

**Report of the Program Review Committee:
University of Washington MEDEX Northwest Program**

February 13-14, 2017

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I. Summary of the Process

Members of the Review Committee for the MEDEX Northwest Program were invited to participate in the review on September 19, 2016. The Graduate School conducted a Review Committee Charge Meeting on October 27, 2016 with members of the Review Committee, representatives from MEDEX Northwest Program and the Graduate School Council. The agenda included a review of the program review process, the requirements of the program review, the special considerations to be addressed in the MEDEX self-study and a list of specific questions to be addressed by the Review Committee. On October 27, 2016 the Review Committee was sent a final version of the Charge Letter that reflected input from the October 27, 2016 Charge Meeting. On January 9, 2017 the Review Committee was notified that the MEDEX Northwest Program Graduate School Review 2016 Self-Study was posted on the Graduate School website. The Self-Study was supplemented by a list of appendices. On January 23, 2017 the Review Committee had a conference call to discuss our goal for the review, the approach to the on-site review, and to determine who would take the initial lead on the questions both during the visit and afterwards in writing up our findings. On February 12, 2017, Professors Belza, Kukul, and Brenneman met in executive session to 1) discuss the site visit, 2) review specific areas of focus and points of inquiry for each of the interviews, and 3) identify any documents that were not part of the self-study that would be informative. The on-site review occurred at the MEDEX Northwest Program offices in the University District on February 13-14, 2017. All members of the Review Committee were present for all discussions. The schedule was followed as had been established. It is the belief of the Review Committee that the students, staff, and faculty were forthcoming, engaged, invested in the process, and honest in their reflections and responses. The review committee requested additional information (such as a listing of capstone projects and course evaluations) from the MEDEX Northwest Program leadership over the course of the site visit; the response was prompt and thorough.

This report is structured based on: generic questions from the Graduate School; the specific questions from the MEDEX Northwest Program; and the Program Review Committee recommendations

II. Findings

Generic Questions from UW Graduate School

1. Are they doing what they should be doing? And are they doing it well?

The MEDEX Northwest Program is doing many things well within their program. The MEDEX Northwest Program has highly dedicated, passionate educators that are committed to meeting the programs' mission as well as working hard to have top performing graduates. The Program has recruited and retained dedicated, passionate students that strongly support the program, as well as recognize the schools mission. The students comment that there is a feeling of "family" within the program at all levels. There is a maintenance of strong historical reference to and continued vision of Dr. Richard Smith. Dr. Smith founded the UW MEDEX Northwest Program in 1968. The students who are admitted have ample health care experiences (~2000 hours) prior to admission. The approach to screening of applications appears to increase the probability of student completion of program. The administration is doing well at offering an effective decentralized (multisite in the WAMI region) didactic educational program while offering differing degrees. There is a diverse (ethnicity, gender, military etc.) composite of faculty and staff that exceed national averages with PA faculty (based on PAEA data). The scholarly output for

faculty is above the majority of PA programs nationally. The faculty work at identifying students at risk prior to entering the program and assign them to advisors that will likely best meet that student's needs during the program. There is intensive tutoring (at no cost to the student) for students that have failed a course or are at jeopardy of failing the national certifying examination. The objectives within each course correlate well to the PA tests used. The extended Master's program is functioning well (according to students currently in program). Realignment of assignments and cost have had a positive impact on the Extended Master's program. There are efforts underway to market and deploy communications strategies for improving the applicant pipeline and promoting the profession to stakeholders. The didactic course material appears sufficient based on PANCE pass rate (although we saw no examples of the actual course material).

2. How can they do things better?

Regarding administration: 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. Clarify who makes decision on student fees when satellite programs do not benefit from these fees? Regarding the curriculum: Increase timely feedback to students after a learning activity or assignment is completed (preferably prior to the next learning activity or assignment). Increase number of formative feedback points (including both additional testing in didactic quarters as well as midpoint evaluations and testing during the clinical phases). 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. 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. 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. Increase opportunities for technical skill development and testing (e.g. EKG, radiology, suturing, casting, etc.). 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. Finish the mapping of didactic and clinical curriculum to both the NCCPA blueprint and the ARC-PA standards (Self Study, page 6). Consider having more capstones be spin-offs from faculty research.

Regarding the clinical year: 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. 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. 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. Strategize ways to increase clinical site placements for students both within and outside of the UW Medicine system. 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. Provide evidence that student clinicals provide experience with underserved populations as that is part of your mission (Self Study, page 1)

Regarding Alums: There appears to be no objective assessment or planned evaluation of clinical acumen or success following graduation. Where are the MEDEX graduates employed? Are they working with underserved populations (Self Study, page 22)?

Regarding the partnership with the School of Medicine (SoM): The SoM could better integrate the MEDEX Program into their existing curricular offerings to enhance interprofessional education. The SoM could develop or expand PA-only practice space (clinical). Students currently wait for the SoM to be done using shared practice space or when not used by other health science students. The SoM could provide additional clinical practice opportunities for faculty and clinical placements for students within the UW Medicine. The SoM could help facilitate improved cross-communication between schools at UW (e.g. Global Health).

Regarding opportunities for faculty promotion: There is no apparent upward path for MEDEX instructors/lecturers in the UW Appointment, Promotion, and Tenure structure. 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.

3. How should the University assist them?

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

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?

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) supercedes 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. 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.

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?

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.

To continue improvement in pass rates consider: use of "End of Rotation" testing for all core electives at a minimum; development of EOR testing of elective rotations; consider frequency of testing during the clinical year so that testing is spread throughout the clinical year; move to "passing" a core rotation from preceptor evaluation to MCQ testing; encourage students to seek out or utilize outside PANCE prep packages (such as CME 4 Life or others); reassess pre-requisites and who you are admitting – is there any adjustments needed without effecting mission; and ability to provide "decelerated" programming in order to maintain mission goals for at risk students

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?

Continue with creating a pipeline by reaching prospective students earlier in their careers. Use alums as ambassadors for the MEDEX Northwest Program. Secure scholarship funding for students from diverse backgrounds including funding to cover the \$400 annual student fee. Continue offering robust satellite programs which means includes assuring there is a group of active, credentialed, and committed faculty at each satellite.

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

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

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); 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.

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.

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

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

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:

1. Evaluate existing policies of MEDEX Northwest Program between the School of Medicine and the Graduate School regarding dismissal decisions.
2. Increase access to the use of clinical skills lab/simulation lab.
3. Improve formative opportunities for students to prepare for high stakes learning.
4. Improve timely faculty feedback to students after standard patient scenarios such as clinical reasoning assessments.
5. Assure transparency to students about clinical site placements including process, timing, and approach.
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

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

[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.

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 access 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.

12. Increase formative evaluations in didactic and clinical courses.

Accreditation Review Commission on Education for the Physician Assistant (ARCPA)

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.

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.