APR	Goals	Goals
Faculty Self-Assessments (Faculty Activity Records – FAR; Post-course Assmt forms)	CC	FAR	G		G		G	CC		APR		G
University Assessment (KBOR report every 3 years)				KBOR								
University Strategic Planning (adhoc)												

COLORS: **G** = Data gathered; **A** = Data analyzed

Other Abbreviations Used in Table

ACYR = Annual Clinical Year Report
APC = Admissions & Progression Committee
APR = Annual Program Review
CC = Curriculum Committee
Climate = CHP Climate Survey
FDM = Faculty Department Meetings
FAR= Faculty Activity Record
Goals = PA Program Annual Goals
Grad = Graduate School Exit Survey
KBOR = Kansas Board of Regents report
Prog Sum = End-of- Program Summative Eval
V/M = Program Vision/Mission Exit Survey
Y1 Sum = Year 1 Summative Evaluation
Y2 Sum = Year 2 Summative Evaluation

Curriculum Committee: *monthly* meetings discuss curricular issues, e.g. course sequencing, scheduling, post-course assessments, review policy/procedures, and progress on curriculum-related improvement initiatives

Faculty Department Meetings: *monthly* meetings to discuss programmatic, curricular, and student issues, e.g. disseminate College/University updates, review policy/procedures, progress on program improvement initiatives

Citation numbers are from the ARC-PA *Accreditation Standards for PA Education, 4th ed.*

Appendix D

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

Vision: Excellence in PA education

Mission: Transform students into highly competent PAs

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]	**85%**	**Yes**
	The Program's 5-year mean for the ***PANCE first-time pass rate*** will be at or above the 5-year national mean	**100%** (96% natl)	**Yes**
	Using standardized University evaluations over the last 3 years, ≥ 80% of Program ***course ratings*** will be ranked at or above "good"	**95%**	**Yes**
	Using standardized University evaluations over the last 3 years, ≥ 80% of Program ***faculty ratings*** will be ranked at or above "good"	**84%**	**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)	**4.1%** (6.1% 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]	**98%**	**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]	**95%**	**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]	**97%**	**Yes**
	100% of graduates will complete ≥ 18 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]	**96%**	**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]	**99%**	**Yes**
	Experiential Learning Passport: 100% of graduating students will participate in 6 selected ***research / evidence-based practice*** activities	**100%**	**Yes**
	Student publication/professional poster presentation rate ≥ 15% (5-yr mean)[b]	**22%**	**Yes**

[a] *Vision/Mission Exit Survey is completed annually in July prior to graduation.*

[b] *Due to lag time between graduation and publication/presentation, rate is reported 2 years after graduation.*

Updated 1/2020

Appendix E

Learning Outcomes / Curriculum / Assessment Crosswalk

The WSU PA Program is a 26-month course of study designed to prepare students for safe and effective practice as a PA with a Master of Physician Assistant degree. To achieve this goal, all competencies and learning outcomes necessary for a beginning practicing professional are incorporated into the Program curriculum. Competencies are based on the NCCPA's Competencies for the PA Professions available at: http://www.nccpa.net/Uploads/docs/PACompetencies.pdf. To successfully complete and meet all graduation requirements, students must meet minimum evaluation requirements. Formative and summative evaluations occur throughout the Program, see section on Formative & Summative Student Evaluation.

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 Supervised Clinical Practice Exp (SCPE)	Didactic Course Exams Overall Didactic Course Grades Y1 Clinical Integration Exam Y1 Summative OSCEs Y1 Summative Calculations Exam Y1 Comprehensive Pharm Exams Y1 PACKRAT SCPE Performance Clinical Performance Evals (CPE) End of Rotation (EOR) Exams EOR Simulation Assessments Y2 PACKRAT Program Summative Exams Program Summative OSCEs
b. Identify signs/symptoms of medical conditions & differentiate between normal/abnormal findings	All Clinical Medicine courses Clinical Practice I & II courses Supervised Clinical Practice Experiences	
c. Select and interpret laboratory and diagnostic tests	Clinical Laboratory All Clinical Medicine courses Preventive Medicine course Pharmacology courses Supervised Clinical Practice Experiences	
d. Formulate differential diagnoses	All Clinical Medicine courses Clinical Practice I & II courses Supervised Clinical Practice Experiences	
e. Prescribe/monitor pharmacotherapy	Pharmacology courses All Clinical Medicine courses Supervised Clinical Practice Experiences	
f. Demonstrate problem-solving / critical thinking skills	All Didactic Courses Supervised Clinical Practice Experiences	
2. Demonstrate *patient care* that is effective, safe, high quality, and equitable		
a. Perform medical history/physical exams	Clinical Practice I & II courses All Clinical Medicine courses Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Summative OSCEs SCPE & CPE Performance EOR Simulation Assessments Clinical Skills Checklist Program Summative OSCEs
b. Formulate/implement evidence-based treatment and preventive care plans	Preventive Medicine course Pharmacology courses Clinical Practice I & II courses All Clinical Medicine courses Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Comprehensive Pharm Exams Y1 Clinical Integration Exam Y1 Summative OSCEs SCPE & CPE Performance EOR Exams & Simulation Assmnts Y1 & Y2 PAKCRAT Exams Program Summative Exams/OSCEs
c. Provide equitable, patient-centered, collaborative care	Interprofessional Evid-Based Pract course Supervised Clinical Practice Experiences Passport: Interprofessional Education	Y1 Summative OSCEs SCPE & CPE Performance Passport Self-Reflections Program Summative OSCEs
d. Perform medical/surgical procedures	Clinical Practice I & II courses Supervised Clinical Practice Experiences	Y1 & Y2 Clinical Skills Assessments SCPE & CPE Performance Clinical Skills Checklist Program Summative OSCEs

Principal Learning Outcomes (Expected Competencies)	Curricular Component used to Gain this Competency	Assessment Tool / Evaluation for this Competency
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	Clinical Practice I & II courses Preventive Medicine course Interprofessional Evid-Based Pract course Passport: Interprofessional Educ Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Summative OSCEs EOR Simulation Assessments SCPE & CPE Performance Passport Self-Reflections Program Summative OSCEs
b. Maintain demeanor of respect / compassion toward patient & health team	Professional Issues course Interprofessional Evid-Based Pract course Passport: Service-Learning & Interpr Educ Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Summative OSCEs Passport Self-Reflections SCPE & CPE Performance Program Summative OSCEs
c. Show sensitivity to patients' culture, age, gender, and disabilities	Professional Issues course Interprofessional Evid-Based Pract course Passport: Service-Learning Supervised Clinical Practice Experiences	
d. Document medical record to meet site requirements	Clinical Practice I & II courses Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Y1 Summative OSCEs SCPE & CPE Performance Program Summative OSCEs
e. Provide accurate/concise oral presentation	Clinical Practice I & II courses Interprofessional Evid-Based Pract course Supervised Clinical Practice Experiences	Didactic Course Exams/Grades SCPE & CPE Performance Program Summative OSCEs
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 Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Remediation Outcomes Number Professional Warnings SCPE & CPE Performance Master's Research Project Passport Self-Reflections Passport Progress/Completion Program Summative OSCEs
b. Follow instructions, accept responsibility, take initiative, exhibit dependability, and modify behavior following criticism	All Didactic Year courses Experiential Learning Passport Directed Study in Research Supervised Clinical Practice Experiences	
c. Seek interprofessional interactions and understand appropriate referrals	Professional Issues course Interprofessional Evid-Based Pract course Passport: Interprofessional Education Supervised Clinical Practice Experiences	
d. Maintain professionalism in behavior, dress, and student identification	Prof Issues, Clinical Pract I & II courses Supervised Clinical Practice Experiences	
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	Clinical Practice I & II Courses Interprofessional Evid-Based Pract course Supervised Clinical Practice Experiences	Didactic Course Exams/Grades Remediation Outcomes Passport Self-Reflection Prof Development Self-Assessment Y1 Summative OSCEs Master's Research Project SCPE & CPE Performance Program Summative OSCEs
b. Initiate learning and self-improvement	Interprofessional Evid-Based Pract course Research Methods for EBP course Passport: Life-Long Learning & Prof Dev Directed Study in Research Supervised Clinical Practice Experiences	
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 Passport: Service-Learning Supervised Clinical Practice Experiences	Didactic Course Exams/Grades EOR Simulation Assessments SCPE & CPE Performance Passport Self-Reflections Program Summative OSCEs
b. Understand and practice within the role of a PA	Professional Issues course Interprofessional Evid-Based Pract course Passport: Professional Development Supervised Clinical Practice Experiences	

*All Clinical Medicine courses: refers to Clinical Medicine courses in cardiology, behavioral medicine, dermatology, EENT, pulmonology, genitourinary renal, gastroenterology, OB/GYN, endocrinology, musculoskeletal, neurology, and preventive medicine.

Assessment of Learning Outcomes, Results, and Analyses

Appendix F

<table>
<tr><th>Assessment Tool</th><th>Description of Assessment Tool, Target/Goal, 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% of students remediated per policy
Description: Individual exams within each didactic course are created by course instructors
Remediation Process: A failed exam (<72%) results in an academic warning. Students scoring <80% must be retested on the content until a score ≥80% is achieved. Every 5 instances of remediation results in an academic warning. Remediation does not change the original exam score</td>
<td>• Number of academic warnings for Class of 2017, 2018, 2019, & 2020 were 11, 10, 11, and 17, respectively
• Number of remediated exams (72 – 79%) for Class of 2017, 2018, 2019, & 2020 were 39, 80, 109, and 116, respectively
• 100% of students were remediated according to policy</td>
<td>• New remediation policy was implemented for Class of 2021 due to increasing trend in numbers of academic warnings and remediated exams
• New policy did not result in a reduced number of academic warnings but did result in a 35% reduction in remediated exams
• Number of remediated exams is strongly correlated with PANCE performance, thus it remains an important indicator</td>
</tr>
<tr>
<td>Overall Didactic Course Grades</td>
<td>Student Target: ≥ 72% for each course and ≥ 3.0 GPA overall
Program Target: 100% of students remediated per policy; 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 subject to remediation, deceleration, or dismissal</td>
<td>• Num. didactic course grades of C for Class of 2018, 2019, 2020, & 2021 were 7, 4, 9, & 4, respectively. No students received didactic course grades <72%
• No courses demonstrated a significant change in the number of grades of C being issued
• Student attrition rate for Class of 2020, 2019, 2018, & 2017 was 4%, 6%, 2%, and 4% respectively with the 3-year mean of 4% remaining below the national 6.1%.
• 100% of students were remediated according to policy</td>
<td>• New remediation policy implemented for Class of 2021 resulted a 55% reduction in course grades of C
• Didactic GPA was strongly correlated with PANCE performance, thus it remains an important indicator
• Student attrition remains steady indicating that the “stricter” policies regarding remediation, deceleration, and dismissal have not adversely impacted attrition</td>
</tr>
<tr>
<td>End-of-Rotation (EOR) National Exams</td>
<td>Student Target: No less than 1 standard deviation (SD) below the national mean for that exam
Program Target: Program performance at (within 3 points of) or above national mean overall and within each clinical skill and content area; 100% of students remediated per policy
Description: During the clinical year, students complete 7 national standardized EOR exams covering supervised clinical practice experiences: family med, internal med, emergency med, women’s health, pediatrics, surgery, and psychiatry. Students are provided detailed performance reports
Remediation Process: Students failing an exam must remediate by completing and passing a different version of the same EOR Exam</td>
<td>• EOR exams remediated: In 2020, 3 of 322; in 2019, 7 of 315; in 2018, 4 of 294; in 2017, 1 of 276
• 100% of students were remediated according to policy
Program EOR Comparison to National Average
<table>
<tr><th>EOR Exam</th><th>2020</th><th>2019</th><th>2018</th><th>2017</th></tr>
<tr><td>Family Medicine</td><td>100%</td><td>102%</td><td>104%</td><td>105%</td></tr>
<tr><td>Internal Medicine</td><td>105%</td><td>103%</td><td>105%</td><td>105%</td></tr>
<tr><td>Emergency Med</td><td>100%</td><td>100%</td><td>103%</td><td>105%</td></tr>
<tr><td>Women’s Health</td><td>102%</td><td>102%</td><td>107%</td><td>104%</td></tr>
<tr><td>Pediatrics</td><td>104%</td><td>104%</td><td>107%</td><td>104%</td></tr>
<tr><td>Behavioral Health</td><td>100%</td><td>103%</td><td>105%</td><td>102%</td></tr>
<tr><td>Surgery</td><td>103%</td><td>102%</td><td>NA</td><td>NA</td></tr>
</table>
Program class mean taken as a % of national mean score</td>
<td>• Requiring these exams during the clinical year keeps students focused on studying for the PANCE exam and provides individualized feedback along the way
• Most students see steady increases in individual performance across time
• Program performance consistently at or above national mean for all EOR Exams</td>
</tr>
</table>

Appendix F

<table>
<tr><th>Assessment Tool</th><th>Description of Assessment Tool, Target/Goal, and Remediation Process</th><th>Results</th><th>Analysis</th></tr>
<tr>
<td>PACKRAT Exams

(Physician Assistant Clinical Knowledge Rating and Assessment Tool)</td>
<td>Student Target: no less than 1 SD below national mean
Program Target: Program performance at (within 3 points of) or above national mean overall and within each clinical skill and content area; 100% of students remediated per policy
Description: National standardized exam taken at end of didactic year (Y1) and Program (Y2). It mimics PANCE and covers all major body systems, pharmacology, diagnosis, history/physical exam, diagnostic studies, interventions, health maintenance, and scientific concepts
Remediation Process: Failing score results in individualized remediation and academic counseling / advising</td>
<td>• Comparison of the number of students falling below goal for the Y1 PACKRAT vs Y2 PACKRAT vs PANCE
<table>
<tr><th></th><th>Y1 PACKRAT</th><th>Y2 PACKRAT</th><th>PANCE</th></tr>
<tr><td>2020</td><td>3</td><td>0</td><td>unknown</td></tr>
<tr><td>2019</td><td>6</td><td>1</td><td>0</td></tr>
<tr><td>2018</td><td>6</td><td>0</td><td>0</td></tr>
<tr><td>2017</td><td>4</td><td>0</td><td>0</td></tr>
</table>
• Additional class wide review sessions and content are offered during the clinical year based on the specific Y1 PACKRAT performance for that Class
• 100% of students were remediated according to policy and provided with academic counseling/advising</td>
<td>• Class of 2021 Y1 PACKRAT performance was much lower than typical; 10 students fell below goal; students blamed isolation / pandemic – will continue to monitor closely
• More students pass Y2 PR vs Y1 PR and all students pass PANCE, indicating successful class wide and individual remediation
• Fewer content and task areas are identified as below national average on the Y2 PR and PANCE vs. Y1 PR also indicating successful targeted and class wide remediation</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 remediated per policy
Description: Professional warnings can occur due to non-compliance with attendance, dress code, immunization, and/or social media policies or other expectations of prof. behavior. Students issued 2 prof. warnings are placed on probation; receipt of 3 warnings results in Program dismissal
Remediation Process: Individualized remediation includes completion of readings or coaching</td>
<td>• 2 prof. warnings were issued to students from the Class of 2020; 1 from 2019; 1 from 2018; and 2 from 2017
• Mean score for professionalism from preceptors across all students has consistently been 4.8/5 for the last 3 cohorts of students (Class 2017 – 2020)
• 93% of employers rated graduates as meeting/ exceeding expectations with professionalism, personal responsibility, and reaction to criticism. 100% rated graduates as able to recognize personal limitations and initiate learning and self-improvement
100% of students were remediated according to policy</td>
<td>• These data have been consistent over the past several years
• No students were dismissed from the Program due to professionalism over the last 3 years
• Preceptors rate student professionalism very highly
• Employers are very satisfied with graduates</td>
</tr>
<tr>
<td>Supervised Clinical Practice Experiences (SCPEs)</td>
<td>Student Target: Passing score from preceptor evaluation of student; demonstrated proficiency with all clinical skills and Clinical Performance Evaluations (CPEs); meets minimum benchmarks for patient encounter data
Program Target: 100% of students remediated per policy
Description: CPEs specialty areas include care of Fam Med, Pediatrics, etc. Clinical skills include pelvic exam, rectal exam, casting/splinting, etc. Benchmarks include minimum patients meeting certain criteria such as infants, children, adolescents, adults, older adults, pre/post operative care, prenatal care, inpatient/outpatient care, emergency care, etc.)
Remediation Process: Failed preceptor eval of student may result in repeated rotation, and/or additional individualized remediation. Failure to meet minimums with regards to Clinical Skills, CPEs, and patient encounter benchmarks following remediation may result in failure to graduate</td>
<td>Number of students failing to meet a SCPE criteria
<table>
<tr><th>Preceptor Evaluations</th><th>2020</th><th>2019</th><th>2018</th></tr>
<tr><td>Failed SCPE Evaluation</td><td>1</td><td>2</td><td>2</td></tr>
<tr><td>Unmet Clinical Skills</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Unmet CPE</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Unmet Patient Encounter Benchmarks</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Delayed graduation due to above</td><td>0</td><td>1</td><td>1</td></tr>
</table>
• 100% of students were remediated according to policy</td>
<td>• The Clinical Skills Proficiency checklist, CPEs, and minimum benchmarks for patient encounter data are all new assessments in response to the Accreditation process. These new assessments better document that students are meeting Program learning outcomes related to the clinical year
• Students with unmet clinical skills have been successfully remediated by bringing in standardized patients
• Students falling behind on patient encounter benchmarks or CPEs are remediated with rotation changes
• Student performance with regards to preceptor evaluation of students have remained stead over time</td>
</tr>
</table>

Assessment Tool	Description of Assessment Tool, Target/Goal, and Remediation Process	Results	Analysis
End-of-Program Summative Exams	***Student Target***: ≥ 72% curved to a class mean of 88% ***Program Target***: 100% of students remediated per policy ***Description***: As required by ARC-PA, these exams were created by WSU Program faculty to assess competency prior to graduation. In 2019 the single End-of-Program Summative Exam was replaced by a series of exams: Fam Med, Internal Med, Surgery, Peds, Women's Health, and Behavioral Health ***Remediation Process***: Students failing the exam (≤72% curved) are subject to individualized remediation that must be satisfactorily completed prior to approval for graduation	• Faculty perform Item analysis and face validity annually with modifications made as necessary. Questions are evaluated for discrimination and difficulty. Performance correlations between various national exams are also analyzed • In 2019, 4 students failed one of the 6 Summative Exams. In 2020, 0 students failed a Summative Exam • 100% of students were remediated according to policy	• *Validity of Summative Exams is good.* Performance was strongly correlated with Y2 PACKRAT performance and performance on 5 of 6 Summative Exams was statistically correlated with EOR Exam performance • *Surg exam performance was **not** correlated* with the Surg EOR Exam – this exam will be reviewed/modified and re-analyzed. • As expected, *student performance on these Exams is high* indicating students are meeting Program learning outcomes
End-of-Program Summative OSCEs	***Student Target***: Passing score on each OSCE and across all Program-defined learning outcomes ***Program Target***: 100% of students remediated per policy ***Description***: Objective Structured Clinical Exams (OSCEs) are hands-one with 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***: Students failing an OSCE are subject to individualized remediation that must be satisfactorily completed prior to approval for graduation	• Faculty analyze face validity annually with modifications made as necessary. Performance correlations between various national exams are also analyzed • In 2019, 1 student failed 1 OSCE and was remediated; 1 student failed 2 OSCEs plus multiple learning outcomes across all 4 OSCEs. This student was offered deceleration, but chose to withdraw from the Program. • In 2020, 9 students failed 1 of the 4 Summative OSCEs. All were remediated and all graduated • 100% of students were remediated according to policy	• *Modifications to OSCEs*: In 2019, 1 of the 4 Summative OSCEs had an initial 65% failure rate; scoring was modified and it was revised in 2020. In 2020, 3 students failed this OSCE. Student survey feedback identified additional issues across the OSCEs that were implemented to reduce stress, reduce confusion, and improve organization • Number of failed learning outcomes across the 4 OSCEs *correlated with performance on* Y2 PACKRAT, Summ Exams, and PANCE
Master's Research Project	***Student Target***: Successful completion of the MPA project and oral defense ***Program Target***: 100% completion rate; ≥ 15% 5-yr mean student publication / professional poster presentation rate ***Description***: Students enroll in four credit hours of directed study coursework	• No students received course grades below C for the directed study courses for the last 3 years • Over the last 5 yrs, 22% of student projects have been disseminated as publications or professional posters beyond GRASP, and 10 have won University awards • 100% of students completed the MPA project/defense	• Student co-authored scholarship is *consistently strong* • Students *represent the University well* at GRASP, Topeka, and other venues at the state and national levels

Appendix G

WSU Graduate School Exit Survey						
		PA Class of 2019	PA Class of 2018	PA Class of 2017	PA Mean 2017-2019	CHP Mean 2017-2019
Q4	Overall satisfaction with the program (% satisfied)	85%	96%	83%	88%	79%
Q3	Faculty were accessible (% yes)	100%	100%	100%	100%	97%
Q10	Satisfaction with faculty on feedback of course work (% satisfied)	92%	96%	94%	94%	91%
Q11	Satisfaction with quality of instruction (% satisfied)	94%	92%	89%	92%	82%
Q26	Satisfaction with research advisor (% satisfied)	94%	89%	71%	85%	85%
Q23	Research advisor accessible (% yes)	89%	98%	85%	91%	94%
Q24	Research advisor gave feedback on drafts (% yes)	100%	96%	80%	92%	95%
Q25	Research advisor gave advice on preparation of oral defense (% yes)	97%	98%	87%	94%	95%
Q12	Performed volunteer community service (% yes)	96% *f*	98% *f*	98% *f*	97%	62%

Last Updated: Jan 2020

**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 actual program completion)*

f Although less than 100% of students marked "yes" for volunteer community service, we have documentation that 100% of PA students were involved in at least 6 community service activities.

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

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

Graduating Class of	2019			2018			2017			2016			2015			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%	93%	108%	100%	98%	102%	100%	97%	103%	100%	96%	104%	98%	96%	102%	100%	96%	104%
CONTENT AREA																		
Cardiovascular (13%)	83	80	104%	82	81	101%	84	81	104%	79	77	103%	78	77	101%	81	80	102%
Dermatologic (5%)	82	80	103%	83	76	109%	79	76	104%	81	77	105%	80	79	101%	81	78	103%
EENT (7%)	83	81	102%	85	79	108%	82	79	104%	81	81	100%	78	76	103%	82	79	103%
Endocrine (7%)	86	82	105%	81	81	100%	84	81	104%	78	77	101%	71	75	95%	80	79	101%
Genitourinary M/F (5%)	83	81	102%	79	76	104%	79	76	104%	74	74	100%	74	73	101%	78	76	102%
GI / Nutritional (9%)	80	76	105%	81	78	104%	83	78	106%	79	78	101%	74	76	97%	79	77	103%
Hematologic (5%)	80	81	99%	72	82	88%	82	82	100%	76	76	100%	66	72	92%	75	79	96%
Infectious Disease (6%)	81	80	101%	86	79	109%	84	79	106%	80	81	99%	75	76	99%	81	79	103%
Musculoskeletal (8%)	81	80	101%	83	80	104%	84	80	105%	83	82	101%	81	77	105%	82	80	103%
Neurologic (7%)	79	74	107%	80	79	101%	81	79	103%	75	75	100%	76	75	101%	78	76	102%
Psych/Behavioral (6%)	86	81	106%	83	80	104%	84	80	105%	79	79	100%	80	77	104%	82	79	104%
Pulmonary (10%)	85	80	106%	82	79	104%	82	79	104%	77	78	99%	75	76	99%	80	78	103%
Renal (5%)	85	81	105%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	85	81	105%
Reproductive M/F (7%)	81	76	107%	80	78	103%	81	78	104%	71	74	96%	72	73	99%	77	75	102%
TASKS																		
Scientific Concepts (10%)	84	80	105%	77	77	100%	79	77	103%	77	78	99%	75	75	100%	78	77	102%
Clinical Intervention (14%)	80	79	101%	79	78	101%	80	78	103%	79	77	103%	76	74	103%	79	78	102%
Formulating Diagnosis (18%)	84	81	104%	84	82	102%	84	82	102%	78	79	99%	75	78	96%	81	80	101%
Health Maintenance (10%)	81	77	105%	78	77	101%	82	77	106%	79	77	103%	71	73	97%	78	77	102%
History/Physical Exam (17%)	84	80	105%	84	80	105%	83	80	104%	79	77	103%	79	79	100%	82	80	103%
Pharm Therapeutics (14%)	82	77	106%	84	78	108%	83	78	106%	77	77	100%	76	74	103%	80	77	105%
Professional Practice (5%)	81	78	104%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	81	78	104%
Lab/Diagnostic Studies (12%)	83	80	104%	81	80	101%	83	80	104%	78	77	101%	76	75	101%	80	79	102%

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*

Program Pass rate Benchmark is to be at or above the national average

LEGEND	
Good	≥ 97%
Monitor	92% - 96%
Needs Improvement	≤ 91%

Last updated Jan 2020

Appendix H

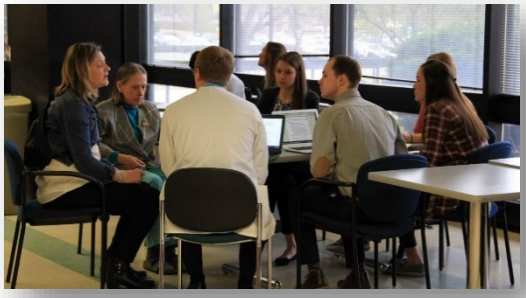
Interprofessional Education Summary Class of 2019

The following pages describe several of the interprofessional education (IPE) activities within which our students participate. The definition of IPE is "when two or more disciplines learn about, from, and with each other" to enable effective collaboration and improve health outcomes.

TeamSTEPPS Level 1 & 2

Team Strategies and Tools Enhance Performance and Patient Safety (TeamSTEPPS) is a national, evidence-based curriculum designed to improve communication and teamwork skills. Students work within small groups to discuss roles/responsibilities of their profession; dispel stereotypes of their professions; and practice teamwork and leadership using games and video scenarios with discussion reflection. PA students participate with students from *medicine, nursing, PT, speech-language pathology, audiology, and social work* in a level 1 event in January of the didactic year and a level 2 event in October of the clinical year.

HP801 Interprofessional Evidence-Based Practice



This course combines *PA, speech language pathology, and audiology* students into a 16-week interprofessional evidence-based practice course. Students work with standardized patients and perform mock consultations with students from pharmacy, social work, and physical therapy. Students also perform a root cause analysis of a medical error case study and develop a safety improvement plan. Cases cover various psychosocial and situational issues such as polypharmacy, poor compliance, end-of-life decisions, family conflicts, and limited resources. The course allows students to develop and demonstrate all 38 Core Competencies for Interprofessional Collaborative Practice (IPEC) through problem-based learning, role play, mock consultations, patient simulation, and team self-reflection.

Autism Interdisciplinary Diagnostic Team (AIDT)

AIDT allows PA students to work with students from *audiology, speech-language pathology, early child special education, clinical psychology, PT, dental hygiene, social work, nursing, & pharmacy*. The team provides hands-on training in recognizing characteristics of Autism (screening, assessment and referral) and provides a highly needed service to children and families throughout South Central Kansas. About 4 PA students participate at each event with 8 events per year.

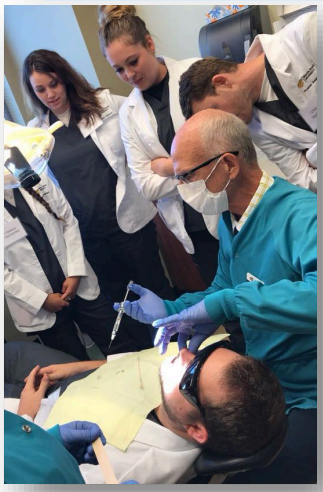
Graduate Research & Scholarly Projects (GRASP) Symposium

PA students have the opportunity to work with students and faculty from other health professions to complete their MPA research project. These projects are presented at the WSU GRASP symposium each year in April. GRASP is an interdisciplinary research forum for all WSU graduate students. Second year PA students present their research at GRASP and first year PA students attend as audience members. There's a combination of posters and oral presentations. Students have the opportunity to mingle with and learn about research being conducted throughout WSU.

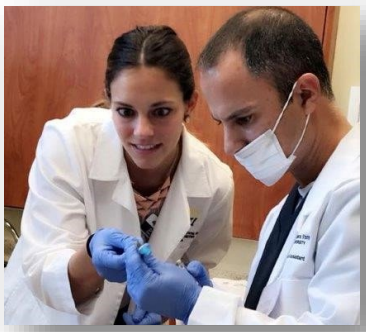
Homeless Veteran Simulation

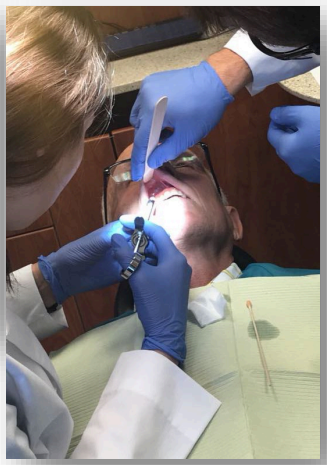
A simulation activity with trained patient and family member actors. Students work in teams to develop a plan of care for a patient with a complex medical and psychosocial history. Students work with medicine, pharmacy, nursing, PT, SLP, social work, and dental hygiene.

PA Day at AEGD



Teamwork training curriculum designed to improve communication, teamwork and patient serving skills. Students work within small groups, led by AEGD dental residents to engage, discuss and perform (real) injections for facial trauma, and learn best practices from a dental standpoint on h ow to best numb lips/facial areas for sutures.





Other Interprofessional Education Activities

- *Friday Morning Observations*: Friday morning observations not only occur with PAs and MDs but also with pharmacists, nurses, social work, and rehab therapists. The interprofessional shadowing helps PA students to better understand the roles and expertise of the healthcare team members.
- *Oral Health Fluoride Varnish with DH*: Dental hygiene students instruct PA students on how to perform a general oral exam and apply fluoride varnish. Students then practiced applying the varnish to each other.