



January 10, 2017

Vivian S. Lee
Senior Vice President for Health Sciences
5th Floor, CNC
Campus

*Please forward
David B. Kieda*

RE: Graduate Council Review
Division of Physician Assistant Studies – Dept. of Family and Preventive Medicine

Dear Vice President Lee:

Enclosed is the Graduate Council's review of the Division of Physician Assistant Studies in the Department of Family and Preventive Medicine. Included in this review packet are the report prepared by the Graduate Council, the Division Profile, and the Memorandum of Understanding resulting from the review wrap-up meeting.

After your approval, please forward this packet to President David Pershing for his review. It will then be sent to the Academic Senate to be placed on the information calendar for the next Senate meeting.

Sincerely,

David B. Kieda

David B. Kieda
Dean, The Graduate School

Theresa J. Hoidal

Encl.

XC: John R. Hoidal, Interim Chair, Department of Family and Preventive Medicine
John C. Houchins, Chief, Division of Physician Assistant Studies
Karen E. Multalo, Program Director, Physician Assistant Studies

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The Graduate School - The University of Utah

**GRADUATE COUNCIL REPORT TO THE SENIOR VICE PRESIDENT
FOR HEALTH SCIENCES AND THE ACADEMIC SENATE**

September 26, 2016

The Graduate Council has completed its review of the **Division of Physician Assistant Studies** in the Department of Family and Preventive Medicine. The External Review Committee included:

Richard Dehn, MPA, PA-C
Professor, College of Health and Human Services
Chair, Department of Physician Assistant Studies
Northern Arizona University – Phoenix Biomedical Campus

P. Eugene Jones, PhD, PA-C
Professor and Chair
Distinguished Teaching Professor
Department of Physician Assistant Studies
University of Texas Southwestern Medical Center

The Internal Review Committee of the University of Utah included:

Michael G. Nelson, PhD
Professor and Chair
Department of Mining Engineering

Lorie G. Richards, PhD
Associate Professor and Chair
Department of Occupational Therapy

Barbara L. Wilson, PhD
Associate Dean of Academic Programs
Associate Professor
College of Nursing

Physician Assistant Studies and Public Health are divisions within the Department of Family and Preventive Medicine. They are non-freestanding divisions, but since these are distinct specialties, the Graduate Council review was modified to have one internal site review team and two separate external review teams with appropriately matched expertise. This information was used to generate two reports from the Graduate Council and two subsequent MOUs, in order to give specific feedback to each program.

The review of the Division of Physician Assistant Studies is based on the self-study submitted by the Division, the reports of the external and internal review committees, and the Division response to the external and internal committee reports.

DIVISION PROFILE

Program Overview

The Utah Physician Assistant Program (UPAP) is a division within the Department of Family and Preventative Medicine, University of Utah School of Medicine, and is co-sponsored by the Utah Medical Association. The UPAP is a long-standing program that enjoys a strong national reputation. Its stated mission is to educate highly qualified physician assistants in the primary care model in order to increase access to health care, particularly for medically underserved communities. The Program has a well-qualified student population selected from a remarkably large pool of applicants. The Program has recently increased its annual enrollment to 48 students per year (from 44 over the past five years). The UPAP has a 27-month curriculum and awards a Master of Physician Assistant Studies degree. The UPAP has just successfully completed a comprehensive accreditation review process, receiving accreditation-continued status for the maximum number of years, as has occurred since program inception. Upcoming departures of the Division Chief and Department Chair have been a source of some concern for faculty relative to potential ramifications for the Division with these leadership transitions.

Faculty

There are 12 career-line UPAP faculty: 7 clinical track, 4 lecturer track, and 1 adjunct track. There are no tenure-track faculty at this time. The external reviewers noted that several faculty are nationally recognized, with some holding prominent positions in national organizations. As indicated by the internal reviewers, the faculty are very active in public, professional, and University service. The students reported a high degree of satisfaction with the faculty and faculty dedication was deemed notable by all reviewers.

Since the last review period, faculty gender balance has been achieved. Although there has been improvement, there remains a lack of ethnic faculty diversity despite Division efforts in this area. The Division has an active program to increase faculty diversity through developing Clinical Associates for potential faculty recruitment.

The faculty indicated satisfaction with institutional support relative to professional growth/development and promotion and tenure procedures. However, in their interactions with the external reviewers, the faculty repeatedly expressed dissatisfaction in that they felt treated as "second class citizens." These perceptions related to the physical isolation of their program from most of the other health professions (see Facilities and Resources), lack of representation of PAs on the Department's Executive Committee, and lack of a PA as Division Chief. In particular, they indicated that the Program Director and faculty are not empowered or represented relative to critical decision making that profoundly impacts the program (e.g., enrollment, facilities, etc.).

The issues contributing to faculty angst appear to have been recently addressed. In the UPAP External Review Report Response it is noted that the Program Director, Ms. Karen Mulitalo, MPAS, PA-C, will be Interim Division Chief and that the departmental leadership is fully supportive of having a PA serve as permanent Division Chief. In addition, a move to new physical facilities is reportedly planned, which will include space (not specified) in the main health sciences campus.

Students

The Program has a remarkable number of applicants (1,200) for a very limited, albeit increasing, number of positions (48). Selected applicants have a strong GPA (~3.5) and a robust history of health care experience. Although the applicants to the UPAP are less diverse than the national average, the Program has been successful in accepting diverse students at approximately the national rate. The UPAP employs a faculty member at 0.5 FTE to support diversity and inclusion and assist in diversity outreach activities.

The UPAP devotes substantial resources to ensuring the success and satisfaction of their students. For example, they employ a full-time admissions director who manages the admissions process and provides various other student support services. Student performance is examined systematically in an ongoing fashion to identify "at-risk" students for whom remediation procedures can then be implemented (e.g., tutoring).

The reviewers reported that students were very pleased with and proud of their program. However, students also indicated feeling isolated from students in other health professions and, like faculty, noted feeling like "second class citizens." The isolated location and small ("cramped") size of the student facilities appears to be a major contributor to these perceptions.

Financial support for students has improved since the last review. However, the internal reviewers noted that a source of funding support is expiring and student funding should remain a priority.

Curriculum

The UPAP curriculum consists of two phases of training: 15 months of didactic training and 12 months of preceptorship training; this is reported to be typical of PA training programs. The curriculum includes significant instruction and experience with underserved communities and is described as being dynamic and responsive to changes in medical education. Procedures for careful oversight and evaluation of courses have been implemented over the past few years, as has a method for managing curriculum.

As noted in the Internal Review, the number of placement sites for the preceptorship training has increased since the last review. However, there are ongoing and probable future challenges to obtaining sufficient sites: lack of a formal agreement with the University to place PA students, competition from other PA programs and medical programs, and a growing number of UPAP students (including a possible satellite program).

Program Effectiveness and Outcomes Assessment

According to the UPAP self-study, the Division has clearly achieved its goals of graduating PAs who practice in primary care and underserved areas at rates exceeding national averages: 11% over the national average for primary care practice and 13% above the national average for underserved areas.

The student attrition rate was noted to be below average, which is laudable and considered to reflect faculty retention efforts (e.g., identifying and remediating “at risk” students). Employment of graduates is reported to be 100% within one month of graduation.

The UPAP recently received “accreditation continued” status, being granted the maximum number of years of accreditation.

The below-average (93% versus the national average of 94%), first-time pass rate for the Physician Assistant National Certifying Examination (PANCE) over the past few years was noted by the external reviewers to be problematic. Recently implemented procedures for earlier identification of “at risk” students may positively impact these pass rates. The slightly below average pass rate clearly did not impact UPAP accreditation. Furthermore, with 48 students per cohort, one additional first-time pass would raise the program’s rate above the national average.

Facilities and Resources

As a whole, the faculty, student, and staff expressed significant concern regarding inadequacies of the physical facilities. The location of administrative and teaching facilities in Research Park is considered problematic due to the isolation of the Division from the majority of the other University of Utah health professions, most of which are located on upper campus in or around the Health Science Education Building. The space for students was described as “cramped” and limiting for increasing numbers of students. As noted previously, the Division Program Director indicated that the Division will be moving to different physical facilities in the near future.

COMMENDATIONS

1. The UPAP has maintained their excellent reputation and national accreditation. The program has made numerous programmatic improvements to facilitate student training and success.
2. Faculty and staff dedication to the program are considered noteworthy.
3. Students are very satisfied with their program, have a high level of degree completion, and an excellent employment rate.

RECOMMENDATIONS

1. Enhance the representation of PAs in decision-making positions. That is, strong representation of Division interests is required at "appropriate administrative and leadership levels." The transitioning of the Program Director to Interim Division Chief should meet this need in the short term. Long-term representation of PA concerns should be included as a factor in the selection and direction of the new Division Chief and Department Chair, with organization framework changes considered as necessary.
2. Improve faculty, student, and research connections with the Health Sciences. This could include overcoming physical isolation of the Division from other health science programs and resources with the Division's planned new space.
3. Continue and expand efforts to improve faculty and student diversity. Although there is notable diversity among students, this needs to be actively maintained, and improving faculty diversity remains an important focus. Division endeavors such as those directed toward the development of diverse clinical associates should receive ongoing support and may require enhancement as determined through outcome assessment.
4. Continue to pursue additional clinical training sites and student funding.

Submitted by the Ad Hoc Committee of the Graduate Council:

Julie L. Wambaugh (Chair)
Professor, Department of Communication Sciences and Disorders

Richard R. Paine
Associate Professor, Department of Anthropology

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DIVISION OF PHYSICIAN ASSISTANT STUDIES PROFILE

	Year	Year	Year	Year	Year	Year	Year
	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Division of Physician Assistant Studies							
Faculty							
Headcount (does not include visiting instructors)	7	6	10	10	12	12	15
With Doctoral Degrees (Including MFA and other terminal degrees, as specified by the institution)	7	6	10	10	12	12	15
Full-time Career-Line (Clinical & Lecturer)	7	5	8	8	10	11	14
Part-time Career-Line (Clinical & Lecturer)		1	2	2	2	1	1
With Master's Degrees							
Full-time Career-Line (Clinical & Lecturer)							
Part-time Career-Line (Clinical & Lecturer)							
With Bachelor's Degrees							
Full-time Career-Line (Clinical & Lecturer)							
Part-time Career-Line (Clinical & Lecturer)							
Other							
Full-time Tenured							
Full-time Non-Tenured							
Part-time							
Total Headcount Faculty	7	6	10	10	12	12	15
Full-time Career-Line (Clinical & Lecturer)	7	5	8	8	10	11	14
Part-time Career-Line (Clinical & Lecturer)		1	2	2	2	1	1
FTE (A-1/S-11/Cost Study Definition)							
Full-time (Salaried)	7	5	8	8	10	11	14
Teaching Assistants (FT and PT) total FTE	-	-	-	-	-	-	-
Part-time Other	-	0.05	0.10	0.10	0.10	0.05	0.05
Total Faculty FTE (includes student TAs)	7.00	5.05	8.10	8.10	10.10	11.05	14.05
Number of Graduates							
Certificates							
Associate Degrees							
Bachelor's Degrees							
Master's Degrees	37	42	41	38	42	38	40
Doctoral Degrees							
Number of Students—(Data Based on Fall Third Week)							
Total # of Declared Majors	77	77	80	84	89	90	89
Total Department FTE*	176	174	184	193	199	202	201
Total Department SCH*	3,521	3,489	3,671	3,855	3,983	4,039	4,024
*Per Department Designator Prefix							
Student FTE per Total Faculty FTE	25	34	23	24	20	18	14
Cost (Cost Study Definitions)							
1001 Activities	-	-	-	-	-	-	-
6100 Activities	2,027,026	2,477,509	2,516,357	3,121,455	2,819,425	3,215,951	3,260,360
Total Direct Instructional Expenditures	2,027,026	2,477,509	2,516,357	3,121,455	2,819,425	3,215,951	3,260,360
Cost Per Student FTE	576	710	685	810	708	796	810
Funding							
Special Fees/Differential Tuition	2,190,849	2,400,191	2,589,342	2,924,544	3,074,734	2,970,029	3,199,318
TOTAL	2,190,849	2,400,191	2,589,342	2,924,544	3,074,734	2,970,029	3,199,318



**Memorandum of Understanding
Division of Physician Assistant Studies –
Dept. of Family and Preventive Medicine
Graduate Council Review 2015-16**

This memorandum of understanding is a summary of decisions reached at a wrap-up meeting on December 12, 2016, and concludes the Graduate Council Review of the Division of Physician Assistant Studies in the Department of Family and Preventive Medicine (DFPM). Wyatt R. Hume, Dean of the School of Dentistry (representing Senior Vice President for Health Sciences Vivian Lee); Stephen Alder, Vice Chair of the Department of Family and Preventive Medicine; John C. Houchins, Chief, Division of Physician Assistant Studies; Karen E. Mulitalo, Program Director, Physician Assistant Studies; David B. Kieda, Dean of the Graduate School; and Katharine S. Ullman, Associate Dean of the Graduate School, were present.

The discussion centered on but was not limited to the recommendations contained in the review summary report presented to the Graduate Council on September 26, 2016. At the wrap-up meeting, the working group agreed to endorse the following actions:

Recommendation 1: Enhance the representation of PAs in decision-making positions. That is, strong representation of Division interests is required at “appropriate administrative and leadership levels.” The transitioning of the Program Director to Interim Division Chief should meet this need in the short term. Long-term representation of PA concerns should be included as a factor in the selection and direction of the new Division Chief and Department Chair, with organization framework changes considered as necessary.

The PA Program at the University of Utah is held in high regard nationally and plays a crucial role in training healthcare professionals. It is important that their perspective is integrated into planning that takes place for Health Sciences-wide initiatives. The appointment of Karen Mulitalo, MPAS, PA-C, as interim Division Chief, makes it clear that the concern of PA representation is appreciated. Moreover, the “PA voice” has been brought to recent strategic forums, including a group working on recommendations for educational infrastructure for workforce development in the Health Sciences. These are positive signs that need to be sustained. The search for a department chair is in progress and the PA Division is integrated in this endeavor and in making the perspective and needs of their Division clear to candidates. When a new chair of Family and Preventive Medicine is hired, there is confidence that PAs will continue to have fair representation at both the Department and Health Sciences level. As changes in Department administration take place, the Graduate School is interested in learning how this priority continues to be emphasized.

Recommendation 2: Improve faculty, student, and research connections with the Health Sciences. This could include overcoming physical isolation of the Division from other health science programs and resources with the Division's planned new space.

Although there had been hope that a new space would both help the PA Division become better integrated into the Health Sciences, as well as address pressing infrastructure needs, this has not happened. In fact, space has recently surfaced as an issue that needs immediate attention. With a commitment to expand to include a synchronously taught program at Dixie State University, the PA Program now has IT needs in the classroom that are more demanding and these are not currently met. It is not yet clear whether retrofitting current space is possible and, if it is, whether the investment in current space is the best solution. The PA Program clearly needs help from the administration in working out how to accommodate the unique needs of PA students, who have a year of intensive coursework, which requires substantial classroom time, as well as an on-site "home-base" for the full day and sporadic on-site training that takes place after that. Solutions such as a dedicated classroom in HSEB were discussed (where scheduling priority was given and classroom infrastructure adapted), although this might have to be arranged in a hybrid model with blocks of time where the "home-base" remains with the community in the current space. Scheduling in HSEB, however, has been a hurdle in the past due to a lack of a transparent and reliable process to get space allocated. Whatever the short-term solution, a longer-term plan should include a shared Health Sciences strategy for delivery of on-site and distance learning from multiple programs. The vision of the PA Program includes a clinical skills area and "innovative group and distance learning spaces." Dean Hume will follow up with the Program Director/Division Chief to confer on interests shared by the School of Dentistry in connecting to health pipeline programs at Dixie State, and these discussions may lead to further creative solutions. The Graduate School requests a report in a year's time that addresses whether adapting current classroom space is adequate for IT needs demanded by the Dixie State expansion and, if not, provides alternative space plans for the Program.

While solving space issues is clearly paramount for multiple reasons, this recommendation had a wider scope focused on improving connections between the PA Program and Health Sciences. It was heartening to hear in the discussion of ways that the PA community has been included in recent strategic planning discussions. Continuing to find ways to keep this connection robust at all levels (faculty, student, research) is important. New trends in inter-professional education may provide a key foundation. Updates to the Graduate School should address this larger issue.

Recommendation 3: Continue and expand efforts to improve faculty and student diversity. Although there is notable diversity among students, this needs to be actively maintained, and improving faculty diversity remains an important focus. Division endeavors such as those directed toward the development of diverse clinical associates should receive ongoing support and may require enhancement as determined through outcome assessment.

The Division places a high priority on diversity and has taken several steps to maintain and increase diversity. With changes to the funding model from Health Resources Services Administration (HRSA), they will continue to apply when possible, but also will develop additional programs that help bring in and

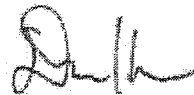
support underrepresented minority students. An exciting plan discussed was a bridge program for veterans, who are a diverse pool, that supports their transition to a civilian occupation and recognizes their previous experience as a medic. The Diversity Committee in the Division will expand their outlook to broader networks that may be helpful in recruiting diverse faculty. The Division also identifies talent within their trainee and clinical associate pools that can be mentored toward an eventual faculty position. Taking advantage of spousal hiring support was also discussed, especially in partnership with SVPAA faculty diversity hiring initiatives on main campus, in case such an opportunity arose.

Recommendation 4: Continue to pursue additional clinical training sites and student funding.

The Division welcomes support on expanding clinical training sites, especially within the University Health Care System. This is an area currently under discussion as part of a larger Health Sciences effort to guide the network of clinical-related training taking place ("air traffic control"). Dean Kieda mentioned an interest in hearing an update on this initiative in one year, as it is currently under development. There were clearly broader issues as well, such as sustaining funding to offset housing costs at rural locations and expanding clinical training sites in the St. George area for students enrolled in the program through Dixie State University. Addressing this recommendation is an ongoing priority of the Division Chief/Program Director.

This memorandum of understanding is to be followed by regular letters of progress, upon request of the Graduate School, from the Chair of the Department of Family and Preventive Medicine. Letters will be submitted until all of the actions described in the preceding paragraphs have been completed. In addition, a three-year follow-up meeting will be scheduled during AY 2018-19 to discuss progress made in addressing the review recommendations.

Wyatt R. Hume
Stephen Alder
John C. Houchins
Karen E. Mulitalo
David B. Kieda
Katharine S. Ullman



David B. Kieda
Dean, The Graduate School