

**Physician Assistant Program
Assessment of Student Learning Plan
University of New Mexico**

A. College, Department and Date

1. College: School of Medicine
2. Department: Family and Community Medicine
3. Date: 5/15/08

B. Academic Program of Study

Physician Assistant Program

C. Contact Person(s) for the Assessment Plan

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D. Broad Program Goals & Measurable Student Learning Outcomes

PA Program Overview

The UNM Physician Assistant (PA) Program is a 26-month undergraduate primary care medical training program. The program is currently in application of a transition to graduate status.

The program is divided into an academic and a clinical phase. The academic phase is integrated with the MD program, and throughout the morning PA students share lectures, problem-based learning cases, laboratories, and clinical skills sessions with their MD colleagues. Afternoons are devoted to PA-specific academic classes. The clinical phase sends the students into supervised clinical settings ranging from University Hospital to rural clinics. At the end of training, PA students are eligible to sit for national licensure board examinations.

Expectations of Graduate Physician Assistants

At the completion of the training, the graduate of the UNM PA Program will be able to:

1. **Establish a health status database.** This should include the ability to:
 - elicit a pertinent and accurate medical and psychosocial history
 - perform a complete and/or focused physical examination appropriate to the patient's problems or needs
 - order and/or perform appropriate laboratory and diagnostic test
 - record and transmit findings using the SOAP format
2. **Analyze the information gathered.** This should include the ability to:
 - differentiate between normal and abnormal findings
 - develop diagnostic impressions based upon data obtained
 - order further definitive tests as indicated

- establish a preliminary diagnosis of common primary care problems
3. **Implement and monitor a health management and treatment plan.** This would include the ability to:
 - recognize emergent problems and handling or referring them appropriately
 - apply established, safe, and cost effective therapeutic practices to manage the patient’s problems
 - develop a plan for ongoing follow-up care of the patient
 - employ established health promotion and disease prevention practices
 - employ risk factor reduction education and wellness promotion education techniques where applicable
 - recognize the limits of the graduate’s knowledge and skills and to request consultations as needed.
 4. **Demonstrate communication skills.** This would include the ability to:
 - communicate information to the patient in a sensitive and caring manner
 - communicate patient findings in a clear and concise manner to the supervising physician
 - confer with patient’s family when appropriate
 - consult and refer to other health care professional
 - use available community resources as appropriate
 5. **Demonstrate evidence of the attributes essential to a professional.** This would include the ability to:
 - understand and communicate the role of the physician assistant
 - establish effective interpersonal relationships with patients as well as with other members of the health care team
 - maintain the attributes and attitudes essential to the role of a health care professional
 - maintain the PA Code of Ethics
 6. **Promote the physician assistant profession through appropriate role modeling.**
 7. **Demonstrate evidence of life-long learning skills.** This would include the ability to:
 - engage in periodic review of professional skills (self-assessment)
 - attend continuing medical education activities
 - recognize and use the best practice techniques based upon reasonable evidence and research

PA Program Competencies and Student Learning Objectives	UNM Student Learning Outcomes		
	Knowledge	Skills	Responsibility
Establish a health status database:	X	X	
Elicit a pertinent and accurate medical and psychosocial history	X	X	
Perform a complete and/or focused physical examination appropriate to the patient’s problems or needs	X	X	
Order and/or perform appropriate laboratory and diagnostic tests	X	X	
Record and transmit findings using the SOAP format		X	

Analyze the information gathered:	X		
Differentiate between normal and abnormal findings	X		
Develop diagnostic impressions based upon data obtained	X		
Order further definitive tests as indicated	X		
Establish a preliminary diagnosis of common primary care problems	X		
Implement and monitor a health management and treatment plan:	X	X	X
Recognize emergent problems and handling or referring them appropriately	X	X	
Apply established, safe, and cost effective therapeutic practices to manage the patient's problems	X	X	X
Develop a plan for ongoing follow-up care of the patient	X	X	X
Employ established health promotion and disease prevention practices	X		X
Employ risk factor reduction education and wellness promotion education techniques where applicable	X	X	X
Recognize the limits of the graduate's knowledge and skills and to request consultations as needed	X		X

Demonstrate communication skills:	X	X	X
Communicate information to the patient in a sensitive and caring manner	X	X	X
Communicate patient findings in a clear and concise manner to the supervising physician	X	X	X
Confer with patient's family when appropriate	X	X	X
Consult with and refer to other health care professionals	X	X	X
Demonstrate evidence of the attributes essential to a professional	X		X
Understand and communicate the role of the physician assistant	X		X
Establish effective interpersonal relationships with patients as well as with other members of the health care team	X		X
Maintain the attributes and attitudes essential to the role of a health care professional			X
Maintain the PA Code of Ethics			X
Promote the physician assistant profession through appropriate role modeling			X

Demonstrate evidence of life-long learning skills:	X	X	X
Engage in periodic review of professional skills (self-assessment)	X	X	X
Attend continuing medical education activities	X	X	X
Recognize and use the best practice techniques based upon reasonable evidence and research	X	X	X

E. Assessment of Student Learning Three-Year Plan

All programs are expected to measure some outcomes annually and to measure all priority program outcomes at least once over two consecutive three-year review cycles. Describe below the plan for the next three years of assessment of program-level student learning outcomes.

1. Student Learning Outcomes

2. How will learning outcomes be assessed?

A. What:

- i. *For each SLO, briefly describe the means of assessment, i.e., what samples of evidence of learning will be gathered or measures used to assess students' accomplishment of the learning outcomes in the three- year plan?*
- ii. *Indicate whether each measure is **direct** or **indirect**. There is an expectation that at least **half of the assessment methods/measures will be direct** measures of student learning.*
- iii. *Briefly describe the **criteria for success** related to each direct or indirect means of assessment. What is the program's performance target (e.g., is an "acceptable or better" performance by 60% of students on a given measure acceptable to the program faculty)?*

B. Who: All students are assessed

PA Competencies & Student Learning Objectives	Measurement		
	D	I	Frequency
Establish a health status database:			
Clinical skills classes. Methods include oral presentations, written patient notes, simulated patient assessment.			Multiple samplings during clinical skills courses
Preceptor evaluation	X	X	Per clerkship
Student self-assessment	X	X	<ul style="list-style-type: none"> • Per course • Exit interview • Every 3 years after graduation
Faculty assessment of the student		X	CSPE (Committee for student progress and evaluation) 3 times
Problem-based learning tutorial: tutor evaluation, peer evaluation, self-evaluation	X	X	Per unit of study; frequent feedback during each case
Analyze the information gathered:			
Faculty assessment: Classroom case-based lectures. Methods include student oral participation in case analysis: problem identification, differential diagnoses, ordering and analysis of supportive studies.	X		Multiple sampling during didactic phase of studies
Faculty assessment: Problem sets. Methods include independent student written case analysis of patient problems. See above.	X		Usual frequency is 4 times per unit of study.
Problem-based learning tutorial: tutor evaluation, peer evaluation, self-evaluation	X	X	Per unit of study; frequent feedback during each case
Preceptor evaluation	X	X	Per clerkship
Student self-assessment	X	X	<ul style="list-style-type: none"> • Per course • Exit interview • Every 3 years after graduation
Implement and monitor a health management and treatment plan:			
Faculty assessment: Classroom case-based lectures. Methods include student oral participation in case analysis: demonstrating he/she can develop and implement a health management and treatment plan including appropriate patient education.	X		Multiple sampling during didactic phase of studies
Faculty assessment: Problem sets. Methods include independent student written case analysis of patient problems. See above.	X		Usual frequency is 4 times per unit of study.
Problem-based learning tutorial: tutor evaluation, peer evaluation, self-evaluation	X	X	Per unit of study; frequent feedback during each case
Preceptor evaluation	X	X	Per clerkship
Student self-assessment	X	X	<ul style="list-style-type: none"> • Per course • Exit interview • Every 3 years after graduation
Demonstrate communication skills:			

Faculty assessment: Classroom setting. Methods include student oral participation in case analysis both in classroom and clinical skills classes.	X	X	Multiple sampling during didactic phase of studies
Faculty assessment: Oral presentations of patient cases at end of clerkship. “Mini” grand rounds presented by students.	X	X	Per clerkship and at the end of program of studies.
Simulated patient assessment of student skills in the classroom setting (also observed by faculty; also recorded for later evaluation and student feedback as indicated)	X	X	Per block of study
Problem-based learning tutorial: tutor evaluation, peer evaluation, self-evaluation	X	X	Per unit of study; frequent feedback during each case
Preceptor evaluation: Preceptor evaluation includes feedback from actual patient and observation of the student in the clinical setting	X	X	Per clerkship
Student self-assessment	X	X	<ul style="list-style-type: none"> • Per course • Exit interview • Every 3 years after graduation
Demonstrate evidence of the attributes essential to a professional.			
Faculty observation of professional and ethical behavior	X	X	Continuous assessment; per block of study
Preceptor and patient observation	X	X	Per clerkship Employer surveys every 3 years after graduation
Peer and self-assessment/ observation		X	Continuous
Promote the physician assistant profession through appropriate role modeling			
Faculty observation of professional and ethical behavior	X	X	Continuous assessment; per block of study
Preceptor and patient observation	X	X	Per clerkship Employer surveys every 3 years after graduation
Peer and self-assessment/ observation		X	Continuous
Demonstrate evidence of life-long learning skills:			
AAPA: Continuous national certification	X		Upon graduation and every 6 years Requires 100 hours/2 years of continuing medical education
State licensure	X		Requires 100 hours of continuing medical education
Employer assessment		X	Every 3 years after graduation
Self-assessment		X	Ongoing

ii. Direct methods

Student learning is assessed by multiple direct methods. In the academic phase students are expected to meet a **minimal standard of 75% on all final course grades**. Methods of assessment vary according to the type of skill being evaluated. Methods include

- Written formative examinations: typically prior to each summative
- Written summative examinations
- In-class case presentations
- Written problem sets

- Short papers and essay questions
- Problem-based learning tutorial assessment by tutor, peers, self
- Oral patient presentations
- Observed and measured clinical skills: history, physical examination, communication skills
- Feedback from clinical observers and by simulated patients

During the clinical phase of study direct methods of assessment include

- Written end-of rotation examinations
- Preceptor evaluation
- Patients logs
- Student self-evaluation

Pre-graduation (Capstone) methods include

- Final summative examination (based on board exam)
- Final oral presentation
- Written research paper

Post-graduation methods include

- National board exam
- State licensure
- 100 hours of continuing medical education per 2 years

Indirect methods

Student file

- Student observation by faculty, peers, patients
- Student participation in community projects
- Number of advisory meetings
- Grades/ distribution

Student satisfaction surveys

- Courses
- Preceptors
- Texts
- Lecturers
- Rooms and equipment
- Student library

Other surveys

- Exit
- Employer (every 3 years)
- Graduate (every 3 years)
- Location, salary, type of practice, benefits (every 3 years)

Mixed methods

CSPE meetings evaluate students using a mix of the above: grades, reports on progress, general adaptability, ethical and professional behavior.

3. When will learning outcomes be assessed? When and in what forum will the results of the assessment be discussed?

[Briefly describe the timeframe over which your unit will conduct the assessment of learning outcomes selected for the three-year plan. For example, provide a layout of the semesters or years (e.g., 2008-2009, 2009-2010, and 2010-2011), list which outcomes will be assessed, and which semester/year the results will be discussed and used to improve student learning (e.g., discussed with program faculty, interdepartmental faculty, advisory boards, students, etc.)]

4. What is the unit's process to analyze/interpret assessment data and use results to improve student learning?

Briefly describe:

- 1. who will participate in the assessment process (the gathering of evidence, the analysis/interpretation, recommendations).*
- 2. the process for consideration of the implications of assessment for change:
 - a. to assessment mechanisms themselves,*
 - b. to curriculum design,*
 - c. to pedagogy**...in the interest of improving student learning.**
- 3. How, when, and to whom will recommendations be communicated?*

Assessment of Student Learning

Student learning is assessed by the PA faculty, the School of Medicine faculty, patients, preceptors, and by the student him/herself. The PA program utilizes multiple direct and indirect methods as outlined above to achieve these outcome measures. Additionally the program faculty members meet regularly in various committees to ensure the continuous quality of the educational experience. The Assessment Committee meets quarterly to evaluate assessment policies and procedures, the Clinical and Academic Curriculum Committee meets quarterly to evaluate the policies and procedures affecting curriculum, and the Committee for Student Progress and Evaluation (CSPE) meets quarterly and as needed to evaluate student progress. Additionally PA faculty members meet weekly to review student progress and curricular issues. PA faculty members also serve on the School of Medicine Curriculum Committee.