2010 ARC-PA Self Study Report

The UT Health Science Center – San Antonio
School of Health Professions
Department of Physician Assistant Studies
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And

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Section I: Introduction

1. Statement of Purpose:

The purpose of this self study report is to present and document the Department of Physician Assistant Studies’ processes and activities to educate and train physician assistants (PA) who will meet the health care challenges of Texas and, particularly, South Texas. We recognize that the standards of the Accreditation Review Commission on the Education for the Physician Assistants (ARC-PA) form the basis for a sound educational process. This report outlines our efforts to maintain ARC-PA standards, particularly as they apply to our efforts to improve our program. Information about changes, improvements, needs, and future planning are included. Part of these efforts are the responses and actions we have taken based on the last (2005) ARC-PA review. The information in this document serves as a reference point for future program improvements and as a summation of what has occurred since that review. The self-review and work that led to this report allows us the opportunity for a complete review and overview of our program and efforts at continuous improvement.

Brief history: The UT Health Science Center – San Antonio’s physician assistant program was approved by the Texas Higher Education Coordinating Board in April 2000. ARC-PA provisional accreditation was awarded in the fall 2000 and full accreditation in fall 2002. The last ARC-PA review was in 2005 with an award of 5 years accreditation.

The first class was admitted in fall semester 2000. Three classes graduated from the baccalaureate program in December 2002, 2003, 2004. There were 20 students in each class with 59 of the 60 matriculating students graduating. A professional master’s degree was approved by the Coordinating Board in April 2001 and implemented in the fall 2003 with 24 students (class size approved by ARC). A new master’s class has entered each fall since 2003. In 2007 the program was ARC approved to increase student size (30 per class) and location when a cohort of six students was placed on the University’s Regional Campus in Laredo, Texas.

The program has faculty and staff at both locations, San Antonio and Laredo, Texas. All students are required to complete supervised clinical practice at locations throughout the region, regardless of San Antonio or Laredo base.

The curriculum is 33 months in length with 21 months (5 semesters) in the didactic phase and 12 months (3 semesters) in the clinical phase. Our first Laredo cohort will complete the program in May 2010.

2. The mission, educational philosophy and goals of the program:

MISSION STATEMENT

The mission of The UT Health Science Center at San Antonio, Department of Physician Assistant Studies is to prepare primary health care providers who will contribute to the improvement of the mental, social, and physical well being of the underserved and vulnerable people of South Texas. This mission will be accomplished through culturally appropriate, socially relevant education, service, and scholarship.
VISION STATEMENT

The vision of The UT Health Science Center at San Antonio, Department of Physician Assistant Studies is to be a recognized leader in primary health care education, scholarship, and service. This vision includes: the education and training of competent and caring primary health care providers who will meet the needs of society; faculty, staff, and student service to the community and region; and scholarship that will impact, advance, and add to the knowledge of humanity and health.

Educational Philosophy: Our mission and vision statements are the basis and driving inspiration for our educational philosophy. We strongly believe that our job is to offer educational opportunity to the citizens of our region and work to ensure the success of every student. We believe we are here to help people succeed. Our teaching philosophy is to include a range of learning activities that lead to completion of the program, certification, licensure, practice, and service to the people of Texas, with an emphasis on South Texas. As such we believe our program should 1. Have a student body that reflects our region’s diversity. 2. Provide education and training that exposes our students to the health care challenges of our region. 3. Have high student retention and completion rates. 4. Have graduates who meet our mission. 5. Consist of students, staff, and faculty who consider service as a key element of being a physician assistant.

3. The period of time devoted to the periodic self-assessment

The program is responsive to the requirements of the ARC-PA and the comments and citations from our last review. Our preparation for the current review began as a response to our last visit. We also consider the standards as part of any changes, additions, or deletions that we make on an on-going basis. The more defined effort for this review began with our departmental retreat in July 2009.

4. List of author and significant contributors to the SSR

Authors: J. Dennis Blessing, PhD, PA – Chair
J. Glenn Forister, MS, PA-C – Senior Faculty

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Section II: Description of Continuous Self-Assessment Process

1.a. Description of established, formal, assessment of the program

The Department continuously evaluates its academic program by a series of evaluation events or tools.

One set of tools involves program outcomes:
   A. Recruited student body
   B. Successful completion of the program and attrition
   C. NCCPA first time pass rate and total pass rate
   D. Graduate practice location and specialty

   The second set of tools involves evaluation of process.
   E. Student evaluation of courses and supervised clinical practice
   F. Student evaluation of instructors and preceptors
   G. PACKRAT results
   H. NCCPA scores
   I. School annual reports
   J. Graduate exit surveys
   K. Input and feedback from university and school administration
   L. Clinical logging and contact forms
   M. Preceptor evaluation of student supervised clinical practice performance

1.b. Description of how specific areas are evaluated

   A. The Department submits an annual report to the SHP Dean that details applicant and student demographics. We use these data to support our efforts to recruit students that reflect the diversity of our region, as well as to ensure that the caliber of matriculated student is comparable or above national student information.
   B. Students are tracked throughout the program for progression and continuation. The Chair reviews every student’s performance at the end of every semester. We use these data to identify students at risk.
   C. NCCPA first time pass rates are compared to national averages. We also consider the overall pass rate an indication of success of students. We use NCCPA content data to review potential curriculum deficits.
   D. We track our graduates through self reports and the Texas Physician Assistant Board.
   E. Students evaluate courses and rotations at the end of the course or rotation
   F. Students evaluate instructors and preceptors at the end of the course or rotation.
   G. Students take the PACKRAT exam at the end of the 2\textsuperscript{nd} year, just prior to the beginning of the Supervised Clinical Practice (SCP) year. The PACKRAT (different version) is taken at the mid-point of the SCP year.
   H. SHP annual reports allow comparisons across years and allow trends to be identified.
   I. Graduate Exit Surveys are examined for perceived strengths and weaknesses.
   J. We seek feedback from university and school officials periodically.
   K. We use an on-line patient and procedure logging form to identify student clinical activities and experiences.
L. Student SCP performance evaluations are reviewed. Preceptors are asked for suggestions for improvements in our curriculum. We request input annually when our SCP preceptor manual is distributed. The manual is distributed on a CD, but if requested, we will provide a paper copy. We also seek preceptor input during site visits.

M. Department holds annual or semi-annual retreats to review program outcomes, processes, curriculum, up-dates, and reviews.

1.c. Methods of evaluation, data analysis to discover strengths & weaknesses

The following activities and events contribute to and shall be a part of our continuous evaluation and self-assessment. Minutes, surveys, forms, evaluations, documents, etc. concerning these activities and events will be available to the on-site reviewers.

1. Meetings and retreats to address concerns/citations from ARC-PA accreditation processes. This is done as soon as reports are received from the ARC-PA and continued at our semi-annual retreats.

2. Periodic faculty and administrative retreats. These usually occur at the end of each fall and spring semesters, but no less than once a year. School administration and non-core faculty are invited to participate. The retreats are open discussion of problems, events, and activities of the program. The ultimate goal of the retreats is to identify solutions to problems or to initiate problem-solving activities. Short-term and long-term planning are components of these retreats.

3. Faculty meetings are conducted once a month or more often if needed. These meetings allow communication from the department and school administrators to the faculty and staff, discussion of on-going processes and problems, solutions or problem solving avenues for problems, discussion of teaching and professional issues, student issues, and planning for improvement in the program and curriculum. Additional meetings are scheduled, as needed, to address student issues as problems arise.

4. There are course and teaching evaluations by students at the end of each semester. These evaluations are used as markers for identifying problems and seeking to improve the program and its offerings. Course evaluations are maintained electronically. Individual faculty retain teaching evaluations after review by the Chair. Preceptor evaluations of students provide information about supervised clinical practice performance and identify academic/clinical needs of students on or for rotations. Summative evaluation of students allows for overview assessment by the faculty and, in turn, can identify program needs and areas of improvement.

5. Faculty and staff are evaluated by the Chair in accordance with university rules and requirements. Evaluation includes faculty development plans and activities to ensure faculty improvement opportunities and to assist faculty in meeting promotion criteria.

6. The Chair is evaluated by the dean of the School of Health Professions in accordance with university rules and requirements.
7. Graduate surveys are used to further evaluate and improve the program and the curriculum.

Curriculum and policy decisions are typically by faculty consensus or vote. Input from the dean and associate/assistant deans are sought when consensus is difficult to reach or votes are tied. On some issues, executive decisions are made by the chair or dean. Issues that involve Affirmative Action, American with Disabilities Act, legal implications, etc are resolved with input from the appropriate university officials. All information and data are used in the assessment of the program.

1.d. Description of how outcomes are used to make modification/improvements.

The following changes have been made in our program and the curriculum based on an evaluation/analysis of outcomes. This includes state data, faculty recommendations, feedback from students, and school/university administration.

A. We have added a distant cohort of students on our Regional Campus (RC) in Laredo. The Regional Campus added an academic building with a medical library in 2007. Because of our emphasis on the mid-border area, it was decided to add a cohort of 6 students on that campus. A faculty member was added for the LCE. In 2008 an administrative assistant was hired for the LCE to provide local program support. The decision to expand to Laredo, Texas was made to provide educational opportunity in a geographical area of emphasis and service for the Health Science Center (HSC). The area has large healthcare need and challenges. Every county in our border area is a whole or partially designated Health Professions Shortage Area or Medically Underserved Area. Information from local educational institutions, established HSC Laredo programs, and local health care institutions indicated interest in the program by individuals who could not leave the area for their education. This action reinforces our recruitment in the region and placement of graduates. We believe that if we recruit, educate, and train in an area, graduates will remain there. The first Laredo cohort will graduate in May 2010 and placement data will be tracked to demonstrate if our assumptions are accurate.

While we do not limit selection for our Laredo cohort to just local residents, the following table shows where our Laredo students live prior to matriculations.

<table>
<thead>
<tr>
<th>Class</th>
<th>Cohort Size</th>
<th>From Laredo</th>
<th>From Other Border Community</th>
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B. We made a change in our anatomy course, moving to a non-lab course that used computer models and other self directed materials. Based on student feedback, we have moved back to a more traditional anatomy course with a pro-section cadaver laboratory. This is an example of our response to student feedback.
C. Analysis of our PANCE performance, particularly in 2007 led to the creation of a Supervised Clinical Practice rotation, identified as “Selective.” We use this course to address deficiencies in student experiences during their SCP year. For example, if we found that a student did not have the number of “geriatric” experiences we would like to see, the student would be assigned to a rotation that offered more of those types of experiences. We also use this rotation as an opportunity to strengthen student knowledge based on low PACKRAT performance, low end of rotation exam grades, or deficiencies noted by preceptors or the faculty. Initially, we used the 4 week rotation strictly as directed and self-directed study. Beginning in 2009, students spend ½ day in clinical activities and ½ day in directed and self directed study. Our 1st time PANCE pass rate in 2008 and 2009 was 96% with all student in our Selective Skills Enhancement passing, except for one. One student who was not in the Skills Enhancement group did not pass the PANCE on the first attempt. Both students passed on the second attempt. Without trying to sound defensive, the one Skills Enhancement student in 2008 who took, but failed the first PANCE, was in her 8th or 9th month of pregnancy and ill when she took the exam.

Participation in the “Selective” rotation does not extend the curriculum or time in the program for students.

D. Over time, the lowest performance area on the PANCE for our students has been in Behavioral Medicine. In 2009, the instructor for the course was changed. We have two instructors sharing the course and they are working with our faculty to identify how to improve the course offering and address learning needs as indicated by the PANCE.

2. Graphic representation of the self evaluation process (months by number, 01=Jan)

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### Post-graduation

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#### Section III: Self Assessment Outcomes

#### Section A: Administration

**A1. Sponsor:** The UT Health Science Center San Antonio. ([http://www.uthscsa.edu/](http://www.uthscsa.edu/))

The University had its last Southern Association of Colleges and Schools’ review and site visit in 2008. The university is fully accredited with the next review scheduled for 2018. The university is a component of the University of Texas System. There are five schools: Health Professions, Medicine, Nursing, Biomedical Sciences, and Dentistry. The university offers over 50 ACGME accredited residency and fellowship programs. ([http://www.uthscsa.edu/gme/](http://www.uthscsa.edu/gme/)). The university has affiliations with multiple hospitals and health care facilities in San Antonio and the Lower Rio Grande Valley. ([http://www.uthscsa.edu/op/vital/patient_care.asp](http://www.uthscsa.edu/op/vital/patient_care.asp))

The UT Health Science Center San Antonio (UTHSCSA) is totally responsible for the Physician Assistant Program.

**Program Location:** The Department of Physician Assistant Studies (PAS) is one of nine departments in the School of Health Professions (SHP). The School of Health Professions is one of five schools that constitute the university. The School of Health Professions building is physically located on the Greehey Campus, which is about ¼ mile from the main UTHSCSA campus, although classes occur in facilities on the Greehey Campus, the Lozano-Long (main) Campus and the Regional Campus. Shuttle service is provided between the Greehey and Lozano-Long Campuses.

**Institution Responsibilities:** The university is capable of providing clinically oriented basic science education and clinical instruction and experiences appropriate for physician assistant students. Multiple schools, departments and faculty are active in the education and training of physician assistant students. These courses include Anatomy, Clinical Laboratory, Ethics, Pharmacology, Cultural Issues, Behavioral Science, and Medicine. The Department has 140 clinical affiliations with 215 possible rotations (some multiple rotations at one site). PA students rotate on medical and surgical services in University Hospital, Audie Murphy Veterans Administration Hospital/South Texas Veterans Health Care System, as well as Brooke Army Medical Center and Wilford Hall Medical Center.
The Department assumes primary responsibility for student selection. The application process is a three-step process. Students must apply to the program through the Central Application Service for Physician Assistants (CASPA) and submit a supplemental application to the UTHSCSA Registrar. When both applications are complete, the UTHSCSA Registrar’s Office staff review applications for required pre-requisites, GPAs, and required information and materials. Complete and qualified applications are sent to the department, which then assumes responsibility for the selection process.

Student transcripts are permanently maintained by the Registrar’s Office.

On successful completion of the Physician Assistant Studies curriculum, the university awards the Master of Physician Assistant Studies (MPAS) degree.

The university has a police department and security personnel for all campuses. Security information and recommendations are presented to new students during orientation. Updates and notices are sent periodically by the UT Police when and where needed. (http://utpolice.uthscsa.edu/) The campus is a low crime area as is our Laredo campus. The Laredo campus has its own police department. In addition to the information provided students during Orientation, safety is reviewed during Director’s Hour for first year, first semester students. The campus has an automatic emergency notification system for email and cell phone notifications of emergencies or emergent situations. The alert system is available to students, faculty and staff at https://psportal.uthscsa.edu/psp/P90PRD/EMPLOYEE/EMPL/h/?tab=DEFAULT

**Institutional Resources:** The UT Health Science Center - San Antonio serves San Antonio and the 50,000 square-mile area of South Texas. It extends to campuses in the metropolitan border communities of Laredo and the Rio Grande Valley. More than 3,000 students a year train in an environment that involves more than 100 affiliated hospitals, clinics and health care facilities in South Texas. The University has graduated over 26,000 students and has almost 6,000 faculty, staff, and employees.

There are three HSCSA campuses in San Antonio (http://www.uthscsa.edu/op/vital/campus.asp); 1. The Joe R. and Teresa Lozano Long Campus (main campus) 2. The Greehey Academic and Research Campus (location of the School of Health Professions, about ½ mile distant from the main campus) 3. Texas Research Park

The University has three distant campuses; 1. The Regional Academic Health Center in Harlingen, Texas (http://rahc.uthscsa.edu/) 2. The E-RAHC (Regional Academic Health Center) – Edinburg in Edinburg, Texas and 3. The UTHSC Regional Campus in Laredo, Texas (PAS is on this campus)

( http://studentservices.uthscsa.edu/GI_Laredo.aspx )

A new president, Dr. William Henrich was selected in early 2009. There have been no changes in the organizational structure for the department. A major change was the expansion of the Regional Campus in Laredo, Texas with the addition of an Academic Building and Medical Library in 2007.
A2. Program Personnel

Qualifications and Experience: The usual requirements for a faculty member are
1. Minimum of a master’s degree in physician assistant or in a health, education, or research related area from an accredited university or college. A bachelor’s level candidate is acceptable in some cases.
2. Graduation from an accredited physician assistant program.
3. Current NCCPA certification
4. Texas PA license-eligible (must obtain within 6 months of hire)
5. Evidence of communication skills
6. Evidence of teaching skills
7. Clinical practice experience
8. Physician assistant program teaching experience is not required, but desired.

All positions ads are review and approved by the Equal Employment Opportunity/Affirmative Action office.

Selected candidates are interviewed.

Prior to a position offer, a criminal background check is completed and must be reviewed and approved by the Chair and Chief of the Campus Police Department.

Qualifications for the Chair (at the time of his hiring – 10 years ago):
1. Possess a master’s degree related to physician assistant practice or education, doctorate preferred.
2. Prior clinical experience, minimum of two years required.
3. Experience in the education of physician assistants in a university or college setting, minimum of two years required.
4. Interest and experience in developing and/or working in a community based primary care setting and preparing practitioners for service in rural/frontier communities.
5. Skill in building and working with teams is essential.
6. Evidence of skill in research, scholarly activities, service, and teaching.
7. Eligible for tenure or tenure track appointment.
8. Eligible for appointment at the rank of Assistant Professor or higher.

Qualifications of the Medical Director:
1. Licensed to practice medicine in the State of Texas
2. Working or teaching experience with physician assistants
3. Knowledgeable of educational practices and processes
4. Practice in a primary care specialty desired
5. Demonstration of ethical practice in accordance with standards of care
6. Must qualify for appointment at the Assistant Professor level
7. Able to meet time commitment to the Department
The core program faculty and staff are:

<table>
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<tr>
<th>Faculty</th>
<th>Degree</th>
<th>Position</th>
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<td>J. Dennis Blessing, Professor</td>
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<td>Miguel Ramirez-Colon, Associate Professor</td>
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<td>Carmen C. Cardona, Assistant Professor</td>
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<td>Lucy Bonnington, Instructor</td>
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<td>Donald N. Allison, Assistant Professor</td>
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<td>Kathy Mercado-Vasquez</td>
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<tr>
<td>Veronica Mansanarez</td>
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<tr>
<td>Diana Sanchez</td>
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*as of 2010

When all faculty positions are filled, we have 7 faculty giving us 5.9 FTE, with 6 faculty being physician assistants. This gives us a student to faculty ratio of 15:1. If only PA faculty are used in student: faculty ratio, the result is 19:1. We are above the PAEA annual report of 13.6:1 (50th percentile) and 14.5:1 (mean). We are working to gain additional faculty for both campuses.

PAS faculty appointments are consistent with appointments used by the university and consistent with faculty duties and expectations. Tenured or tenure track faculty can be appointed to the ranks of Instructor, Assistant Professor, Associate Professor, or Professor. Non-tenure track faculty can be appointed to the same ranks, but with designation of “clinical” after the rank title. At this time, Dr. Blessing and Dr. Ramirez are tenured. The remaining faculty are on the non-tenure track.
A3. Operations

A. 3.01-02. Program, school, and university policies apply to all students and faculty, regardless of physical location. The University publishes a Catalog and Student Guide every two years. The department has a Student Guide and a Supervised Clinical Practice Manual. These are update annually and on an as needed basis. The University Catalog is available at http://catalog.uthscsa.acalog.com/
The University Student Guide is available at http://catalog.uthscsa.acalog.com/index.php?catoid=4
The PAS Student Manual is published on our Blackboard* platform.
The PAS Supervised Clinical Practice Manual is published on our Blackboard* platform. This manual is accessible for 3\textsuperscript{rd} year students only.
*Requires log in. These will be available to our site visitors.
All faculty, regardless of location, are governed by the UT Handbook of Operating Procedures (HOP). The HOP is available at http://www.uthscsa.edu/hop2000/

The students, faculty, and staff at the Regional Campus have same or equivalent access to university and department services and resources as those on the main campus. The Regional Campus is a wireless campus with its own Medical Library.

Equivalent services for students at the Regional Campus are provided by the following means:

1. Healthcare is provided (by contract) by a local provider located within walking distance of the campus (2 blocks).
2. Personal and academic counseling is obtained through UT Advantage which directs students to local resources or to main campus resources.
   We are currently in negotiation with Texas A&M International University to provide these services to our students. TAMIU is a general university with a full range of student counseling services. It is approximately 5 miles from our campus. We expect to this contract to be executed with services beginning with the fall semester.
3. Anatomy lab is taught in San Antonio. This requires LCE students to travel to San Antonio every other weekend for one semester. The department covers the travel costs for the students. We are working to identify a site and instructor for the lab in Laredo. Initial contact and discussions have occurred with the Webb County Medical Examiner.
4. The Clinical Sciences laboratory can be taught on the LCE, but we are doing it in San Antonio in 2010 because of the students coming to the main campus for anatomy lab. This does give the students a very full and active Friday and Saturday, but it also gives them a chance to mix with the San Antonio students. One benefit for the LCE students is that every other Friday, they have no scheduled classes or labs.

A3.03. Program materials accurately reflect the program offered. Our major contact point for persons interested in our program is through the School of Health Professions Welcome Center and the department’s web site. The Welcome Center is the school’s primary contact point for
pre-admissions materials and counseling to prospective students and their families. Informational materials are up-dated as needed, but reviewed no less than annually.

SHP Welcome Center:  [http://shpwelcome.uthscsa.edu/](http://shpwelcome.uthscsa.edu/)
PAS:  [http://www.uthscsa.edu/shp/pa/](http://www.uthscsa.edu/shp/pa/)

A3.04.  All student and personnel policies are consistent with state and federal statutes, rules, and regulations.  Department, school, and university administration and officials ensure compliance of operations.

A3.05.  Admission requirements and guidelines are made in accordance with those published in printed and on-line materials.  The Department provides admissions information through the listed points, as well as Applicant Orientations, held once each month from April to August.  An applicant orientation is also held in Laredo, Texas on the Regional Campus.

A3.06.  Students are never required to supply their own rotations.  The department has a surplus of clinical sites throughout South Texas.  Students may request the department to try to arrange a rotation for them, but the usual process for site approval must be completed prior to student assignment to a site.

A3.07.  a.  We have no policies that favor any specific group of applicants.
    b.  Admissions requirements and prerequisites are published on our web sites and in printed materials.
    c.  We do not give advance placement.
    d.  Academic and technical standards are available through our web sites and on request.  All applicants who receive an interview are given a copy of the Technical Standards.
    e.  The curriculum is available on our web sites and catalogs.
    f.  118 semester hours of academic credit is offered by the PAS curriculum.
    g.  Cost of the program is published on the web sites, estimated to be $38,000 for residents, $72,000 for non-residents.  Instate tuition is $155/credit hour and non-resident tuition is $433/credit hours.  Fees include identification card ($10), student services ($7.50/credit hour), liability insurance ($61/academic year), library fee ($100), medical services fee ($55), fitness center fee ($480/academic year), student assistance fee ($25), instructional technology fee ($6/credit hour), practicum fee ($10/credit hour), and equipment leasing fee ($300/semester for 4 semesters).  These are subject to change with one year notice.

Tuition and fee information is available at
   [http://studentservices.uthscsa.edu/NS_costs.aspx](http://studentservices.uthscsa.edu/NS_costs.aspx)  and
   [http://shpwelcome.uthscsa.edu/pa/pa_program_cost.asp](http://shpwelcome.uthscsa.edu/pa/pa_program_cost.asp)

h.  ARC-PA status is published on our web sites and in the catalog.

i.  PANCE results are posted on our web site.

   [http://www.uthscsa.edu/shp/pa/pance.asp](http://www.uthscsa.edu/shp/pa/pance.asp)

j.  Policies and procedures for withdrawal are published in the Catalog.


k.  Policies and procedures for refunds of tuition and fees are published in the Catalog.

l. There are no policies that limit or prevent students from working during the program. Students must notify the Department in writing of their employment, type, and times. In that letter, students must include a statement that their employment will not interfere with their educational schedule or effort.
m. Policies and procedures for student grievances are published in the Catalog. 
   http://catalog.uthscsa.acalog.com/content.php?catoid=10&navoid=751

A3.08. We do not offer advance placement.

A3.09. Policies and procedures for faculty on
   a. Processing student grievances
      Student appeals procedures are published in the Catalog at
      http://catalog.uthscsa.acalog.com/content.php?catoid=10&navoid=751
   
      b. Processing faculty grievances – Policy and procedures for faculty grievances are published in The University of Texas Regents’ Rules and Regulations.
      http://www.utsystem.edu/BOR/rules.htm

A3.10. No student is allowed or put in a position to have access to records and private information on other students. All student records are secured in locked cabinets within a locked room in the PAS administrative offices. Keys must be requested from the administrative personnel and returned to them. Students may access their records on request and in a manner consistent with FERPA. Students are not assigned to the Student Health Clinic for observation or clinical assignment.

A3.11. By department policy, students cannot be required to work for the department.

A3.12. Students and preceptors are notified in the Preceptor Manual and in the Student SCP Manual that students cannot be used in lieu of employees in any capacity.

A3.13.a-e. The following records are maintained in the PAS office admissions criteria and completion, evaluations including copies of transcripts, remediation records, disciplinary action, and confirmation from Student Health that required screening and immunizations are up-date.

A3.14.a-b. Faculty records include job description, specific duties, and CV. Employment records are available in the department and through Human Resources.

General faculty job description: 

   **Job Description: Faculty**

   **Title and Status:** Faculty; rank and tenure status based on education and experience
   **FTE:** Dependent of department need, appropriation
   **Qualifications:**
   Graduate of an accredited (CAHEA, CAAHEP, ARC-PA) physician assistant program
   Master’s degree from a regionally accredited college or university
   Texas PA license eligibility
   NCCPA certified
Evidence of effective communication skills
Evidence of potential teaching and administrative skills
Prior teaching experience useful, but not required

Responsibilities:
Teaching, service, scholarly activities as assigned by the Department Chair.

General responsibilities include, are not limited to the following.

- teaching, service, and scholarly activities as assigned by the Chair
- participating in course and curriculum development and revision
- facilitating interdisciplinary course work and opportunities
- serving as a role model for faculty, students, and staff
- serving as a student advisor
- representing the department to the school, university, public, and professional organizations
- participating in faculty development activities
- participating in national and state PA faculty professional organizations
- participating in national and state PA professional organizations
- assisting in the recruitment and selection of students
- participating in department and faculty activities
- serving on appropriate committees
- clinical practice is allowed through the practice plan.

A3.15. CVs are in the Appendices.

Section B: Curriculum Requirements

B1. Instruction

B1.01-04. The PAS faculty is responsible for curriculum design and implementation. The sequencing of the didactic courses is designed to construct student knowledge and abilities in an additive method. The first didactic year provides the basic science courses, ethics, patient evaluation, and skills necessary for advancement to the second didactic year. The second didactic year is a pre-clinical year designed to provide those clinical preparatory sciences and skills basic to moving to the supervised clinical practice year. The supervised clinical practice is designed to provide students with the experiences and competencies they will need to be competent physician assistants at graduation. A curriculum outline is in Appendix F. Students have clinical experiences and observations beginning in the first year. Critical thinking is developed through patient evaluation, clinical simulations, problem based learning, scientific inquiry, and clinical applications of basic sciences.

B1.05. Expected student outcomes, competencies, and behaviors are published in the Student Manual, discussed at orientation, discussed during Director’s Hour, and produced in every syllabus.
B1.06. Every course has a syllabus with learning goals, objectives, and expectations/outcomes. These events are related to the ARC-PA standards and the published PA competencies.

B1.07. All outside faculty are oriented through meetings with the PAS faculty. The PAS educational outcomes and competencies are distributed annually to all outside faculty.

B1.08. Intellectual honesty, professional behavior/misbehavior are addressed specifically during orientation, through Director’s Hour, in consultation with faculty, and the University Catalog.

B1.09. The population of our region is diverse, our student body is diverse, and interactions among individuals from diverse ethnicities and backgrounds is the norm here, not the exception. Our Cultural Issues course explores the issues of diversity and how to function and provide care in a diverse world and to diverse people.

B1.10. We have student cohorts at two locations; San Antonio, Texas and Laredo, Texas. Laredo, Texas is about 150 miles due south of San Antonio on the Texas-Mexico border. We have a two-building campus in Laredo titled the Regional Campus. The LCE consists of an administration building and an academic building. The Academic Building, which opened in 2007, is a modern classroom building with classrooms, laboratories, faculty offices, lounges, and a medical library. The building is internet wireless and has two classrooms, a laboratory, and two conference rooms that provide distant technology for classes. PA Studies has three faculty offices, shared administrative support, access to all labs and classrooms. Distance instruction is through a platform call Sonic Foundry, which records all classes and saves them to a server for later use by students and faculty.

The Department has one core faculty member on the LCE and a cross appointed faculty member. The Department Chair is on the LCE one or two days per week.

The curriculum is the same for both student cohorts. Students have access to the same course materials regardless of location because we use a computer platform to post all materials and tests are on-line. The presence of on-site faculty allows the teaching of physical exams, clinical skills, etc. Courses taught by the LCE faculty originate from there. Therefore both cohorts receive some instruction by face-to-face and some by distant technology.

The major difference for Regional Campus students is the anatomy lab, which is presented in San Antonio. Currently, students travel to San Antonio every other Friday and Saturday for lab. Multiple lab sessions are presented at each encounter. The students do have every other Friday free.

In the interest of providing optimal learning experiences for students, we are in process of identifying arrangements for an anatomy lab in Laredo. Current considerations include
an agreement with Texas A&M International University or with the Webb County Medical Examiner.

**B2. Basic Medical Sciences**

B2.01. The program uses no prerequisites as a substitute for required curriculum.
B2.02.a-e. The program curriculum includes the following basic medical sciences.
PHAS 5008 Clinical Human Anatomy* (4 semester credit hours)
PHAS 5091 Special Topics – Anatomy Laboratory* (1 semester credit hour)
*In spring 2011, these will be replaced by CSBL 7014 Anatomy
PHAS 5006 Clinical Applications in Physiology (4 semester credit hours)
PHAS 5007 Pathogenesis of Human Disease (3 semester credit hours)
PHAS 6010 & 6014 Pharmacology I & II (6 semester credit hours total)
INTD 2002 Introduction to Clinical Sciences II (medicine course offered by the medical school) includes genetics and molecular medicine. (15 semester credit hours total)
*We are in the process of transitioning our Anatomy course from non-laboratory course to a special laboratory in spring 2010 to a cadaveric (pro-section) course and laboratory for the spring 2011. We are also negotiating a laboratory experience in Laredo so that our Laredo students do not have to travel to San Antonio for anatomy lab.

**B3. Clinical Preparatory Sciences**

B3.01 Interpersonal and communication skills are presented as components in several curriculum components. These skills are part or included in the following course;

PHAS 5001 Patient Evaluation I (history & physical exam) (3 semester credit hours)
PHAS 5003 Behavioral Medicine (3 semester credit hours)
PHAS 5004 Clinical Applications (4 semester credit hours)
PHAS 6001 Cultural Issues in Health (4 semester credit hours)
PHAS 6002 Problem Based Learning I (1 semester credit hour)
PHAS 6011 Problem Based Learning II (1 semester credit hour)
PHAS 6016 Problem Based Learning III (1 semester credit hour)
PHAS 6003 Patient Evaluation II (1 semester credit hour)
Interpersonal and communication skills are demonstrated and developed on all Supervised Clinical Practice rotations

B3.02. Instruction in patient assessment and management are parts of almost every course and rotation. For items a-h, the principle course(s) for that instruction are listed.

a. Interviewing and eliciting a medical history: PHAS 5001 Patient Evaluation I

d. Ordering and interpretation of diagnostic tests: CLSC 5040 & 5041 Laboratory Medicine & Laboratory, INTD 2001 & 2002 Introduction to Clinical Sciences I& II,
PHAS 6011 & 6016 Problem Based Learning II & III, PHAS 6101-6112 Supervised Clinical Practice 1-12.

e. Development and implementation of treatment plans: INTD 2001 & 2002 Introduction to Clinical Sciences I& II, PHAS 6011 & 6016 Problem Based Learning II & III, PHAS 5003 Behavioral Medicine, PHAS 6101-6112 Supervised Clinical Practice 1-12


g. Documentation of patient data: PHAS 5004 Clinical Applications, PHAS 6003 Patient Evaluation II, PHAS 6101-6112 Supervised Clinical Practice 1-12

h. Referral of patients: PHAS 6011 & 6016 Problem Based Learning I & II, PHAS 6101-6112 Supervised Clinical Practice 1-12

B3.03. Physician Assistant Studies students take the same medical courses as the medical students. These are taught on a module basis. The course numbers are INTD 2001 & 2002 Introduction of Clinical Sciences I & II.

B3.04. Aspects of patient care, including prevention, acute and chronic conditions, rehabilitation, and end of life are covered in multiple classroom and clinical activities. PHAS 6004, Preventive Medicine-Community Health addresses prevention and public health; PHAS 5003 provides insight to end of life issues; the medicine and clinical courses cover acute and chronic medical conditions; Supervised Clinical Practice provide experiences in all areas.

B3.05. Technical skills and procedures are taught in PHAS 60012 & 6015, Clinical Skills I & II. The specific skills taught are listed elsewhere in this document. The faculty typically review and analyze what skills need to be taught to PA students though the PA literature, feedback from preceptors, and student comments. This is usually done at our summer retreat.

B4. Behavioral and Social Sciences

Behavioral science is taught by two members of the Department of Psychiatry. The course is lecture format and presents death and dying, coping, responses to stress, psychosomatic manifestation of illness/injury, personality development, and sexuality. Child development is taught as part of the Introduction to Clinical Sciences courses. Patient education is taught as a component of our Patient Evaluation II course. PE II includes basic aspects of patient education and a number of patient education issues and interactions, including how to deal with patient reactions and emotions. Patient education is also discussed as part of case based studies in small groups, and reinforced during the Preventive Medicine and Community Health course. Issues included are patient compliance, family planning, daily living, and healthy lifestyles. A Cultural Issues course strengthens handling of these issues among different cultures.

B5. Information Literacy

The faculty believe that the program is only the beginning of the learning process and that to be a good PA, one must make a habit of searching, reviewing, and reading the
medical literature. Students are presented basic research concepts in PHAS 6013 Scientific Inquiry. This course covers the concepts of evidence-based medicine, problem-oriented evidence that matters, and clinical investigation. These concepts are presented to form a basis for critical interpretation of the medical literature. Use of healthcare databases are presented in orientation and again in the course. Throughout the entire curriculum, students are encouraged to search and use the medical databases for clinically applicable evidence. Students must perform database searches in a number of areas during the curriculum; including problem-based learning exercises and support for case write-ups and reports during the clinical year. The Community Service/Medicine Project requires a literature/data base search as part of the project. From the very beginning of the curriculum, students are encouraged to become critical thinkers, explore new methodology and to be lifelong learners.

B6. Health Policy & Professional Practice

Health policy, documentation, risk management, coding, and quality assurance are formally covered in the third year seminar, PHAS 6017. Health policy is dealt with in Introduction to the Profession, PHAS 5000. Legal aspects of medicine are presented in PHAS 5000 Introduction to the Profession. The impact of socioeconomic issues is presented in PHAS 5000 Introduction to Profession and PHAS 6001 Cultural Issues course. Health care delivery systems are introduced in PHAS 5000 Introduction course and covered in PHAS 6017 Senior Seminar. Texas prescriptive privileges are covered in PHAS 5000 Introduction to the Profession and application in PHAS 6014 Pharmacology II. A physician assistant core faculty member teaches prescription writing PHAS 6014 Pharmacology II. Prescription writing is reinforced on Supervised Clinical Practice rotations. Prescriptive practice is discussed and reviewed during PHAS 6017 Senior Seminar during the SCP year. Certification and Texas licensure are first presented in PHAS 5000 Introduction to the Profession course and reviewed in PHAS 6017 Senior Seminar. Documentation is presented in the first year in PHAS 5004 Clinical Applications and reinforced in PHAS 6012 & 6015 Clinical Skills I&II and on Supervised Clinical Practice. Ethics are presented in course format during the first year with emphasis on patient autonomy, justice, beneficence, and non-malfeasance in PHAS 5002 Ethical Considerations in Health Care. PHAS 5000 Introduction to the Professions course covers history, trends, team relationships, legal issues, professional organizations, accreditation, certification and re-certification, liability, and practice/prescriptive statutes/rules/regulations. Many of these topics are reinforced in other courses and rotations.

B7. Supervised Clinical Practice

B7.01. The program provides clinical opportunities across the spectrum of medical and surgical specialties with an emphasis on primary care. We currently have 180 affiliations offering 215 rotations.

B7.02. Every Supervised Clinical Practice site is evaluated by the department prior to student assignment. To be considered as a clinical site, a practice must offer experiences
appropriate for physician assistant students, have a patient volume that allows for adequate clinical contact, have facilities that can accommodate a student, and have licensed personnel (PA, NP, DO, MD) that are willing to supervised and mentor students. The supervising physician of a potential PA or NP preceptor must agree to the PA/NP participation in our Supervised Clinical Practice phase. All sites have one or more specifically identified contact point and primary preceptor. Affiliations must be signed and completed prior to student assignment. Affiliation agreements are not necessary for HSC practices. Student performance expectations for Supervised Clinical Practice are listed in the Supervised Clinical Practice Manual. Performance and evaluation standards are the same for all students regardless of location of the clinical site. Every Supervised Clinical Practice site receives the Preceptors’ Manual every year on a CD, unless they request a paper copy.

B7.03. Supervised Clinical Practice experiences are provided in outpatient, inpatient, nursing homes, emergency departments, hospitals, public/private practices, correctional facilities, and other care sites.

B7.04. Students are required to log all patient and procedure experiences through the Typhon Logging System. The date logged includes; setting, patient age, patient race/ethnicity, gender, type of insurance (or not), level of decision making, level of student participation, reason for patient visit, type of H&P, social problems addressed, ICD code, CPT code, number of prescriptions, medication compliance, requires assistance for activities of daily living, ability to live alone. A standard for the number of patient contacts is set for each rotation. The standard does vary by rotation type; for example the number of patient contact on the in-patient service is lower than that for family medicine clinic.

Section C: Evaluation

C1. On-going Program Self Assessment

The PAS mission is reflective of our goals and what we want to achieve. These goals and objectives are, in no rank order:
1. Diverse student body that is representative of our region.
   a. Goal: sufficient diversity among students to meet the educational goals/objectives related to cultural competency
2. High student completion and graduation rate; low attrition rate.
   a. Goal 100% program completion rate
   b. Attraction rate 0%.
3. High first-time-attempt PANCE pass rate.
   a. Goal 100%
4. Initial graduate employment in underserved areas or with underserved population.
   a. Goal 50%
5. Employment in primary care.
   a. Goal 50%
C1.01: The following are data for the items listed in the standards.

a. Student attrition, deceleration, and remediation.

<table>
<thead>
<tr>
<th>Class</th>
<th># Matriculants</th>
<th># Graduation on Time</th>
<th>Decelerated, Graduated</th>
<th>Attrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>24</td>
<td>22</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2007</td>
<td>24</td>
<td>17</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>2008</td>
<td>24</td>
<td>23</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>24</td>
<td>23</td>
<td>1 expected in 2010</td>
<td></td>
</tr>
<tr>
<td>2010*</td>
<td>30</td>
<td>28 expected</td>
<td>1 expected</td>
<td>1</td>
</tr>
<tr>
<td>2011*</td>
<td>30</td>
<td>28 projected**</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>2012*</td>
<td>30</td>
<td>28 projected**</td>
<td>1*</td>
<td>1</td>
</tr>
</tbody>
</table>

*to date  **if there are no further deceleration or attrition events.

Reasons for Deceleration and Attrition

<table>
<thead>
<tr>
<th>Class</th>
<th># Dec</th>
<th>Deceleration Reason</th>
<th># Attr</th>
<th>Attrition Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>2</td>
<td>1 Failing course grade, Moved to 2007 class</td>
<td>1 Delayed start to SCP</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>5</td>
<td>4 Leave of absence for family reasons</td>
<td>2</td>
<td>1 Withdraw for personal reasons</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Repeat of SCP rotation</td>
<td></td>
<td>1 Initially decelerated for academic reasons, eventually dismissed for Academic reasons.</td>
</tr>
<tr>
<td>2008</td>
<td>1</td>
<td>Failing course grade Moved to 2009 class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>1</td>
<td>Failing course grade Moved to 2010 class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010*</td>
<td>1</td>
<td>Failing course grade, Moved to 2011 class</td>
<td>1</td>
<td>Same student; failed same course a second time.</td>
</tr>
<tr>
<td>2011*</td>
<td></td>
<td></td>
<td>2</td>
<td>1 Failed courses, withdrew prior to dismissal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Dismissed for failing courses</td>
</tr>
<tr>
<td>2012*</td>
<td>1</td>
<td>1 Personal reasons, has option to return, if so will join 2013 class</td>
<td>1</td>
<td>1 Family obligation, will not return due to failure to comply with conditions for return.</td>
</tr>
</tbody>
</table>

*to date

Remediation: Our remediation policy is provided to student in the Student Manual. There is a remediation statement on every syllabus. Students who do not meet a standard of performance in a course may be remediated for a specific area of sub-standard performance, provided the student’s performance in other aspects of the course and program has been satisfactory. For an
example, a student who has performed well in the physical examination course, but fails the physical exam demonstration component of the final evaluation, may be remediated. Any remediation plan will be specific to the individual student and developed by the faculty member responsible for the course or activity. A written plan with outcomes is provided to the student. The remediation plan may be discussed with the Chair or the entire faculty. It is a faculty decision if remediation goals or acceptable student achievement is successful. Failure in remediation will usually result in an “F” grade for the course. A grade of “F” will likely result in the student being decelerated and required to repeat the course or dismissed from the program.

Students who earn a grade of “D” or “F” in a course may be allowed to retake the course when it is offered again. This is a faculty decision that is dependent on a number of factors: overall performance in the program, extenuating circumstances, potential to succeed, etc. Any student who is allowed to repeat a course is placed on Academic Probation with stipulations for performance and counseling.

b. Faculty attrition.

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Head Count</th>
<th>FTE</th>
<th>Attrition</th>
<th>Reason</th>
<th>Time to Replace</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>6</td>
<td>4.9</td>
<td>1</td>
<td>Return to clinical practice</td>
<td>8 months</td>
</tr>
<tr>
<td>2006-07</td>
<td>7</td>
<td>6.1</td>
<td>2</td>
<td>Return to clinical practice</td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Took medical device industry job</td>
<td>4 months</td>
</tr>
<tr>
<td>2007-08</td>
<td>7</td>
<td>6.1</td>
<td>0</td>
<td>Return to clinical practice</td>
<td></td>
</tr>
<tr>
<td>2008-09</td>
<td>7</td>
<td>6.1</td>
<td>2</td>
<td>Return to clinical practice</td>
<td>7 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Military spouse transferred</td>
<td>7 months</td>
</tr>
<tr>
<td>2009-10</td>
<td>7</td>
<td>6.9</td>
<td>2</td>
<td>Return to clinical practice</td>
<td>On-going search</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Non reappointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We have had a high rate of faculty turnover in the past two years. In the past year, we have recruited one experienced faculty member and one faculty member from the clinical ranks. We will lose one faculty member at the end the current fiscal year (August 2010). We will conduct a search to replace that person in September 2010. At the time of self-study, we are conducting interviews for a clinical coordinator. We hope to fill this vacancy by August, 2010.
c. Student failure rates in individual courses and rotations.

The table below presents the courses in which students have made a “D” or “F” grade. We also present the eventual outcome for each student.

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Sequence in Curriculum</th>
<th>Class Year</th>
<th>No. Stdnts</th>
<th>Comment</th>
<th>Graduated</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTD2001</td>
<td>Introduction to Clinical Sciences I</td>
<td>2nd year 1st semester</td>
<td>2006</td>
<td>1</td>
<td>Repeated Course</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2007</td>
<td>1</td>
<td>“</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No, eventually dismissed for not meeting testing standards during SCP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2010</td>
<td>1</td>
<td>“</td>
<td>Yes +</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2011</td>
<td>1&quot;</td>
<td>Dismissed</td>
<td>No</td>
</tr>
<tr>
<td>INTD2002</td>
<td>Introduction to Clinical Sciences II</td>
<td>2nd year 2nd semester</td>
<td>2008</td>
<td>1</td>
<td>Repeated Course</td>
<td>Yes</td>
</tr>
<tr>
<td>PHAS5006</td>
<td>Clinical Applications in Physiology</td>
<td>1st year 1st semester</td>
<td>2010</td>
<td>1</td>
<td>Repeated course, but did not pass</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2011</td>
<td>1</td>
<td>Allowed to progress</td>
<td>Yes +</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1&quot;</td>
<td>Dismissed after failing INTD2001</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1&quot;</td>
<td>Withdrew prior to dismissal</td>
<td>No</td>
</tr>
<tr>
<td>PHAS5001</td>
<td>Patient Evaluation I</td>
<td>1st year 1st semester</td>
<td>2011</td>
<td>1&quot;</td>
<td>Withdrew prior to dismissal</td>
<td>No</td>
</tr>
<tr>
<td>CLSC5040</td>
<td>Laboratory Medicine</td>
<td>1st year 1st semester</td>
<td>2011</td>
<td>1&quot;</td>
<td>Withdrew prior to dismissal</td>
<td>No</td>
</tr>
<tr>
<td>PHAS6109</td>
<td>Supervised Clinical Practice IX</td>
<td>3rd year 3rd semester</td>
<td>2008</td>
<td>1</td>
<td>Repeated rotation</td>
<td>Yes</td>
</tr>
<tr>
<td>PHAS6102</td>
<td>Supervised Clinical Practice II</td>
<td>3rd Year 1st semester</td>
<td>2009</td>
<td>1</td>
<td>Repeated rotation</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*to date  ᵅAnticipated program completion "One student, multiple courses  **One student multiple courses
An examination of the courses that students have not completed successfully by head count are:

1. Only two courses have had more than one student perform unsatisfactorily.
   a. INTD 2001 Introduction to Clinical Sciences (medicine course); four students have failed the course, three were allowed to repeat the course, all successfully. One student was dismissed after failing the class and being placed on academic probation for a “D” grade in a previous course.
   b. PHAS 5006 Clinical Applications in Physiology is a demanding basic science course where 4 students have been unsuccessful. Two students failed multiple courses with one withdrawing prior to dismissal and one being dismissed. One student repeated the course and progressed. One student was allowed to progress with a “D” grade, but was placed on academic probation.
   c. These failure rates are low and we have determined that there is not problem within the courses or the instruction. This determination is based on the success in these courses of a vast majority of the students and that those students who have been dismissed have demonstrated academic deficiency in other areas.
   d. Student evaluations of individual didactic courses, clinical experiences, and faculty. Students are given the opportunity to evaluate every course, supervised clinical practice, teaching faculty and preceptors.
   e. Graduate evaluation of curriculum and program effectiveness. A graduate survey is done at the end of the program. Results are compiled and summarized by the office of the dean. (Results are presented in this document.)
   f. Preceptor evaluation of student performance and suggestions for curriculum. Preceptors complete weekly and final evaluations of student performance on supervised clinical practice. Preceptors may provide comments and suggestions for the program.
   g. Graduate performance on the PANCE.

   PANCE Pass Rate Table – UTHSCSA

<table>
<thead>
<tr>
<th>Class</th>
<th>UTHSC 1st Time Pass Rate</th>
<th>National 1st Time Pass Rate</th>
<th>Class Members Currently Certified</th>
<th>Class Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>95%</td>
<td>89%</td>
<td>100%</td>
<td>20</td>
</tr>
<tr>
<td>2003</td>
<td>89%</td>
<td>90%</td>
<td>100%</td>
<td>19</td>
</tr>
<tr>
<td>2004</td>
<td>80%</td>
<td>91%</td>
<td>95%</td>
<td>20</td>
</tr>
<tr>
<td>2006</td>
<td>91%</td>
<td>92%</td>
<td>96%</td>
<td>23</td>
</tr>
<tr>
<td>2007</td>
<td>80%</td>
<td>91%</td>
<td>100%</td>
<td>21</td>
</tr>
<tr>
<td>2008</td>
<td>96%</td>
<td>94%</td>
<td>100%</td>
<td>26</td>
</tr>
<tr>
<td>2009</td>
<td>96%</td>
<td>92%</td>
<td>100%</td>
<td>24</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We have had 153 graduates; 151 are certified.
C2. Periodic Self Study Report

Our specific goals and objectives as a program:
1. A diverse student body that is representative of our region. Our catchment region is large and diverse with an increasing number of Hispanic citizens as you move south from San Antonio to the Texas/Mexico border. The majority of our students have been minority students, primarily Hispanic.

<table>
<thead>
<tr>
<th>Ethnicity/Race</th>
<th>Total #</th>
<th>Program Percent</th>
<th>Texas Percent**</th>
<th>Percent for San Antonio**</th>
<th>Percent for Border Counties***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American</td>
<td>2</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>African American</td>
<td>11</td>
<td>4.5%</td>
<td>11.9%</td>
<td>6.8%</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Asian</td>
<td>11</td>
<td>4.5%</td>
<td>3.5%</td>
<td>1.8%</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>102</td>
<td>41.5%</td>
<td>36.5%</td>
<td>45.6%</td>
<td>81%</td>
</tr>
<tr>
<td>White</td>
<td>115</td>
<td>46.8%</td>
<td>47.4%</td>
<td>41.3%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Mixed</td>
<td>3</td>
<td>1.2%</td>
<td>1.3%</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>Not Reported</td>
<td>2</td>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals*</td>
<td>246</td>
<td>100.1%</td>
<td>101%</td>
<td>100%</td>
<td>~100%</td>
</tr>
</tbody>
</table>

*Percents are rounded which may lead to total slightly above 100.
**US Census
***[http://www.cpa.state.tx.us/specialrpt/tif/southtexas/demographics.html](http://www.cpa.state.tx.us/specialrpt/tif/southtexas/demographics.html)

2. High student completion rate and graduation rate.
   a. Low student attrition rate.
   Our attrition rate is 2.8%
3. A high first-time-attempt PANCE certification rate.
   Our first time-attempt PANCE certification rate is 91% (2006-present)
   The pass rate for the past two years is 96%.
4. Graduate employment in underserved areas or with underserved population.
   69% of our graduate work in the zip code that begins 78… in which every county is MUA/HPSA, whole or partial.
5. Employment in Primary Care.
   51% of our graduates work in primary care.

Our distance program:

A concern for any program is the performance of its distant cohort. At the time this report is made, we have not had a class graduate with the distant cohort in the class. We used data for our 2010 class (graduation in May 2010) because it is the most complete at the time of this report. Our 2011 class has completed only ½ of the second year and our 2012 class has completed ½ of the first year.
Therefore, the best overall view and most complete data set are for the class that will graduate in May 2010. By analyzing this class data set, we limit some of the threats to validity caused by group size differences. Also, by using this class we have an increased number of data points which limits validity threats.

The data presented below represent the full 5 semesters of the didactic phase and 2 semesters of the Supervised Clinical Practice component of our program. (the numbering of the tables is the result of the statistical program) The tables are as follows and represent cohort comparisons:

- Didactic performance by GPA (full didactic phase)
- Clinical performance by GPA (7 rotations)
- Cumulative program performance by GPA
- Performance on PACKRAT #1 (given at the end of the second didactic year)
- Performance on PACKRAT #2 (given during the SPC year – after 8 rotations)

There are no significant differences in the overall, didactic, clinical, and PACKRAT performances between the two groups. This indicates to us that the delivery of the educational product to our distant cohort is comparable to the product delivered to our main campus students.

**Comparison by didactic GPA**

```plaintext
.ttest dGPA, by(cohort) unequal welch
Two-sample t test with unequal variances

<table>
<thead>
<tr>
<th>Group</th>
<th>Obs</th>
<th>Mean</th>
<th>Std. Err.</th>
<th>Std. Dev.</th>
<th>[95% Conf. Interval]</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>23</td>
<td>3.560348</td>
<td>0.0603393</td>
<td>0.289377</td>
<td>3.435212 - 3.685484</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>3.4945</td>
<td>0.1125083</td>
<td>0.2755879</td>
<td>3.205288 - 3.783712</td>
</tr>
<tr>
<td>combined</td>
<td>29</td>
<td>3.546724</td>
<td>0.0525535</td>
<td>0.2830091</td>
<td>3.439073 - 3.654375</td>
</tr>
<tr>
<td>diff</td>
<td></td>
<td>0.0658478</td>
<td>0.1276673</td>
<td>-0.221395</td>
<td>0.3530907</td>
</tr>
</tbody>
</table>

Ho: diff = 0
Welch's degrees of freedom = 9.33245

Pr(T < t) = 0.6910
Pr(|T| > |t|) = 0.6180
Pr(T > t) = 0.3090
```
Comparison by clinical GPA

```
. ttest clinGPA, by(Cohort) unequal welch
   Two-sample t test with unequal variances
     Group | Obs | Mean | Std. Err. | Std. Dev. | [95% Conf. Interval]
     0     | 23  | 3.503106 | .0865523  | .4150901  | 3.323607 - 3.682604
     1     | 6   | 3.642857 | .0958315  | .2347382  | 3.396514 - 3.88922
     combined | 29  | 3.53202  | .071568   | .3854053  | 3.385419 - 3.67862
     diff   |     | -.1397516| .1291316  | -.4118043 | .1323012
```

Ho: diff = mean(0) - mean(1)
Welch's degrees of freedom = 17.327

```
Pr(T < t) = 0.1470
Pr(|T| > |t|) = 0.2940
Pr(T > t) = 0.8530
```

Comparison by cumulative GPA

```
. ttest cumGPA, by(Cohort) unequal welch
   Two-sample t test with unequal variances
     Group | Obs | Mean | Std. Err. | Std. Dev. | [95% Conf. Interval]
     0     | 23  | 3.555739 | .054468   | .2612196  | 3.442779 - 3.668699
     1     | 6   | 3.554333 | .1022985  | .2505791  | 3.291367 - 3.8173
     combined | 29  | 3.555448 | .04728    | .2546106  | 3.4586 - 3.652297
     diff   |     | .0014058 | .1158954  | -.2596192 | .2624308
```

Ho: diff = mean(0) - mean(1)
Welch's degrees of freedom = 9.26739

```
Pr(T < t) = 0.5047
Pr(|T| > |t|) = 0.9906
Pr(T > t) = 0.4953
```

Comparison by PACKRAT #1, taken at the end of the didactic phase

```
. ttest PkRat1, by(Cohort) unequal welch
   Two-sample t test with unequal variances
     Group | Obs | Mean   | Std. Err. | Std. Dev. | [95% Conf. Interval]
     0     | 23  | 116.3043| 2.661714  | 12.76513  | 110.7843 - 121.8244
     1     | 5   | 116.8   | 5.978294  | 13.36787  | 100.2016 - 133.3984
     combined | 28  | 116.3929| 2.385106  | 12.62079  | 111.499 - 121.2867
     diff   |     | -.4956522| 6.54406   | -16.19818 | 15.20688
```

Ho: diff = mean(0) - mean(1)
Welch's degrees of freedom = 6.53072

```
Pr(T < t) = 0.4709
Pr(|T| > |t|) = 0.9419
Pr(T > t) = 0.5291
```
Comparison by PACKRAT #2 taken after 7 clinical rotations

The following presents Regression Analysis of group performance for predictors of success in the program by didactic GPA.

<table>
<thead>
<tr>
<th>Variable</th>
<th>p Value</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus cohort</td>
<td>0.93</td>
<td>No</td>
</tr>
<tr>
<td>Gender</td>
<td>0.24</td>
<td>No</td>
</tr>
<tr>
<td>Minority status</td>
<td>0.21</td>
<td>No</td>
</tr>
<tr>
<td>From South Texas</td>
<td>0.35</td>
<td>No</td>
</tr>
<tr>
<td>Prior graduate degree</td>
<td>0.42</td>
<td>No</td>
</tr>
<tr>
<td>Economically Disadvantage</td>
<td>0.6</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>0.9</td>
<td>No</td>
</tr>
<tr>
<td>Entering science GPA</td>
<td>0.45</td>
<td>No</td>
</tr>
<tr>
<td>Entering prerequisite GPA</td>
<td>0.6</td>
<td>No</td>
</tr>
<tr>
<td>Entering overall GPA</td>
<td>0.04</td>
<td>Yes</td>
</tr>
</tbody>
</table>

From these analyzes the only variable that predicts didactic performance is the overall entering GPA. This outcome is expected because of the academic performance and capabilities of entering students. Cohort assignment is not predictive of success or failure in the program.

We did correlation coefficient analysis of program performance variable and PACKRAT outcomes, which we use as student self assessment and as markers for study concentration and as part of Summative Evaluations.

The highest correlations for PACKRAT performance was Program Didactic GPA (0.5), Cumulative Program GPA (0.6). This indicates that there is a moderate relationship between program performance and one outcome measure. This indicates to us that students are mastering the material presented as measured by PACKRAT, which has a correlation coefficient of 0.68 for our student PANCE performance.
Evaluation and Analysis of First Time PANCE Takers (fPANCE)

Background: We developed a program specific regression equation based on historical program data and PANCE performance. This regression analysis has been helpful in identifying at-risk students and those needing additional skills enhancement.

The predictive equation for fPANCE performance is:

\[ \text{Intercept}(-431.55) + \text{packrat1}(1.0122) + \text{packrat2}(2.532) + \text{programdidacticGPA}(121.07) = \text{fPANCE} \]

Application of this equation accounts for (approximately) 69% of the variance on fPANCE performance.

The following graph plots our predicted versus actual fPANCE performance.
The next graph plots our predicted successes and failures versus actual fPANCE performance utilizing PACKRAT2.

From the above graphs, we identified 19 students from the classes of 2007 (10 students), 2008 (4 students), and 2009 (5 students) for skills enhancement as a selective in the Supervised Clinical Practice year. Of these at-risk students identified from our analysis and after completion of Skills Enhancement, 15 of 19 passed on the first PANCE attempt. Retrospective analysis of student first PANCE performance for the class 2006, when we did not have skills enhancement (that is we did not have a process for skills enhancement at that time), was done to help verify the accuracy of our analysis. In the 2006 class, we predicted 1 to fail who actually failed and 2 who were borderline predictions to pass; one of whom did pass and one did not.

Overall, our analysis of program performance, PACKRAT performance, and Summative Evaluation performance (includes a second PACKRAT) was helpful to us in changing our processes to improve student PANCE performance.

We have made additional changes in our skills enhancement process where students at risk, now go to clinic for ½ day and work on their study and test-taking skills, as well as directed study of areas of perceived weaknesses in their fund of knowledge. This began with the 2010 class. This additional change will provide clinical experience as students work to improved identified weaknesses.
Graduate Surveys

The department uses a standard survey developed by the School of Health Professions. Data from the survey is usually available in the fall of each year. The data are primarily ordinal data and our analyses are by non-parametric statistics.

The following graph presents the type of information sought and the Median response for each of our graduate classes and the inter-quartile range for that Median.

<table>
<thead>
<tr>
<th>Graduate Survey Summary Data</th>
<th>Ratings (median and inter-quartile range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>2006 n=24</td>
</tr>
<tr>
<td>Overall quality of instruction by faculty</td>
<td>3 (1.5)</td>
</tr>
<tr>
<td>Faculty’s availability and willingness to meet with students outside of class</td>
<td>3.5 (1)</td>
</tr>
<tr>
<td>Faculty’s knowledge and mastery of subject matter</td>
<td>4 (1)</td>
</tr>
<tr>
<td>Faculty’s clinical knowledge and skill</td>
<td>4</td>
</tr>
<tr>
<td>Faculty feedback on your academic/professional progress</td>
<td>3</td>
</tr>
<tr>
<td>Faculty’s attitudes toward students</td>
<td>3 (1.5)</td>
</tr>
<tr>
<td>Faculty’s preparation for classes</td>
<td>3 (1)</td>
</tr>
<tr>
<td>Department staff’s courteousness and professionalism</td>
<td>4 (0)</td>
</tr>
<tr>
<td>Department staff’s attitudes toward students</td>
<td>4 (0.5)</td>
</tr>
<tr>
<td>Your professional or graduate education program, in general</td>
<td>3 (1)</td>
</tr>
<tr>
<td>Overall preparation for future work in your chosen profession</td>
<td>3 (1)</td>
</tr>
<tr>
<td>Ordinal scale(1= Poor, 2= Fair, 3= Good, 4= Excellent)</td>
<td></td>
</tr>
</tbody>
</table>

While each class represents a small sample for group comparison, we were able to identify one area requiring substantial improvement. The survey identified that the faculty’s attitudes toward students were perceived to be lower than the other rankings of faculty and program attributes. The median fell into the poor category for the class of 2007. Our actions based on this finding are presented elsewhere in this section.

The following graphics compare our graduates’ program attribute ratings by class. Please note (1st graph) that a solid vertical line for a category represents near total agreement, and a dot represents outliers. For the second and third graphs, the data is represented in a vertical format to allow for several sub-sets to be grouped together. For graphs 2 & 3, the solid horizontal represent near total agreement.
Graduate Survey Results by Class
1= Poor, 2= Fair, 3= Good, 4= Excellent

Graduate Survey Results by Class
Faculty Ratings
1= Poor, 2= Fair, 3= Good, 4= Excellent
Although there is variability that naturally occurs from year-to-year, we have used the above feedback from graduates to improve the program. A decline in faculty-student relations occurred with the class of 2007. This was evident during the class of 2007 course of study. We responded by enlisting the assistance of a consultant from the Educational Research and Development Academics Informatics Services from within the university. This evaluation specialist met (in spring 2007) with a focus group of the class of 2007, then surveyed the classes of 2007 (3rd year), 2008 (2nd year), 2009 (1st year) in an effort to obtain specific feedback.

From the consultant’s observations “…..there are significant differences of opinion between the PA1s and PA2s and the PA3s regarding their educational experiences in the PA Studies program. …not all PA-III students had negative things to say about the program, but many did.”

“…..the question still arises as to why their experiences were so different from one another? Unfortunately, that evaluation data provided no specific answers to this question.”

Consultant Recommendations (abbreviated, but all are provided):
1. Review policy and procedures regarding clinical rotations
2. Make roles and expectations clear to students
3. Build collaborative relationships with preceptors
4. Administer consultant’s survey annually

Here are some specifics that we identified that may have created problems:
• A department faculty member used derogatory terms to describe students’ performance. This occurred just prior to that faculty member leaving the department; however rapport with this group of students was already compromised.
Some members of the class felt that communication of departmental rules, such as the professional dress code, attendance, and a rigid approach to the SCP, was parental and non-yielding in nature.

The students’ impression of faculty ultimately had a detrimental effect on the learning environment.

Change in program director with the Department Chair moving to an Associate Dean’s position and new program director being appointed.

There were intra-class problems not brought to the consultant’s knowledge. The faculty and department had no opportunity to comment on the findings of the consultant. Despite this, the faculty were (and still are) disturbed by the results and those graduates opinion of us.

Although members of the faculty specifically mentioned by students are no longer with the program, the following changes have been made to improve faculty and student relations:

- The school appointed an assistant dean for students to help students and faculty deal with problems that arise.
- The student handbook and supervised clinical practice manuals were revised to communicate a less threatening tone.
- Policies have been modified and shortened.
- Dr. Blessing has returned to manage the program in 2009.
- Every effort is made to treat students as adult learners.

While the 2007 class’ evaluations appear to below expectations, analysis shows that it is a single class anomaly for us and even for the 2007 class, most evaluations were “fair or good.” Those for the other graduate classes are good to excellent.

The consultant’s report will be available to the site visitors.

**PANCE SUBSCORE ANALYSIS**

The following graphs present our class content scores vs. national content scores.

**2006-09 PANCE Tasks Results**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>H&amp;P</td>
<td>74</td>
<td>75</td>
<td>76</td>
<td>78</td>
</tr>
<tr>
<td>Lab</td>
<td>74</td>
<td>74</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>DX</td>
<td>73</td>
<td>75</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>Hlth Mntnr</td>
<td>75</td>
<td>73</td>
<td>75</td>
<td>76</td>
</tr>
<tr>
<td>Cl Intrvnntn</td>
<td>69</td>
<td>74</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Cl Thrptcs</td>
<td>67</td>
<td>73</td>
<td>74</td>
<td>76</td>
</tr>
<tr>
<td>Sci Cncpts</td>
<td>74</td>
<td>74</td>
<td>75</td>
<td>75</td>
</tr>
</tbody>
</table>
For the years presented, our average has been within one standard deviation of the national mean. This means that our class scores, likely, are not significantly different from the national scores. Thus, we are unable to do analysis to test a null-hypothesis or a hypothesis for significant differences. When we consider that standard deviation is a measure of dispersion, it would be unusual to find significant differences in values within one standard deviation of the mean.

As discussed elsewhere in this document, our 2007 class was an anomaly and their performance is not in-line with the master’s classes before and afterwards. Steps we have taken in an attempt to improve faculty relationships with student and to identify at-risk students and address their problems as early as possible. Our low attrition rate demonstrates and high overall certification rate indicate that our students are successful and our efforts in addressing any deficiencies are working.

We also have undertaken changes to improve our curricular areas that are the lowest against the national scores in this descriptive analysis.

1. We are working with psychiatry faculty on our Behavioral Medicine course. New faculty assumed responsibility for the course in 2010 and are working to address deficiencies.
2. The medicine courses incorporates Infectious Disease in all modules rather than as a separate module in academic year 2009-2010.
3. We have added a faculty member with a background in Neurology, which will help us in that area.
4. We will review our entire curriculum and program in the near future for changes that will improve our processes and academic offerings.
C3. Student Evaluation

Student performance is continuously monitored and reviewed by the faculty. Students are tested by examinations and by demonstrations of skills acquired. Students who do not perform to an accepted level on in-course exams must meet with their advisor or the instructor in an effort to identify the cause of the poor performance. Students may be referred to Student Counseling or to counseling through UT Advantage, a referral service for faculty, staff, and distant students.

NOTE: At the time of the development of this document, we are in negotiation with Texas A&M International University (TAMIU) (in Laredo, located about 5 miles from our Laredo campus) to provide student academic and personal counseling through the TAMIU student services. This will be more efficient that the current process for our distant students.

Student course performance is discussed at every faculty meeting. All student transcripts are reviewed at the end of each semester by the Chair. Students who do not meet the required performance GPA meet with the Chair, in an effort to identify performance problems. A letter of concern may be issued or a student may be put on Probation, depending on the level of poor performance. A letter of concern is a form of formal notice to the student that they must improve their academic or clinical performance to continue in the program. The letter may require certain activities such as counseling on study or test taking skills. Probation is a more severe warning that means a student is at risk of not remaining in the program unless their performance improves. Probation places conditions or requirements, such as required counseling, for the student.

Every course syllabus has the ARC-PA standards and the PA Competencies that the course addresses. Student performance must meet the competencies through demonstration of skills, demonstrate knowledge by test and skill performance, and meet the required academic performance levels of the program. The expectation is that student pass every course with a grade of “C” or better, maintain a GPA of 2.75 or better, and demonstrate skill and procedure competencies to an accepted level designated by the faculty.

A remediation statement is on every syllabi and a remediation policy is in the PAS Student Manual. Typically, for those courses that have procedures (physical exam, suturing, etc) remediation occurs within the course. The student is remediated to the competency. For didactic courses where a “D” or “F” grade is made, remediation is by student deceleration and repeating of the course. This means the individual joins the class behind them. Students who earn a “D” or “F” in a course may be dismissed from the program. Students who are decelerated for academic reasons are placed on Probation. Typically, students are required to complete activities that will help address perceive problems. This includes academic counseling for test and study skills, stress reduction, time management, and additional course work (either at the university or another educational institution) that will strengthen the preparation for the program course failed. A student on Probation who subsequently fails a course is usually dismissed from the program.

Over the course of the past two years we have changed our grade level and eliminated the grade of “D” from PHAS courses. This was done because the university uses a traditional grade definition of A, B, C, D, F, I where “D” is considered passing, but below average. We eliminated
this grade to ensure that our expected level of performance is met by students. A student who makes a “D” has a passing grade by university definition, which has potential to create problems because of the definition of a “D” grade as passing and we expect performance at the “C” level. We do not want a grading system that sends a mixed message of what is passing. A students have tried to make a case for the “D” grade as passing, despite our requirement of “C.” By eliminating the “D” grade, we send a clear message for our expectations and grade requirements. Our medical school is also making this change.

Students are counseled by faculty or referred to Student Services for any behavior that is unprofessional in nature. Referrals for professional behavior issues have been rare to non-existent for most classes.

Summative Evaluation occurs in the early semester of the last semester of the Supervised Clinical Practice Year. Our evaluation consists of a standardized patient encounter, a write-up the encounter using the SOAP format, evaluation by the standardized patient, evaluation by an independent observer (no PAS faculty), and the PACKRAT exam. Students who do not meet set summative evaluation standards are remediated over the remainder of the semester, usually through our skills enhancement approach. Skills enhancement includes study and testing skills (including practice tests from Exam Master), specific content directed study and ½ day clinical experiences. Faculty make the determination if the Summative Evaluation is completed and met at an acceptable level.

C4. Clinical Site Evaluation

Students provide two types of feedback on clinical sites. One is a formal evaluation reviewed by the Clinical Coordinator and one informal note for future student information. The informal notes are kept in a notebook for review by future clinical students as they consider rotation choices. We visit frequently used sites a minimum of once each year. These visits are usually done by the Clinical Coordinator, but may be done by any faculty member. New rotation sites are visited, if possible while the first assigned student is at the site. If we cannot do that visit, we visit as soon as possible after the first student has completed the rotation. We typically do not place a student on a new rotation for that particular student’s first rotation. Student evaluation of the clinical site uses a Likert Scale to evaluate the 1. Content, Objectives, and Structure, 2. Preceptor, and 3. Preceptorship Outcomes. Evaluation also includes non-data comments on the A. Most common clinical problems encountered, B. Improvements that could be implemented to make the rotation better, and C. Additional remarks or suggestions. Over the past two years, we have not had a rotation problem identified and student satisfaction with the Supervised Clinical Practice rotations is high. The student evaluations will be available to the site visitors.

Section D: Student Services

D1. Student Health
D1.01-02. All student health records are maintained by Student Health. The department maintains no student health records except for documentation of current status from Student Health. This documentation is in the form of a statement that the student is up to date on immunizations and other required health elements. There is no HIPAA protected
information or details about a student’s health. Health screenings and immunizations required by the university based on current guidelines used by the university. No PA faculty are involved with screenings or immunizations.

D1.03. All UTHSC students must have health insurance. Student Health services are open to all students regardless of school or course of study. Student Health information is provided during orientation and is available in the Catalog. Students may choose to use private facilities other than the University Student Health Clinic.

PAS students on the Regional Campus or in the Laredo area on Supervised Clinical Practice may use a local contracted provider. Students may come to Student Health in San Antonio if they so choose. The Laredo contract provider maintains the health records of those students, but will send copies as needed and requested to Student Health.

D1.04. Program faculty do not provide care or health care advice to students. This part of our student policy.

**D2. Student Guidance**

D2.01. All students have access to the PAS Student Guide. This is available from the first day in the program until graduation. Students are advised by email of changes in policy and the effective date as needed. The Chair covers policy and procedures with the 1st year class at the initial meetings, known as Director’s Hour. Students are required to sign a consent that states their understanding that they are responsible for reading the student policy guide and seeking clarifications when needed.

D2.02. Every student is assigned an advisor. First year students must meet with their advisor at the beginning of the program and at the end of the first semester. Students may meet with their advisor at any time to discuss the program, issues, information, or as needed for academic advising.

D2.03. The Student Counseling Center accepts referrals from faculty for student counseling. Students may also access counseling services directly. The Counseling Center provides a range of services for academic and personal problems. Students at the Laredo campus may access counseling service through the UT Advantage program that is offered for all our distant campuses. This is a toll-free 24-hour a day number that can be used to arrange services from San Antonio or referral to a local provider. We are in the process of establishing counseling services through the local university.

**D3. Student Identification**

D3.01. Physician Assistant students are identified by a university issued ID badge. The badge has the student’s name, student type, picture, and student number. Medical and physician assistant students must wear a short white jacket in clinical situations and setting. The white jacket has the university patch. The university does not permit the addition of program specific patches to the jackets.
Section E: Provisional Accreditation – Not Applicable

Section F. Accreditation Maintenance

F1. Program & Sponsoring Institution Responsibilities

The Department of Physician Assistant Studies is a strong supporter of accreditation. We have made every effort to stay abreast of the standards and the requirements for continuation. Since our last visit we have established a distant cohort and increased our program size by 6 students. Both actions were approved by the ARC-PA prior to implementation. All requested and required reports after our last site visit and review were submitted, meeting deadlines.

The Department Chair did miss the deadline for notifying the ARC-PA of a faculty member’s resignation. This was an oversight that was corrected as soon as we realized this had happened. We will be vigilant in the future.

At the time this document is authored, we are seeking a Clinical Coordinator.

We have paid all ARC-PA fees.

Section IV: Summary

1. Program Strengths

   A. High demand for the program
   B. Support from the School
   C. Graduate success rate
   D. Number of supervised clinical rotation sites
   E. Strong presence in the mid-region of the Texas-Mexico border
   F. Student service and community projects
   G. Small class size
   H. Regional Campus facilities
   I. Excellent administrative support staff
   J. Clinical expertise of faculty
   K. Main campus facilities; Clinical Skills Center
   L. Regional campus facilities; new, area designed specifically for PAS
   M. Use of technology
   N. We meet our mission

2. Needed Improvements

   A. Faculty stability – contributing factors are listed.
      a. Faculty salaries
      b. Faculty to student ratio
      c. Faculty turnover
d. Faculty number

B. Size and Length of program
   a. Level of demand should justify class size increase, but has not, primarily due to limited fiscal resources.
   b. Need curriculum review for possible shortening of program and curricular changes.

C. Program funding
   a. Reliance on grant and special designated funding from the Regional Campus

D. Improve some content areas
   a. Steps have been taken to review and improve the content area for some of the items on the PANCE. An example is in Behavioral Medicine, where new instructors are restructuring the course based on the PANCE blueprint, PA competencies, and the 4th edition of the Standards.

3. Plans for implementation of improvements

A. Identifying and retaining a quality faculty is the key to improvement across the spectrum of an educational program. We have had a complete faculty turnover in the past two years on the San Antonio campus. We have never lost a faculty member to another program, all, but one have left to return to clinical practice and that one went to a medical device company. Salary is big part of the return to clinical practice. In 2009, the Department Chair and School Dean appealed to the University Administration to increase base salaries. With our last two faculty hires, we have offered more than the average educational salary and recruited two promising faculty members. We are in the process of hiring a clinical coordinator and will attempt to identify a salary that will allow us to hire and retain that person.

We have also identified funds that allow us to pay for professional expenses such as licensure and certification costs. This was started in 2010. Faculty may augment their salary through our practice plan. Faculty may negotiate up to 20% release time for clinical practice. We will also allow faculty to take up to 20% release time to pursue an advanced degree.

We have submitted a business plan for increasing the number of program faculty. Due to the current economic conditions, budget considerations have put that plan on hold, but we will seek grant funding to support our goals. We would like to increase the size of our program and plan to do that when we are able to support and retain an adequate number of faculty.

Our Dean is reluctant to put anyone on the tenure track unless they have a doctorate. The tenure decision is made at the university level and publication and research expectations are high. By helping faculty achieve advanced degrees and supporting them in their scholarly activity, we hope to address this problem over time.

B. Our program is 33 months long and the longest in Texas. While the length of the curriculum is strength because we offer the didactic phase over 5 semesters, a common
Comment on our graduate surveys and by students is that the program is too long. There is appeal to applicants, but once students are here, the reality is that it is a long program. The longer the program, the greater the costs. We have begun to examine our curriculum, but with faculty turnover this is a seminal effort. The Chair’s done a preliminary review of the curriculum and some discussion has occurred among the faculty. It is our plan hold a curriculum retreat later this year or early next year and do an in-depth analysis of our curriculum. We will seek a consultant to help us in this analysis and planning. We must consider the ARC-PA standards and PA competencies in this planning. We do believe that we can structure our curriculum in such a manner that will allow us to shorten our curriculum time. This would put us in line with the other UT Systems programs, reduce the cost of the program for students, and allow us to function more efficiently as a program and in our educational offering and fiscal resources.

C. We are working to increase our state and local resources for funding. Both the president and dean have indicated that if funds are needing during any fiscal year, they will be available. This allows us to function adequately, but limits our ability to be innovated and to experiment with new or different learning efforts, such as more on-line course, branching tests/exams, tele-medicine, etc.

D. We are in the process of reviewing our Behavioral Medicine course with instructors new to the program in spring 2010. We will work with these instructors to improve the course to address the behavioral medicine content, particularly as it relates to the PANCE. We plan to review our entire curriculum for greater efficiency of time and to ensure our compliance with the 4th edition standards.

Update on Citations from 2005 review:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Note</th>
<th>Status in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1.4</td>
<td>The program does not provide students with a clearly written pathophysiology course syllabus that includes measurable instructional objectives.</td>
<td>The department now offers its own pathophysiology course, PHAS 5007, taught by a cross appointed faculty member. The syllabus is available for the site visit.</td>
</tr>
<tr>
<td>B1.5</td>
<td>The program does not orient the physiology instructors to the specific educational competencies expected of PA students.</td>
<td>The department now offers its own physiology course, PHAS 5006, taught by a PAS core faculty. Competencies are part of the syllabus. Educational outcomes and expected competencies are distributed to all non-PA core faculty who involved with our educational program.</td>
</tr>
<tr>
<td>C4.1b</td>
<td>The analysis of data as it relates to the declining scores on the PANCE or PACKRAT and subsequent changes was absent in the self-study report.</td>
<td>Please see data analysis in self-study. This report outlines a number of steps we have taken to address student performance, particularly the PANCE.</td>
</tr>
</tbody>
</table>