
Physician Assistant Studies

MPAS

Cycles included in report:
Cycle #2 9/1/13 to 8/31/14

Program Name: Physician Assistant Studies

Program Cycle: #2 9/1/13 to 8/31/14

1 Program Details

Program/Department Chair: Ted Ruback

Program length: 26 months

Admit by cohort: Yes

Authorized Award(s): Master of Physician Assistant Studies (MPAS) Degree (CIP Code: 51.0807)

Minimum number graded credit hours: 146 quarter credits

Minimum acceptable GPA: 3.0

Program Website:

<http://www.ohsu.edu/xd/education/schools/school-of-medicine/academic-programs/physician-assistant/index.cfm>

2 Program Purpose Statement

The mission of the OHSU Physician Assistant Studies program is to:

- Prepare physician assistants for the practice of medicine and the delivery of primary care services to diverse populations, including the medically underserved;
- Contribute to meeting the health workforce needs of Oregon;
- Provide a model of excellence in physician assistant education; and
- Promote the physician assistant profession in the state.

3 Student Learning Outcomes (SLO) Statements

Upon completion of the Physician Assistant program, the graduate will be able to demonstrate competence in the following key areas of medical practice:

1. **Medical knowledge:** Medical knowledge includes an understanding of the pathophysiology, etiology, risk factors, epidemiology, signs and symptoms, differential diagnosis, diagnostic work-up, patient management, surgical principles, health promotion, and disease prevention for a variety of acute and chronic medical conditions.
2. **Interpersonal & communication skills.** Interpersonal and communication skills encompass verbal, nonverbal, and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system.
3. **Patient care.** Patient care includes age appropriate assessment, evaluation, and management. Physician assistants must demonstrate caring and respectful behaviors when interacting with patients and their families and provide care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Physician assistants must also be able to counsel and educate patients and their families and competently perform medical and surgical procedures considered essential in the area of medical practice.
4. **Professionalism.** Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.
5. **Practice-based learning and improvement.** Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Examples of this include locating, appraising, and integrating evidence from scientific studies related to their patients' health problems; recognizing and appropriately addressing gender, cultural, cognitive, emotional, and other biases; and recognizing gaps in medical knowledge.
6. **Systems-based practice.** Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. Examples include effectively interacting with different types of medical practices and

delivery systems, understanding the funding sources and payment systems that provide coverage for patient care, and practicing cost-effective health care and allocating resources that do not compromise quality of care.

- 7. Technical Standards:** All candidates for an OHSU degree or certificate must possess essential skills and abilities necessary to complete the curriculum successfully. OHSU has developed nonacademic technical standards, basic to all of OHSU's educational programs. Such technical standards include the ability to acquire, synthesize, and apply information in a variety of settings and using a variety of modalities; the ability to manipulate the equipment, instruments, apparatus, or tools required to collect and interpret data appropriate to the physician assistant practice; use intellectual ability, exercise proper judgment, and complete all responsibilities within a timeframe that is appropriate to a given setting; demonstrate emotional stability to function effectively under stress and adapt to changing environments inherent in clinical practice and health care.

4 Student Learning Outcomes Assessments

1. Objective-Based Examinations (DIRECT): SLOs: 1-7

Exams are administered in nearly all courses in the didactic year (≥ 1 per week) and at the end of all core clinical rotations (approximately every 5 weeks). Exams are based on the learning objectives for each course and primarily consist of multiple choice and short-answer types of questions. Exams are computer-based and administered electronically through ExamSoft. Exams are written by faculty experienced in test writing and development. Clinically-oriented examinations assess the student's ability to assess and manage a variety of acute, chronic, and emergent conditions encountered in primary care, as well as medical and surgical specialties.

2. Faculty Evaluation of Students in Clinical Medicine Tutorials Course: SLOs 1-7

This three-term course is designed to help students facilitate the formulation of clinical skills such as developing diagnoses and management plans, using evidenced-based medicine to guide their medical decision-making, efficient and responsible use of medical resources, legal and ethical aspects of medical practice, and the formulation of concise case presentations. Students are divided into groups of 6-8 students and a faculty facilitator. A fictional family is followed throughout the year whose members seek care for a variety of medical conditions commonly seen in an ambulatory setting. Students gain experience providing longitudinal care to patients. Each week, one or more of these "patients" is seen for a particular problem, and the students work as a group to address various aspects of the patient's case.

3. Objective Structured Clinical Examination (DIRECT): SLOs: 1-7

The Objective Structured Clinical Examination (OSCE) is a form of performance-based testing used to measure students' clinical competence. During an **OSCE**, students are observed and evaluated as they go through a series of stations in which they interview, examine and treat standardized patients (SP) who present with some type of medical problem. A checklist of essential tasks and interpersonal communication skills is completed by a faculty member, and feedback is provided to the student regarding his/her performance. The OSCEs are videotaped so that students can review their patient encounters. OSCEs are scheduled 3 times in the didactic year and one time in the clinical year.

4. Clinical Performance Examination (CPX) (DIRECT) SLOs: 1-7

CPX exam is administered in the spring term of the clinical year. The CPX is similar to the OSCE in that students rotate through a series of stations in which they interview, examine, and treat standardized patients who present with a variety of health problems and complaints.

5. Physical Exam Assessments and Problem-Oriented Physical Exams (POPEs) (DIRECT) SLOs: 1-4, 7

During the first term of the didactic year students complete a Physical Diagnosis course. This course consists of both lecture and hands-on opportunities to practice and refine their physical examination skills. Once students have mastered the technical aspects of performing a physical examination, subsequent terms focus on Problem-Oriented Physical Exams (POPEs). These exams assess a student's ability to perform an appropriate physical examination based on a presenting chief complaint or medical condition. Students are observed by faculty and assessed on their technical, professional, and communication skills and their ability to apply clinical reasoning skills in order to appropriately assess a given medical problem. Students perform a physical exam on a classmate. These assessments are conducted twice during the didactic year (fall and winter terms).

6. Clinical Site Visits (DIRECT) SLOs: 1-7

During a clinical site visit a faculty member directly observes a student during a real patient encounter at his/her clinical training site. The student is assessed in the following areas: medical interviewing, physical examination, professionalism, counseling skills, organization and efficiency, oral presentation, clinical judgment, and overall clinical competence. The frequency of the site visits varies, but most students have between 3-5 site visits during the clinical year.

7. Preceptor Evaluations (DIRECT) SLOs: 1-7

During the fall, winter and spring terms of the didactic year, students are paired with a “mentor” physician assistant or physician in the community. Several days during each term students spend an afternoon in their mentor’s practice seeing patients and practicing their clinical skills. At the end of each term their “mentor” completes an evaluation that assesses the students’ professionalism, physical exam skills, medical interviewing skills and clinical thinking.

In addition, each student is required to have a minimum of one preceptor evaluation for each clinical rotation completed in the second (clinical) phase of the program. These evaluations assess a number of clinical and professional skills. Preceptors are requested to complete one evaluation mid-way through the 5-week rotation for feedback purposes (non-graded) and a final evaluation at the end (graded) of each clinical rotation.

Communication & Professionalism:**8. Medical Documentation (DIRECT) SLOs: 1-4**

Throughout the 26-month program, students are required to write > 25 clinical notes from patient care visits in which they have been involved. Students are required to submit a variety of notes, including problem-oriented SOAP notes, admission history and physical exams, surgical notes, and well-child visits. These notes are graded by PA faculty and feedback provided.

9. Grand Rounds Presentation (DIRECT) SLOs: 1-4

Each student is required to develop and present one Grand Rounds presentation during the clinical year. Students present to the program faculty and their peers. The purpose of a Grand Rounds presentation is to educate the audience on a clinically relevant topic through the discussion of a single clinical case in which they were involved. The students must demonstrate the ability to apply the principles of evidence-based medicine (EBM) to clinical practice. The student also gains experience developing and delivering a professional presentation.

10. Student Peer Evaluations (DIRECT) SLOs: 2 & 4

Student peer evaluations are done in the Clinical Medicine Tutorials course, Community Outreach Project, OSCEs, and Grand Rounds presentations. Depending on the course, students evaluate each other on their ability to work as a member of a team, professionalism, responsibility, dependability, and preparedness.

11. Community Outreach Project (DIRECT) SLOs: 1-7

This is a 2-term course in the clinical year. For the Community Outreach Project (COP) students select a health promotion/disease prevention topic from the Healthy People 2020 topic list. The student writes a public need paper and then develops learning objectives and a curriculum which is then presented to a selected community target group. A summary of the project, results and outcomes are presented to faculty and fellow students in the form of a narrated PowerPoint.

Systems-Based Knowledge: SLOs: 1-7**12. Maintenance of Fictional Patient Chart (DIRECT) SLOs: 1-7**

In the Clinical Medicine Tutorials course small group of 7-8 students meet on a regular basis (usually weekly) with a faculty facilitator to develop clinical thinking skills. A fictional family is followed throughout the year whose members seek care for a variety of medical conditions commonly seen in an ambulatory setting. Students gain experience providing longitudinal care to patients. In addition to developing clinical thinking skills, other aspects of medical practice are discussed and practiced, including the proper development and maintenance of patient charts. Students are responsible for maintaining fictional patient

charts in the Epic EMR system in the fall, winter, and spring terms of the didactic year. The ability of the group to maintain and updated chart on these fictional patients is evaluated each term by the groups' facilitator.

13. Billing and Coding (DIRECT) SLOS: 3, 5-6

During the Clinical Tutorials course in the didactic year (see previous description) students learn about ICD-9 codes, CPT codes, and E&M codes. At the end of most small group sessions, students complete a billing and coding form for that particular "patient visit". This skill is further developed in the clinical phase of the program, when students are required to use a patient tracking system called Typhon. In addition to tracking a variety of clinical experiences, students are required to assign an ICD-9 code, E&M code and CPT code (when applicable) for all patients seen in the clinical year. These Typhon reports are reviewed weekly by a faculty advisor.

5 Standards, Criteria and Rubrics

1. Objective-Based Examinations (DIRECT): SLOs: 1-7

Students must pass all exams in the didactic and clinical years with a minimum score of 80% (except basic science course; see below). Students who receive a grade of 75–79.9% on the exam must retest (for a maximum grade of 80%). Students who receive a grade below 75% on the exam must retest (for a maximum grade of 75%). Only one retest per exam is allowed. In the event of a non-passing grade on the retake exam, the student will be required to complete further remediation which may include additional coursework or repetition of the rotation. A student may not advance in the program until successful remediation of the material has occurred.

For basic science courses, students must pass the course with a minimum grade of 70%. If a student does not pass the course with at least a 70% average, then remediation is required. Remediation varies from repeated testing (written or oral) and/or completion of additional coursework. A student may not advance in the program until successful remediation of the material has occurred.

2. Faculty Evaluation of Students in Clinical Medicine Tutorials Course: SLOs 1-7

Each faculty facilitator evaluates each student in their group midway and at the conclusion of the course. Students are assessed on their medical fund of knowledge, ability to apply their knowledge to clinical scenarios, clinical reasoning skills, participation in the discussions and development of clinical questions and problem solving. Facilitators must indicate whether the student's clinical thinking skills are progressing appropriately for their current level of education. These evaluations are a major component (approximately 65%) of their overall grade for the course.

3. Objective Structured Clinical Examination (DIRECT): SLOs: 1-7

A checklist of essential tasks and interpersonal communication skills is completed by a faculty member, and feedback is provided to the student regarding his/her performance by the faculty observer, the standardized patient, and a student peer (who is also an observer). These assessments are designed to be more formative in nature. Although we use a checklist of items, there is no specific scoring rubric. The faculty will mark an overall assessment of "excellent", "good", "adequate" or "needs work". Any student receiving a "needs work" is required to review the videotaped encounter and write a reflection and self-critique on how they can improve.

4. Clinical Performance Examination (CPX) (DIRECT) SLOs: 1-7

Students are assessed in five areas: ability to elicit a medical history, communication, patient-provider interaction, and physical examination. In addition, there is some type of post-encounter exercise such as writing a prescription, interpreting an X-ray, and formulating a differential diagnosis. Students are assessed by the standardized patient, who also provides feedback to the student on his/her performance. Statistical data is provided which allows us to evaluate individual and class performance for each station and for each skill. Any student who scores > 2 SD below the class mean is required to complete a remediation.

5. Problem-Oriented Physical Exams (POPEs) (DIRECT) SLOs: 1-4, 7

At the conclusion of the Physical Diagnosis course in the first term, students are tested on their ability to perform a comprehensive physical examination. A checklist of essential tasks and interpersonal communication skills is completed by a faculty member and scored. Any student who does not satisfactorily perform the physical exam with a minimum score of 80% must re-test until they are able to do so.

As the student advances to the POPEs, a similar checklist of essential tasks and skills is utilized to assess the student's ability to perform a problem-oriented physical examination. Feedback is provided to the student regarding his/her

performance. Similar to the OSCE and CPX exams, the POPE assessments are more formative in nature; however, any student receiving a “needs work” is required to repeat the exam until they have adequately performed the appropriate exam (both in terms of the content and technical ability).

6. Clinical Site Visits (DIRECT) SLOs: 1-7

The student is assessed on a Likert scale (ranging from unsatisfactory to superior performance) in the following areas: medical interviewing, physical examination, professionalism, counseling skills, organization and efficiency, oral presentation, clinical judgment, and overall clinical competence. Students receive on-the-spot feedback. In addition, the faculty site visitor discusses the student's performance with the clinical preceptor and addresses any concerns. While students are scored on these visits, they are intended to be more formative in nature, and they are not considered in their overall rotation/course grade.

7. Preceptor Evaluations (DIRECT) SLOs: 1-7

Mentor and preceptor evaluations are one component of the student's overall grade for the course or rotation. The evaluation forms include a checklist of items that assess students' knowledge, skills, and professional behavior. A Likert scale (1-5; Poor to Superior performance) is applied to rate a student's performance in each category or skill. If the student works with more than one preceptor at least one day per week, the preceptor grade will be determined by the average of all evaluations. An overall score is then computed. A satisfactory preceptor evaluation is defined as a minimum score of 80% on the Knowledge/Skills section and no concerning feedback in the Professional/Behavioral skills section. In the event a student receives an unsatisfactory evaluation, the student may be required to repeat all or a portion of the clinical experience, or alternative remediation, as required by the Program Director and the Progress and Promotions Committee.

8. Medical Documentation (DIRECT) SLOs: 1-4

These notes are graded by PA faculty and feedback provided. Students are graded on format, content, and the ability to synthesize clinical information into a cohesive clinical document. Students must receive a minimum score of 80% on each note submitted. If the minimum score is not achieved the student must revise his/her note or submit a new one from a new patient.

9. Grand Rounds Presentation (DIRECT) SLOs: 1-4

Students have 20 minutes allotted for their presentation in a PowerPoint format. Both faculty and peers evaluate the student in areas such as how effectively the patient's medical problem was communicated and used to illustrate key teaching points; how well the student communicated and educated the audience on their main teaching points; the quality of the research done in preparation for the presentation, and presentation style. Students receive an overall score of “excellent”, “good”, “satisfactory”, or “redo”. Students who receive a “redo” are required to revise their presentation based on faculty feedback and repeat their presentation at a future date.

10. Student Peer Evaluations (DIRECT) SLOs: 2 & 4

Students are required to provide verbal and written feedback to their peers in several courses and activities. These are not graded evaluations, but rather one means of developing and encouraging a professional approach to providing thoughtful, specific, and constructive feedback to their peers. During the OSCEs, students transition from station to station in pairs. Students alternate being the student health provider and observer. At the end of the SP encounter, the student in the role of observer provides verbal feedback on his/her peer's performance. During the Clinical Tutorials course, students within the same small group complete a written (online and anonymous) evaluation of their peers on their ability to work as a member of a team, professionalism, responsibility, dependability, preparedness, etc. Students also complete a peer evaluation for Grand Rounds presentations, with key items being content and delivery of their presentation.

11. Community Outreach Project (DIRECT) SLOs: 1-7

Students are evaluated during each stage of the process (i.e. submission of public need paper, development of learning objectives and a curriculum, summary of the results and outcomes, and a narrated PowerPoint.) Currently, the course director reviews all of the students' projects and provides feedback and guidance regarding further development and/or clarification of objectives, etc. A grading rubric is applied when assessing grades for each assignment leading up to the implementation of the project. Once the student has implemented their project and completed their final assessment and self-evaluation of their COP, an additional faculty member reviews the students' overall performance. Students must pass with a minimum score of 80%. Students who do not meet those minimum expectations are required to revise and sometimes re-implement their project until the minimal standard is achieved.

12. Maintenance of Fictional Patient Chart (DIRECT) SLOs: 1-7

Students are responsible for maintaining fictional patient charts in the Epic EMR system in the fall, winter, and spring terms of the didactic year as part of the Clinical Tutorials course. Small group facilitators assess the group's skill in maintaining accurate and complete charts for a fictional family of patients. A checklist of items that should be included in the chart for each patient (e.g. complete and accurate medication list, immunization record, family history, current health problems, lab results, etc) is provided to each faculty member and the group receives a grade for each section. An overall grade of 80% is considered satisfactory performance. Groups not meeting this grade are required to update and revise the chart in order to achieve this standard.

13. Billing and Coding (DIRECT) SLOS: 3, 5-6

In the didactic year students begin to apply the principles of billing and coding to the fictional patient visits discussed in the small group Clinical Tutorials course by completing a billing and coding form. Small group facilitators review these forms for accuracy and students are provided feedback and guidance. A small portion of the students' overall grade for the course relates to their ability to understand and apply these principles to the tutorials cases.

In the clinical year, students are required to log every patient they see on their clinical rotations into a patient tracking system called Typhon. In Typhon, students document demographic information about the patient as well as their level of involvement in the patient encounter. In addition, students enter one or more ICD-9 codes (diagnostic code), an Evaluation and Management code (e.g. level of service) and, if applicable, a procedural code (CPT). Each week, a report for each student's activity is generated and reviewed by a faculty or clinical year staff member and feedback is provided.