MEDEX Northwest Physician Assistant (PA) Program, Department of Family Medicine, School of Medicine, University of Washington

Response to Graduate School 5-Year Review Report

1st May 2017

The MEDEX Northwest program wishes to thank the Graduate School Review Committee for the site visit on February 13th and 14th, 2017, and its thoughtful report of March 17th. MEDEX recognizes that this kind of review requires significant effort, and appreciates the committee's energy and commitment to ensuring that the program is meeting expectations of the University and the Graduate School.

The program sees this visit and report as an important precursor to its PA accreditation site visit and review in early 2019, and is grateful for the opportunity to engage in a formal review process at this time. MEDEX conducts ongoing self-evaluation, and appreciates that the committee recognizes where the program is doing well in fulfilling its mission to train PAs to serve the public in the School of Medicine's (SOM's) five-state service region.

This response to the committee's report focuses on the recommendations and suggestions for how the program could be doing better.

How can they do things better?

Regarding administration:

1. Explore ways how the School of Medicine can better support the MEDEX Northwest program when it comes to specific accreditation standard requirements (e.g. clinical site development, advocating for faculty within the faculty Appointment, Promotion, and Tenure system (specifically the Educator-Clinician grouping) etc.

Response:

The School of Medicine and the Department of Family Medicine have been and continue to work with the program to develop clinical training opportunities for MEDEX students. An example of this is that there are now two PA students per year completing their required four-month primary care rotation at the Family Medicine (FM) residency clinic. While the program recognizes that more opportunities are needed, this is a key point of success. There is also a PA faculty member on the FM inpatient service, which takes a PA student regularly for a one-month clerkship. Clerkship rotations are also available at Seattle Cancer Care Alliance.

Since October 2014, the PA faculty have had the opportunity to move into the professorial track within the Department of Family Medicine. Prior to this, PA faculty were limited to the lecturer

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track with few exceptions. The possibility of entering the professorial track was created only after the department and school recognized that the master's is the terminal degree for PAs. The program and department continue to work together to inform faculty of this opportunity.

While PA faculty now have access to the professorial track, there remains inequity in the ability of the satellite faculty to take advantage of this opportunity. This is due to the current requirement of clinical practice within UW Medicine. There are no UW Medicine clinical practice opportunities outside of the Interstate 5 corridor, so MEDEX faculty in Spokane and Anchorage are at a disadvantage. An interim solution has been to allow them to enter the professorial ranks as Research Assistant Professor. This is not ideal in that it has greater requirements for scholarly productivity than the Clinician Teacher or Clinician Scientist tracks that are available to faculty near the main campus in Seattle and Tacoma.

The SOM and MEDEX continue to look for equitable solutions to this problem.

2. Clarify who makes decision on student fees when satellite programs do not benefit from these fees.

Response:

The Services and Activities Fee Committee (SAF Committee) of the University of Washington (UW) sets all student fees for UW enrolled students regardless of where the student will be located for a given quarter. The SAF Committee has 11 voting members, five of whom represent the Graduate and Professional Students Senate (GPSS). The School of Medicine has two senators who participate in the GPSS. Any change in the way student fees are used must be approved through the SAF Committee, including when students will be located somewhere outside of a specific UW campus. Representatives from the medical school have requested an exception for students located at a non-UW site. To date, these attempts have not been successful. MEDEX will continue to work with the SOM in efforts to waive this fee for students attending the program at non-UW campuses.

Regarding the curriculum:

1. Increase timely feedback to students after a learning activity or assignment is completed (preferably prior to the next learning activity or assignment).

   Response:

   The expectation is that students will receive feedback in a timely manner. The program has identified and corrected the issues that led to delayed feedback.

2. Increase number of formative feedback points (including both additional testing in didactic quarters as well as midpoint evaluations and testing during the clinical phases).

Response:

The program continues to evaluate the best method and timing to assess student knowledge and learning. The program has recently committed to using the Physician Assistant Education Association (PAEA) End of Rotations exams as a means to assess students during the clinical phase. This will provide additional information on student performance during key points in the clinical year.

The program has continued to evaluate its testing procedures in the didactic phase. One example is the recent pilot test of five shorter examinations replacing two longer exams in the course on history-taking and physical exam skills. The program will determine whether this model is appropriate to apply to other courses in the didactic year.

3. While the objectives and testing at all four sites are identical, it is unclear that all lectures and provided materials are equivalent from site-to-site. This is a requirement of the accreditation body and needs additional review by faculty.

   Response:

   MEDEX has faculty representatives for each course at each site. They are all involved in selecting course texts and study material. Students are informed upon acceptance into the program of required texts.

   The program uses objectives to guide student learning. Students are made aware from the onset that the course objectives cover the material they are expected to know. Lecturers are provided the course objectives well in advance of their lecture, so that they are aware of the program's expectations for student learning, lecturers can focus their presentations, and they can ensure equivalence across all MEDEX campuses. It is not a requirement that the lecturer cover every objective. This process meets the intent of the accreditation standard, as the accrediting organization has often explained that "equivalent" does not mean "exactly the same." The program ensures that delivery of core material is equitable across campuses.

4. Although the MEDEX Program has implemented new technologies and educational innovations into their curriculum (such as the "flipped classroom" and Panopto recordings) these seem to be isolated to one or two courses. Consider increasing demonstrating the right way to do a skill before asking students to perform, for example, how to conduct an interview.

   Response:

   MEDEX continues to explore ways to implement new technologies and educational innovations into our curriculum. The Emergency Medicine course changes described in the response to Number 5 (below) is a good example. The

program continues to work with the School of Medicine on access to facilities that would allow it to incorporate more simulation and other active learning techniques.

The program has found that one of the best ways to determine whether a new technology or educational innovation is going to work is to beta-test it on a small scale at one or two campuses or in a single course. This allows for any challenges to be addressed prior to scaling it up to all sites or additional courses. This has been useful not only in implementing new ideas within the program, but also in meeting the equivalency requirement of the accrediting body.

The program has routinely demonstrated the appropriate skills to students prior to having them perform those skills. For example, students witness faculty performing a complete patient history prior to practicing that skill themselves. Students have multiple opportunities to practice again, with faculty feedback, before they are tested on this skill. The standard pattern in the history-taking and physical exam course is (1) faculty demonstration, (2) student practice with repetition, (3) assessment of the skill for each student through testing.

5. Increasing the use of more technological and educational innovations in all parts of the curriculum would benefit student learning and would demonstrate a positive response to student requests.

   Response:

   The program has made significant strides in this area over the last couple of years. For example, the Emergency Medicine course has been a focal point for investigating and evaluating a team-based curriculum and for alternative delivery methods. The team-based model leverages problem-based learning in a team setting to promote a dynamic and interactive learning environment that focuses on critical thinking, integration of objectives across the broader physician assistant curriculum, and application of learning directed toward clinical practice. The team-based curriculum is dependent on pre-class preparation, and students are required to review relevant material, including Panopto presentations and focused study notes based on learning objectives to establish a base of core knowledge on the topics. Students are then are evaluated with pre-class quizzes. Students are coached on clinical approaches in brief lectures for portions of classes; however, the majority of teaching is based on working through focused clinical cases in collaborative teams to model how health care providers approach an undifferentiated medical complaint and methodically develop a diagnosis and management plan in an evidence-based manner. Student understanding of medical knowledge is assessed through a combination of multiple choice quizzes, collaborative group post-class quizzes, and multiple choice examinations. Medical problem-solving is evaluated in two team-based simulated patient encounters per quarter, and in a case-based team written summative assessment given in conjunction with multiple choice examinations.

The program has access to and utilizes patient simulation at all sites to help strengthen core skills. The program has invested in sending faculty to national and international conferences on the use of simulation in medical education. These individuals have become the resident experts, who then ensure that the program utilizes technology most appropriately within the program. MEDEX continues to look at ways in which faculty can best use technology in the education of PA students. The program also continues to address scheduling challenges with the simulation facility on the Seattle campus by exploring resources in the local community.

6. Increase opportunities for technical skill development and testing (e.g. EKG, radiology, suturing, casting, etc.).

   Response:

   MEDEX will continue to take advantage of opportunities to increase technical skills. The program seeks a balance when considering the depth and breadth of the core curriculum, and the appropriate level along the continuum of exposure to, and mastery of, each skill.

7. Based on input from various student groups, there appears to be a disconnect in the didactic course work between the "objectives" material and "lecture" material. The students are responsible for answering the objectives and that content appears to be the basis for the certification exam (PANCE) and seem to point toward memorization. For example, the intermediate course exam consists of 100 multiple choice items to be completed in 2 hours which implies that memorization is primary. The lecture content may be on a variety of other topics (we were not given concrete examples) but material is apparently not well addressed in exams. The implication then is that the principal aim is to "teach the test" and thus achieve a high pass rate. Would suggest to better link course objectives and didactic content.

   Response:

   Written examinations (for example, those with 100 questions to be completed within two hours) include higher-order question sets. To complete these exams successfully, students must be able to do more than memorize. They must also relate case-based material to potential diagnoses, and then to possible treatment plans. Faculty members have taken advantage of training opportunities in test item-writing skills in order develop these more sophisticated test questions. This includes local visits from a national expert, and from the psychometrician from the national certifying exam commission.

   The program continues to conduct a curriculum mapping project that is intended to ensure that material on the certifying exam is covered extensively, alongside

other material that the program deems to be central to developing well-rounded, highly skilled clinicians. As noted above, learning objectives focus on the material students are expected to master. Lectures may also expand on that core knowledge to provide context and real-life examples to facilitate the development of student decision-making skills and to demonstrate applicability to clinical situations. In this way, faculty aim to both teach what will be tested and also provide pathways for students to become skilled enough to apply tested material to their future patients.

8. Finish the mapping of didactic and clinical curriculum to both the NCCPA blueprint and the ARC-PA standards (Self Study, page 6).

   Response:

   The program agrees with this plan. The curriculum mapping process is under way.

9. Consider having more capstones be spin-offs from faculty research.

   Response:

   While there may have been a limited number of opportunities for students to participate in an existing faculty study for their capstone projects, these options should increase as more of the PA faculty develop their scholarly activity skill sets. There are approximately 70 graduate students, and this number will soon increase to 130. The number of faculty conducting research is not at the level required to incorporate this many students on faculty projects. One of the goals of the capstone project is to have faculty mentor students as they develop their confidence to lead the process of taking an idea from concept to implementation to completion. These skills will serve them well as practicing clinicians and as they assume leadership roles within their clinical settings.

   Faculty have worked with several students on refining their capstone projects for presentation at national meetings or for peer-reviewed publication. The program intends to continue to seek additional opportunities for broader dissemination of student project results.

Regarding the clinical year:

1. Improve transparency to the students of the process of making clinical assignments. Students reported being nervous about the unknown and they were "kept in the dark" and there being long periods of time where they get no information about their clinical placement/assignment. Students request more communication about clinical assignments.

Response:

Currently, the clinical team has a schedule of "touch points" with the students as follows: in the first summer quarter, faculty conduct an orientation session to describe how the planning for clinical year will unfold, and how the year is structured. In December of the didactic phase, clinical faculty meet with each student to discuss the expectations and requests for the clinical phase of training. In the winter quarter of the didactic phase, clinical faculty meet with each class to describe the upcoming "CARE" week (a week in clinic prior to spring quarter), and answer questions about the clinical phase in general. Early in spring quarter, faculty have a class session to debrief and review the one-week clinical experience. By June or July, the clinical faculty should have completed the placements for approximately the first 4-6 months of the clinical phase, and this partial schedule is distributed to each student. In September, students attend their didactic campus for the "Transition Week," which prepares them to begin their clinical rotations. The timelines for the clinical year are reviewed again during this week. Students are also reminded that there are times when a clinical site or preceptor may change plans with short notice, and that this is beyond the program's control. In these circumstances, faculty communicate the new information to affected students as soon as the information is received.

The clinical team plans to review the communication timeline and process at the next team retreat. A Frequently Asked Questions document to describe processes and timelines will be developed at this time, and will be posted on the course web site. This will coincide with review of the communication plan regarding the students' clinical placements, and revisions that will allow students to know the status of their placements on a regular basis. A new software solution currently under review may also allow students to log in to view their placement status.

2. Remind students that they are still being "advised" by their didactic year advisors and that clinical year questions go first to the coordinators but didactic year advisors can be a resource.

   Response:

   In the first year that the new structure of advising was implemented, this message was not as clear as it could have been. The program has incorporated discussion and reminders of the advising structure into the Transition Week orientation to the clinical year. The faculty advisor remains the student's mentor for professional development. The clinical coordinator is the contact point for placements and issues with clinical sites.

3. Students may need to find housing in clinical sites; knowing earlier their site placement will help alleviate anxiety and allow them time to identify that housing.

The reviewers are aware of the time required to make clinical placements and the associated uncertainty when dealing with preceptors and clinical agencies.

Response:

The goal of the clinical team is to have up to 80% of clinical placements finalized a minimum of 60 days in advance. Several sites require additional lead-time for the on-boarding process. Few sites offer housing, and the students need to identify appropriate resources prior to the rotation. This is made clear during the recruitment and admissions process to all candidates to the program. Students often take advantage of peer-to-peer referrals on housing questions. The program advises students that clinical sites and preceptors sometimes make changes on short notice, and that both the program and the students strive to maintain flexibility in these circumstances.

4. Strategize ways to increase clinical site placements for students both within and outside of the UW Medicine system.

   Response:

   The program will continue to look at creative ways to increase clinical placement opportunities. The program will include representatives from the medical school in these conversations. Over the last year, the program has increased the number of clinical coordinators to expand outreach. This includes a clinical coordinator whose home base is in the state of Montana. The total of 5.2 FTE clinical coordinators is above the national average, and positions the program well to meet the placement needs of the students.

5. Clinical skills required and their evaluation appeared to vary by "preceptor" with whom the student was assigned to work. Assure more reliability in the clinical experience across clinical sites. It appeared that preceptors who work with students may vary in their ability to engage with students which determines the breadth and depth of the skills they teach. Clinical coordinators are encouraged to review the recruitment approach to preceptors and assure consistency of student experience across preceptors.

   Response:

   Assuring reliability among preceptors is an issue across medical education, and MEDEX acknowledges this as an ongoing challenge. Despite this, the program makes every attempt to ensure students are evaluated consistently and reliably. Clinical coordinators will meet with preceptors (in person, by phone, or by online videoconference) to orient them to the programs expectations. The program is in the process of updating the preceptor manuals to make them more relevant. As accreditation expectations evolve in terms of how students are assessed in the

clinical phase, the program will review and revise how they communicate expectations to the preceptors.

6. Provide evidence that student clinicals provide experience with underserved populations as that is part of your mission (Self Study, page 1)

   Response:

   Each student is required to have a minimum of one 4-week rotation in a medically underserved setting. In the event that the 4-month family medicine rotation is an underserved setting, that one-month rotation slot may become an elective. Therefore each student spends either 4 weeks or 4 months in these kinds of clinical settings. In order to qualify as an underserved rotation, the site must be a federally, state or locally designated underserved practice or "area," or have at least 50% of its patient population on Medicaid, or be a correctional facility. The clinical placement database tracks rotations, and clinical coordinator faculty ensure that each student completes at least the minimum requirement.

Regarding Alums:

1. There appears to be no objective assessment or planned evaluation of clinical acumen or success following graduation.

   Response:

   The program is considering ways in which to best assess this, whether through a survey of the graduates themselves at a defined point post graduation, or by surveying their employers.

   The program has implemented a board preparation plan that extends beyond graduation. This has become the focus of a faculty member with experience helping graduates to be successful on their national certification examination. This faculty member tracks their study habits and exam performance in order to provide customized guidance. Graduate participation is voluntary but strongly encouraged.

   As required by accreditation, the program administers a pre-graduation summative exam. This exam provides the program and student a general sense of preparedness for graduating and sitting for the national certifying exam, which is required to enter clinical practice.

   After the students have graduated, assessing clinical acumen is beyond the program's scope of responsibility and authority. Passing the national certifying exam is the profession's method of ensuring minimal clinical competency.

Recertifying exams occur periodically to assure the public of the competency of the individuals.

2. Where are the MEDEX graduates employed? Are they working with underserved populations (Self Study, page 22)?

   Response:

   A graduate survey (of all graduates) was conducted in 2010. The response rate was 55%, and responders were representative of the overall demographics of the graduate pool. In terms of fulfilling the program's mission: 43% of those working were in primary care, 74% were working in the five-state service region (Washington, Wyoming, Alaska, Montana, Idaho), 20% were practicing in rural settings, and 35% were practicing in officially designated underserved practices. Many additional graduates wrote in a free-text field that they saw high percentages of Medicaid patients or that they volunteered at free clinics in addition to their paid jobs.

Regarding the partnership with the School of Medicine (SoM):

1. The SoM could better integrate the MEDEX Program into their existing curricular offerings to enhance interprofessional education.

   Response:

   The program offers interprofessional education (IPE) opportunities.

   Students at the Seattle campus are involved in IPE activities. PA students participate in a four-session series called "Foundations of Interprofessional Education" with the Schools of Medicine, Dentistry, Pharmacy, Nutrition/Public Health and Nursing. Students also participate with medicine, nursing and pharmacy students in the Medical School's Capstone Simulation IPE. This year, MEDEX is participating in a session on Transitions in Care with students from the nurse practitioner, physical therapy, social work and the Master of Healthcare Administration (MHA) programs.

   The PA students have the opportunity to volunteer in Skagit County performing initial intake screening and brief exams at a free dental clinic in partnership with Safe Harbor Community Health Center. The PA and dental students work together during the initial assessment and present to their respective preceptors as a group.

   A faculty member sits on the Foundations Series planning committee with representatives from Medicine, Dentistry, Pharmacy, Nutrition and Nursing. In the past year, the committee has received support from the Health Sciences Deans

to hire a Program Coordinator and support staff to help coordinate IPE within the Health Sciences. The School of Medicine has begun a monthly meeting with representatives from the various professions in the school (MEDEX, physical therapy, occupational therapy, orthotics and prosthetics, etc.). A faculty member routinely attends this meeting. Additionally, a faculty member was invited to participate in developing the Transitions in Care curriculum.

In Spokane, MEDEX students have opportunities to train with health professions students other than the medical students. MEDEX has both faculty and student representation on IPE committees based on the Riverpoint campus. Over the past year, the PA students have participated in approximately 20 activities that include pharmacy and nurse practitioner students from Washington State University, Eastern Washington University nutrition & physiology students, and Gonzaga nurse practitioner students. As both MEDEX and the medical school adapt to the new Gonzaga campus, the program will seek opportunities to include the Spokane medical students in additional educational activities.

2. The SoM could develop or expand PA-only practice space (clinical).

   Response:

   The SOM and family medicine department have made progress in providing clinical practice opportunities. Both admit this is an area of ongoing work. All are committed to increasing PA practice opportunities.

   A MEDEX faculty member is now the Chief PA at UW Medicine, and has been working to change the culture to be more inclusive of PAs. In more practical terms, she has worked on changing some of the institutional language to more directly recognize and take advantage of the core components of PA education.

3. Students currently wait for the SoM to be done using shared practice space or when not used by other health science students.

   Response:

   MEDEX has a dedicated classroom in Seattle. All health sciences programs must work with the UW Classroom Services office to schedule additional physical examination practice space. This is not unique to the MEDEX program. It does require careful planning on the program's part to reduce conflicting scheduling situations with other programs. The program is exploring additional resources on campus and in the community that would alleviate the pressure for the shared practice space.

4. The SoM could provide additional clinical practice opportunities for faculty and clinical placements for students within the UW Medicine.

Response:

All involved acknowledge this and are working to improve this.

5. The SoM could help facilitate improved cross-communication between schools at UW (e.g. Global Health).

   The program would welcome partnerships and links like this. The program will request that representatives from the medical school assist with this process. MEDEX works with Dr. Suzanne Allen, the Vice Dean for Academic, Rural and Regional Affairs, to foster these relationships. The program's interprofessional activities offer opportunities for cross-department cooperation.

Regarding opportunities for faculty promotion:

1. There is no apparent upward path for MEDEX instructors/lecturers in the UW Appointment, Promotion, and Tenure structure.

   Response:

   MEDEX faculty have upward mobility within the lecturer track to senior lecturer and now principal lecturer. The department recently recognized the master's as the terminal degree for PAs, and PA faculty now have access to the professorial track. Some faculty members prefer to build their baseline for scholarly activity while in the lecturer track prior to applying for assistant professor. The program is working with faculty members to provide guidance and mentorship as more individuals seek appointments as assistant professors.

2. There are few incentives for recruitment or retention of faculty. There is a wide gap in education and training that exists between the Professor track and MEDEX lecturer faculty.

   Response:

   The MEDEX program has done well in recruiting individuals over the last two to three years.

   MEDEX currently has 40 faculty members, 77.5% of whom are physician assistants, compared with 80% average nationally. Other clinicians make up 12.5% (physician, nurse practitioner), and 10% are non-clinicians. Of the 31 PA faculty, 96.8% are certified (compared to 98% nation-wide) and of those 67.8% are currently working clinically (compared to 86% nationally). Thirty percent of faculty hold a doctorate level degree, 52.5% have a master's degree, and 17.5% have a bachelor's degree. With the exception of two faculty with bachelor's degrees, all bachelor's level faculty are currently enrolled in master's programs.

The reported student-to-faculty ratio nationally is 15.3, and for MEDEX the ratio is 6.1.

The majority of MEDEX faculty hold master's degrees, the PA profession's acknowledged terminal degree. Within the last two years it has become possible for PA faculty to move into the professorial ranks, provided that the faculty member works clinically within the UW system. This precludes faculty at sites other than Seattle and Tacoma from this path. Currently four MEDEX faculty work clinically within the UW system, but overall 67.8% of PA faculty work clinically. For those faculty working outside of UW, 100% receive release time and retain all earnings from their work. Faculty are distributed across the ranks, with 75% of faculty holding the position of Lecturer, 7.5% Senior Lecturer, 5% at Assistant Professor, and 12.5% at Associate Professor. One Lecturer has applied for promotion and will become a Senior Lecturer effective July 1, 2017. No faculty have tenure, although in the UW SOM, the majority of faculty positions are "without tenure due to funding," and tenure is not an indication of rank or seniority.

The mean salary for MEDEX salary is $102,785 and the median salary is $95,904. This compares with a national average of $95,500 mean and $91,000 median nationally, putting MEDEX significantly above the national average. MEDEX evaluates faculty salaries regularly, and benchmarks against annual faculty compensation as reported by the PA Education Association. Over the last few years, several faculty have received significant salary adjustments, and the salary range for incoming faculty has been increased.

Faculty enjoy a robust benefit package comparable to the rest of the faculty in the SOM, and university overall. Most of the faculty enter into PA education directly from clinical practice. The Lecturer track is a reasonable starting point, as it allows them the opportunity to build their teaching portfolio without the pressure associated with moving directly into the assistant professor track.

The department and the program have sought opportunities for MEDEX faculty to become more integrated in the overall department. Department meetings, retreats, presentations and other activities provide these opportunities.

How should the University assist them?

1. Fully embrace the MEDEX program by offering paths for faculty appointment and clinical site placements. Re-examine faculty advancement opportunities (both recruitment and retention) for Lecturer level faculty.

Response:

MEDEX welcomes continued participation at the SOM and university levels to improve faculty advancement pathways. Clinical placement opportunities continue to be developed.

2. Provide support from Department of Family Medicine and the SoM to increase clinical opportunities and aid in evaluation of clinical skills of students.

   Response:

   MEDEX, the Department of Family Medicine, and the SoM all are committed to improve faculty advancement pathways. MEDEX acknowledges the recent success of having PA faculty entering into the professorial ranks, and the need to provide equity to faculty at the distant campuses. There are some geographic limitations to faculty practice in the UW system, as noted on page 2. Family Medicine facilities that currently take PA students include opportunities for departmental faculty to evaluate MEDEX student skills. All continue to collaboratively work on this important issue. There is a possibility that Family Medicine faculty could participate in student evaluation during call-back weeks as well.

Specific Unit Questions

1. Does the MEDEX dismissal policy and timeline, which differs from that of many other UW graduate programs, serve the program and students well?

A. The MEDEX policy is not clearly described to students at admission to the program and is inconsistent with stated UW policy (i.e., <80% on one or an average of two tests may force dismissal). A clear description that the MEDEX policy (whatever it may be) supersedes the UW dismissal policy (if that is intended to be the case), should be agreed upon by MEDEX, Department of Family Medicine, and the UW Graduate School if it is to be implemented.

   Response:

   The program publishes the MEDEX Student Handbook, with a full description of dismissal policies on its web site with no access restrictions. Any member of the public can access it there. It is also posted on course web sites throughout the program. The program plans to add a reference to the handbook in a PowerPoint presentation delivered on applicant interview day. This will direct potential students to the policies on progress and dismissal. The admissions staff will include notification of the handbook and the link to the web site in the official acceptance packet. This packet is the initial offer of a seat in the program, and

applicants are not obligated to accept the seat at this point in the process. In addition to these notices, the interview day presentation and acceptance packet will emphasize pathways to success in the program. Faculty review the policy with new students in the first week of the program. Recent communication with the Dean's office at the Graduate School has resulted in Graduate School approval of the MEDEX dismissal policy, provided this policy is clearly published and described to students at appropriate times during the program.

B. The MEDEX dismissal policy should be documented and discussed in detail with students before they agree to being admitted. Current confusion about dismissal policy and conflict between UW and MEDEX policies gives rise to interpretation as being arbitrary and capricious and denies students due process. This is in the student handbook on pages 27, 62, 68, 69, 77.

Response:

Please see the response above regarding the admissions timeline.

The MEDEX dismissal policy has, up until the last year, closely mirrored the School of Medicine policy. The policy had received periodic review and was seen to be appropriate for a fast-paced medical educational program designed to produce semi-autonomous practicing clinicians with diagnostic and prescriptive authority. It was found to be responsive to the program's obligations to the university, to the state, and to the public. It is also responsive to expectations verbalized by accreditation site visitors that the program should not continue to pass along a student, and continue to charge tuition to a student who has not met the program's evidence-based minimum threshold of a working knowledge of key material.

Within the School of Medicine, the program has followed the detailed process of offering appeals to dismissal decisions through the Dean's office. At the point that the file is transferred to the Dean's office, the Faculty Council on Academic Affairs meets to ensure that the program has followed its process appropriately, and ensures that the student has been afforded due process throughout the proceedings (handbook page 64). The Faculty Council will ask clarifying questions, but routinely confirms that the program is following a well-documented process that respects the rights of the student, and forwards the record on to the Dean of the School of Medicine for a final decision. This policy has withstood scrutiny for over 15 years.

As MEDEX began offering a master's degree, additional oversight by the Graduate School came with this. The Graduate School's timeline of dismissal is vastly different from the MEDEX program's policy through the School of Medicine. The Graduate School's timeline of dismissal, as described in its published memoranda, would require the program to carry a failing student

through the entire didactic phase (four academic quarters). This policy has the potential to require MEDEX to allow a failing student to leave the program and return annually to repeat failed coursework for up to three years before the program could move to dismiss.

The Graduate School's Dean's Office has agreed that MEDEX's traditional dismissal policy is appropriate for this unique program. MEDEX will work with the Graduate School to ensure that the published policy meets Graduate School expectations, and that the policy is appropriately published and explained to incoming students.

2. How well is MEDEX addressing first-time Physician Assistant National Certifying Exam pass rates and student readiness for clinical practice? Does the committee have additional suggestions?

A. Over the past 5 years, MEDEX has put into place a number of additional touch points to improve PANCE pass rates as evidenced in improved numbers each year. Some of these include: addition of PANCE Foundations course (for those considered 'at-risk'), identification of at risk individuals early on in the program and provision of tutoring (by faculty, previous graduates or medical students), advisee assignments, and additional monitoring, decreased numbers of students continuing in the program with multiple course failures, and increased use of MCQs that are PANCE-like, use of PACKRAT, Midterm and Final. And yet while significantly improved from 5 years ago, the program is still below the national average with first time pass rates.

B. To continue improvement in pass rates consider:

    a. use of "End of Rotation" testing for all core electives at a minimum;
        i. development of EOR testing of elective rotations;

Response:

The program has already discussed and will begin to implement the EOR for core content areas. EOR exams are available for the content areas in the <u>required</u> rotations for MEDEX.

    b. consider frequency of testing during the clinical year so that testing is spread throughout the clinical year;

Response:

The program is engaged in ongoing review and adjustment of how best to implement testing. In part, the program would like to allow master's students to make significant progress on their capstone projects before requiring the bulk of PANCE-preparation

testing. This consideration will be eliminated as the program makes the transition to an all-master's level and the program restructures the overall curriculum. Faculty continue to evaluate the impact of adjustments to testing and timing in the clinical phase.

c. move to "passing" a core rotation from preceptor evaluation to MCQ testing;

Response:

Part of this response is noted above, with the proposed use of EOR examinations. The program ultimately decides whether a student passed a rotation or not. The program values the input of its preceptors on student decision-making skills, patient and peer interaction skills and professionalism skills that are less amenable to MCQ testing. Also, accreditation expects programs to identify core competencies that students must meet, beyond simple checklists and testing. In the context of the evolving Entrustable Professional Activities (EPAs, resident evaluation rubrics developed by the Association of American Medical Colleges), the Physician Assistant Education Association is considering adapting the new Core EPAs as a means to evaluate PA student skills in a more holistic fashion. Test-taking skills are important and are required to pass the certification exam, but becoming a good PA requires additional, less tangible skills as well. The program seeks to find the appropriate balance in order to graduate highly competent and compassionate PAs (who will perform well on the PANCE).

d. encourage students to seek out or utilize outside PANCE prep packages (such as CME 4 Life or others)

Response:

The program has used or developed different PANCE preparation products with varying success. ExamMaster, Rosh Review, proprietary "blueprint exams" and others have been used by the program to prepare students for the PANCE. The program has decided to move to the EORs as discussed above. Students are introduced to recommended PANCE-preparation products so they can access the program that works best for their own learning style. The faculty member leading the review course for at-risk students is familiar with various products and provides recommendations as appropriate.

e. reassess pre-requisites and who you are admitting – is there any adjustments needed without effecting mission

Response:

The program held a formal prerequisite review process in 2015 for the entering 2016 class. The resulting adjustments were based on the program's self-evaluation that many entering students had an insufficient science foundation as well as examination of prerequisites at several PA programs at similar institutions. The new prerequisites brought more clarity to specific kinds of science courses applicants should take, and

added a statistics course as a new requirement. Since MEDEX will sunset the undergraduate program by the time the entering 2019 class arrives, the program would like to use the intervening time to evaluate whether the 2015-2016 changes resulted in measurable differences prior to making additional adjustments to the prerequisites.

While the program transitions to an all-master's level, the program has been engaging in internal conversations about whether imposing a minimum science or overall GPA should be part of future deliberations. Per Graduate School requirements, students entering the master's option must have at least a 3.0 GPA for the most recent 90 quarter or 60 semester credits. In all of these conversations, the faculty are mindful of the characteristics of potential students likely to meet the program's mission.

f. and ability to provide "decelerated" programming in order to maintain mission goals for at risk students

Response:

MEDEX has attempted decelerated programming for struggling students in the past. This took the form of a leave of absence, and then return the following year after taking additional college preparatory classes, to pick up the failed coursework for a second round. The result was that struggling students continued to struggle upon return; the few who made it through routinely failed the national certification exam. The program has limited resources and feels that it is in the best interest of all to maintain the current policy.

3. How will MEDEX maintain its mission to select experienced health personnel from diverse backgrounds who focus on primary care with an emphasis on underserved populations as the applicant pool responds to an all-master's program?

A. Continue with creating a pipeline by reaching prospective students earlier in their careers.

Response:

The admissions committee has recently changed its name to the Admissions and Outreach Team. Along with this more inclusive title, the team has begun working on a high school outreach program in the five-state service region. This outreach will be a significant undertaking. Individual high schools have invited MEDEX to their career fairs. MEDEX has also identified those schools with a high percentage of disadvantaged students.

MEDEX has recently connected with new leadership at the SOM's outreach programs, and will now be included in the summer healthcare events. The program is considering hiring additional staff to assist in these efforts.

The overall outreach program to prospective applicants has grown in recent years to include information sessions at local colleges and universities in the five-state region. This year, over 40 sessions are planned. Increasing numbers of candidates attend, many of whom are planning to apply in the next two to three years.

B. Use alums as ambassadors for the MEDEX Northwest Program.

Response:

Alumni have routinely served as ambassadors for the MEDEX program. This includes being a resource for candidates to the program. The committees for alumni relations and communications recently merged, and this group actively seeks ways to engage the alumni.

C. Secure scholarship funding for students from diverse backgrounds including funding to cover the $400 annual student fee.

Response:

MEDEX continues to explore ways to recruit and retain a diverse student body that respects state law regarding preferential treatment. Targeted outreach activities are an example. The alumni relations and admissions committees continue to seek ways to improve recruitment of diverse candidates. MEDEX has a small number of limited scholarships for students (approximately 10 awards of $1,000 per year). There is also a student emergency fund. The program works with the School of Medicine on the question of UW fees as noted on page 2.

D. Continue offering robust satellite programs which means includes assuring there is a group of active, credentialed, and committed faculty at each satellite.

Response:

The program will continue to offer equivalent education and support across campuses. All faculty hold appropriate credentials and are committed to the success of the program. The program strives to maintain 5.0 to 6.0 FTE faculty positions at each distant campus. This is above the national average for PA programs. At the time of the site visit, the Anchorage campus was undergoing faculty transition. Since that time, a new full-time faculty member has agreed to join the program. Another faculty member who was on leave this year (due to the spouse's international work assignment) will rejoin the program this coming year. Additional qualified candidates are under review. The program has been maintaining robust recruitment activities to identify dedicated faculty for all campuses.

4. **What strategies should the MEDEX program adopt to meet PA educational accreditation requirements for clinical rotations? How effective are current strategies?**

A. Utilize UW SOM. Accreditation body requires that the sponsoring institution assist in obtaining clinical rotation sites for student learning.

Response:

As discussed above (pages 1-2, 8), MEDEX has added a number of clinical rotations within the UW Medicine system. The program will seek the additional help of members of the Dean's office to explore ways to expand training opportunities within the Academic Medical Center and affiliated hospitals and clinics. The program will also seek to expand rotations at residency sites and in community settings where medical students spend time.

B. Consider expanding options at current sites through: placing more than one student concurrently at a site; splitting a site (if for example the program is short of general surgery sites, have one student at this site for two weeks, then move to a specialty surgery site for the last two weeks (flip another student starting at specialty to general);

Response:

The program has utilized this approach where possible, although it is not ideal as many sites are reluctant to have more than one student learner at a time for a 4-week rotation.

C. Consider expanding options at current sites through: develop educational opportunities for preceptors to understand how best to place more than one learner at their site (utilize PAEA Clinical Council for this); and/or continue current strategies that have recently been put into place. From interviews and discussion with faculty and students, these appear to have expanded some sites without loss of educational effect.

Response:

The program is adding a link to its preceptor-centered web page leading to the PAEA Preceptor Orientation Handbook. The clinical team has a MEDEX-specific preceptor handbook that faculty will review with preceptors. In addition to these resources, MEDEX faculty are completing the write-up of a recent pilot project that measured preceptor productivity. The qualitative portion of the project will result in a series of recommendations on how to teach and manage the clinic day without losing productivity or adding extra hours to the day. This will be shared with preceptors.

5. Describe opportunities and challenges to recruit, retain and promote faculty into the professorial ranks within the context of the UW School of Medicine clinical practice requirements.

"For the PA profession, the Master's is the terminal degree." Generally speaking, the UW requires a doctoral degree for professor ranks. Whether there should be a separate track for Master's level, could be discussed although "clinical" professor track usually only differs by type and amount of research expected. PA's do not have sufficient research training nor the faculty status to be allowed as a Principal Investigator on research grants. In most UW Health Sciences departments, Professor ranks are WOT and must support themselves by bringing in research money. For MEDEX the salaries are tied to tuition (as a self-sustaining program) rather than research grants.
Both are less than ideal for recruitment because they imply no commitment from the department. The lecturer tracks ask mostly that the persons serve as an instructor and do well at teaching whereas the Professor ranks usually demand some level of teaching, research and service. The proportions of those vary according to whether the appointment is "regular", "research", or "clinical" but all do require some level of publishing scholarly work. There is little opportunity however for Lecturer MEDEX personnel to actually become involved in this sort of scholarly work, even as a collaborator rather than as an initiator.

Response:

MEDEX and the Department of Family Medicine met in 2015 to discuss the potential for a separate track for master's-level faculty. The conclusion was that this would result in a tiered faculty system in which the status of master's-degree level faculty would be perceived as lower than the rest. This was determined to not be in the best interest of the department and would likely violate the faculty code. Recently, MEDEX PA faculty have had the opportunity to join the professorial ranks, so there has been significant progress. All faculty, regardless of rank, are expected to engage in scholarly activity, and this is reviewed with each faculty member during the annual review. The expectations are also listed in the faculty position descriptions and in the offer of employment letters.

The Department of Family Medicine has been committed to the MEDEX program. Three MEDEX faculty members have clinical practice within the department's inpatient and outpatient clinics. Faculty members have collaborated on scholarly works, and the Section Head for Medical Student Education sits on the leadership team for MEDEX. This individual and the Family Medicine Vice Chair for Research participate in regularly scheduled scholarly meetings to offer ideas on how to help MEDEX faculty be more active in scholarly work.

PA faculty with master's degrees can and have been the principal investigator on federal grants in the past, and there is no indication that this will change.

6. Provide feedback on the current practices in the admissions process that are used to identify mission-fit students with potential for academic success.

A. Current practices have helped students to understand the mission of the program. Most students can easily outline the mission and goals of the program.

Response:

The program includes emphasis on the mission in applicant information sessions, the applicant interview day, throughout the curriculum, and the requirements for the clinical phase. MEDEX will continue to employ these methods to engage students in fulfilling the mission upon graduation.

B. Consider whether the program creates an unconscious bias in the admissions process by having all individuals interviewing an applicant pre-review the applicants file. It may benefit the program to have one of the three groups not be aware of applicant material.

Response:

The program's admissions process is holistic, and includes multiple faculty review of each candidate's file. In order to assess the readiness of each candidate, it is imperative that interviewers have access to applicant files. Candidates spend a great deal of time and effort in preparing their application, which they expect to be reviewed. The program takes this responsibility - to chose the right candidates for both the program and the PA profession - quite seriously. Lastly, faculty have received unconscious bias training.

C. Has the program considered other approaches to the interview/application process, such as using the multiple mini-interviews to expand opportunities or decrease program bias?

Response:

The interview process is extensive and involves six faculty or community based interviewers. This interview was modeled after the original Peace Corps process. The program feels that this process allows a more authentic and global view of each candidate, is better for non-cognitive skill assessment, and allows the program to evaluate each candidate's group interaction.

The interviewer orientation now includes discussion of unconscious bias and the need for mindfulness during the interview process. As noted above, all faculty and staff have received implicit bias training.

III. Recommendations

The Program Review Committee recommends a 5-year written report with an update as to 1) progress on recruitment of preceptors and clinical sites; 2) progress on using formative evaluations; and 3) progress on the inclusion of clear dismissal language in the Student Handbook that parallels the UW Graduate School policy.
The Program Review Committee recommends a 10-year onsite review.

Specific recommendations are as follows:

All of these recommendations have been addressed above. Page numbers referring to specific responses are inserted following each numbered recommendation.

1. Evaluate existing policies of MEDEX Northwest Program between the School of Medicine and the Graduate School regarding dismissal decisions.

pages 14-16

2. Increase access to the use of clinical skills lab/simulation lab.

pages 4-5

3. Improve formative opportunities for students to prepare for high stakes learning.

pages 2, 3

4. Improve timely faculty feedback to students after standard patient scenarios such as clinical reasoning assessments.

page 2

5. Assure transparency to students about clinical site placements including process, timing, and approach.

pages 6-7

6. Provide advance preparation to students about activities such as hands on labs and visits to clinical sites (like a retirement community) during the didactic year.

page 4

7. Continue effective marketing and communications strategies of MEDEX Northwest for purpose of improving the applicant pipeline and promoting the profession to stakeholders.

pages 18-19, 22

8. Develop and post clearly written guidelines on the MEDEX Program website that are consistent with the Graduate School policy regarding student dismissals from the program.

pages 14-16

9. Graduate School and SoM work together to address student disciplinary issues and come up with an agreed upon and defensible policy and add it to the Student Handbook. Assure the dismissal policy in the Student Handbook reflects the Graduate School policy

pages 14-16

[Recommendations Directly in Line with Accreditation Standards]

10. Strategize ways to increase clinical site placements for students both within and outside of the UW Medicine system.

Accreditation Review Commission on Education for the Physician Assistant (ARCPA) Standard A1.1.1 The sponsoring institution must support the program in securing clinical sites and preceptors in sufficient numbers for program required clinical practice experiences.

pages 1-2, 8-9, 20

11. Assure that instructors present equivalent content in the didactic courses across all 4 satellite sites (e.g. using Panopto).

Accreditation Review Commission on Education for the Physician Assistant (ARCPA) B 1.1.1 The program must ensure educational equivalency of course content, student experience, and excess to didactic and lab materials when instruction: a) conducted at geographically separate locations and b) provided by different pedagogical methods and techniques for some students.

pages 3-5, 19

12. Increase formative evaluations in didactic and clinical courses.

> *Accreditation Review Commission on Education*
>
> *C 3.0.1. The program must conduct frequent objective and documented evaluation of students relate to learning outcomes for both didactic and supervised clinical education components.*

pages 2-6, 7-9

13. Advocate for opportunities for MEDEX Northwest Program faculty to obtain clinical track appointments and clinical practice opportunities in the School of Medicine. Note: Not having appointments and promotion threatens the MEDEX accreditation status.

> *Accreditation Review Commission on Education for the Physician Assistant (ARCPA)*
>
> *A 2.0.4. Principal faculty and program director should have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.*

pages 1-2, 11-13