

Indiana State University College of Nursing,  
Health, and Human Services Physician  
Assistant Program

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Provisional Accreditation Application  
Descriptive Report  
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**Section 1 – Mission of the institution and the program**

Indiana State University (ISU) has a strong tradition of preparing well-qualified health care professionals. The physician assistant (PA) students will join advanced practice nurses, graduate athletic trainers and numerous other allied health professionals and educators within those same disciplines. Institutional collaboration with the Indiana University School of Medicine regional campus Terre Haute adds to the educational opportunities for the PA students. We fully intend to incorporate interprofessional education into both didactic and clinical phases of this program.

ISU is a partner in the Rural Health Innovation Collaborative, a partnership of education, health care, local government and economic development entities dedicated to building on Terre Haute's reputation for innovation in preparing health care professionals to meet the unique needs of rural America.

**Indiana State University Mission Statement**

Indiana State University combines a tradition of strong undergraduate and graduate education with a focus on community and public service. We integrate teaching, research, and creative activity in an engaging, challenging, and supportive learning environment to prepare productive citizens for Indiana and the world.

**College of Nursing, Health and Humans Services Mission Statement**

The College is dedicated to fostering student excellence and developing productive citizens who function as skilled professionals. Further, we champion teaching, research, creative activities, community involvement through health initiatives, and life-long learning.

**Athletic Training Department (name-change to Applied Medicine and Rehabilitation in process) Mission Statement**

The mission of the Applied Medicine and Rehabilitation (AMR) Department is to provide excellence in professional preparation and patient healthcare. The department supports student growth and the development of productive citizens through mentorship in the quest for new knowledge and research, community engagement, clinical experience, service learning and progressive comprehensive health care.

**Physician Assistant Program Mission Statement**

The mission of the Indiana State University Physician Assistant Program is to create a student-centered educational environment that engages individuals to become compassionate, competent physician assistants who possess the clinical skills to contribute positively to the dynamic health care needs of rural and underserved populations.

**Section 2 – Overview of the program**

The PA program will serve baccalaureate prepared students from a variety of backgrounds with a preference towards those with health care experience. Our goal is to find qualified Indiana residents for at least two-thirds of the thirty seats in the program. The PA program along with college and university initiatives will focus on rural health care and interdisciplinary integration of health care practitioners through continued community engagement.

The program will require the successful completion of 93 semester credits over seven consecutive semesters without an option for part-time or distance education. The first twelve months focus on didactic training followed by 12 months of experiential learning in clinical settings. The students return to campus for the final three months in preparation for transition into professional practice as a

physician assistant. Experiential learning in the clinical environment is accomplished during eleven four week rotations of fulltime clinical preceptorships. After the eight required areas of clinical focus, each student will repeat one area as suggested by the program and then have the opportunity to select two elective rotations. The elective rotations can be in a wide range of medical or surgical subspecialties and will require prior approval as stipulated in the clinical manual. We encourage our students not to work during the entire program.

We are committed to creating an environment that maximizes the potential for our program and its graduates to meet the following program outcomes:

- Practice compassionate primary care medicine.
- Apply the principles of evidence-based medicine and critical thinking in clinical decision making.
- Communicate effectively with patients, families and members of the interdisciplinary healthcare team.
- Partner with supervising physicians and other professional colleagues to provide competent patient-centered care across the lifespan.
- Utilize practice and systems-based analysis to insure patient safety and improve outcomes through continuous quality improvement.
- Respond to the complexities of the dynamic healthcare system by practicing in a cost-effective and socially responsible manner.
- Commit to high ethical standards responsive to the needs of the profession, the individual and to society.

### **Section 3 – Detail of activities leading up to program development**

- Summer 2007-** New program suggestions from the faculty summer task force comprised of volunteers from the departments being reconstituted into the new college. The areas of exploration included PA, DPT, podiatry, PhD in health science, health informatics, genetic counseling, addiction counseling, and several others.
- Fall 2007 -** Formation of a new College: Nursing, Health, and Human Services (CNHHS) resulting in the consolidation of health professional programs at ISU into one college.
- July 2008 -** Selection of the first Dean of the new College (CNHHS), Dr. Biff Williams.
- Fall 2008 -** Investigative Committees and feasibility reports for PA, DPT, and DNP completed.
- November 2008 –** All College faculty meeting: evaluation of new program initiatives.
- January 2008 –** Dean Williams received initial approval from Provost Maynard and President Bradley to continue pursuing all three programs.
- March 2009 -** University budget presentations with new programs included.
- April 2009 -** Meeting with Indiana Commission of Higher Education wherein ISU was encouraged to proceed with the PA, DPT and DNP program development process.
- April 2009 –** Community Summit with RHIC, Lugar Center, AHEC and community health care professionals exploring areas of need in the Wabash Valley and Central Indiana.

- May 2009 -** Program consultant hired: Barbara Battista, SP, PA-C a primary care practitioner loaned to ISU by Union Hospital.
- May 2009 -** End of year College faculty and staff meeting with new program updates.
- Summer 2009 –** Consultant develops the PA curriculum with extensive support from Associate Dean Dr. Marcia Miller and PAEA networking.
- Fall 2009 -** The University approval process began, following the channels as per all new degree offerings at ISU. In December the Board of Trustees granted their unanimous approval for this and the DPT and DNP programs.
- February 12, 2010 –** The Indiana Commission on Higher Education unanimously approved the Master of Science in Physician Assistant Studies program.

#### **Section 4 – Institutional strengths and weaknesses for program start-up**

##### **Institutional background**

Administrative and university support for this program is remarkable from a budgetary, facility and personnel standard. The ISU Faculty Senate and Board of Trustees unanimously approved the program. President Bradley, in a letter to the campus community described the approval of this program as “the most significant addition to the university’s degree offerings in more than a decade.” We clearly have strong administrative and faculty support for this program.

The program will be situated within the College of Nursing, Health, and Human Services (CNHHS). It will be in the Athletic Training Department which is in the process of a name-change to the department of Applied Medicine and Rehabilitation (AMR). The department houses a CAATE-accredited entry level and a NATA-PPEC accredited graduate athletic training program and a Doctorate in Physical Therapy program which anticipates enrolling its’ charter class May, 2011.

##### **Institutional strengths**

The university has many strengths. Some that most directly impact this program are as follows:

- The College of Nursing, Health, and Human Services at ISU provide a firm foundation in educating health care practitioners to support medical needs both locally and nationally. The college has been preparing nurses, advanced practice nurses, and athletic trainers to meet the changing health care needs of the Wabash Valley and surrounding areas for many years. ISU is a leader in cross disciplinary collaboration as evidenced by its’ active participation in the Rural Health Innovative Collaborative (RHIC). Leadership is offered by distinguished university faculty and the shared facilities between Indiana University School of Medicine – Terre Haute and ISU.
- ISU has a commitment to diversity spanning all departments and programs. The university ranks higher than any other state supported educational institution for rates of diversity among the student body.
- ISU, in addition to the college and departments has an established educational integration in experiential learning and community engagements. The current model in experiential learning and community engagement and understanding of the needs to support such initiatives, provide the infrastructure needed for a PA program.
- Located in Terre Haute which is a hub for health care in this area.

**Institutional weaknesses**

Like many new programs we are faced with some particular challenges, among them being:

- The hiring of several instructional faculty may prove challenging. With the dearth of experienced PA educators we are somewhat concerned about the prospects of hiring two full time PA-C faculty.
- Although we have numerous verbal agreements and a few letters of intent to participate in clinical preceptorships we anticipate an ongoing need to increase the number and kind of clinical rotation sites. We are partnering with the Indiana Primary Health Care Association in arranging clinical preceptorships in some of the underserved populations in Indianapolis.

**Section 5 – Timeline of program activities related to ARC-PA standards****Section A: Administration****A1.01: Sponsoring institution must be accredited and authorized.**

ISU is accredited by the North Central Association of Colleges and Schools and authorized by the state of Indiana for post secondary education up to and including doctoral degrees.

**A1.02: One sponsor must be clearly identified as being ultimately responsible.**

ISU has made a commitment to PA program success as evidenced by faculty lines, capital outlay and faculty support and development and is ultimately responsible for this program.

**A1.03: When more than one institution is involved in the provision of academic and clinical education, responsibilities of the respective institutions for instruction and supervision must be clearly described and documented in a manner signifying agreement by the involved institutions.**

ISU has a long history of clinical affiliations that now extend across the United States. This program has strong ties to the medical community in the Wabash Valley. We have a few letters of intent on file but no completed affiliation agreements specific to the PA program at this time.

**A1.04: The sponsoring institution, together with its affiliates, must be capable of providing clinically oriented basic science education as well as clinical instruction and experience requisite to PA education.**

ISU currently offers clinically oriented basic sciences to graduate students in nursing and athletic training. Additional faculty lines for the PA program will add to this capability. We are planning on using physician or PA adjunct faculty from the surrounding community in content areas not covered by core faculty. See A1.03 for clinical education plans and process.

**A1.05: Programs must be established in colleges and universities affiliated with appropriate clinical teaching facilities.**

ISU is affiliated with both local community hospitals in Terre Haute as well as the Rural Health Innovation Collaborative, Indiana University School of Medicine-TH, Lugar center for Rural Health, Union Hospital Family Medicine Residency and numerous long-term care facilities.

**A1.06: The sponsoring institution has primary responsibility for: supporting curriculum planning; appointment of faculty and staff; maintaining student transcripts; granting the degree; and assuring that appropriate security and personal safety measures are addressed in all locations where instruction occurs.**

ISU has strong faculty governance and practices autonomy in curricular matters. This curriculum is no exception to that philosophy. We are actively recruiting two tenure-track full-time faculty positions. We have hired a full-time program director and quarter-time medical director,, an Administrative Assistant and a Student Support Specialist. The registrar's office follows usual and customary procedures which includes maintaining transcripts permanently. We will grant a Master of Science in Physician Assistant Studies as per graduation requirements found in the Physician Assistant Manual. ISU has extensive safety procedures and redundancy in place for personal safety and security ([www.indstate.edu/pubsafety/](http://www.indstate.edu/pubsafety/)). Clinical affiliation locations will be assessed for adequacy of personal safety and overall security measures. We will not place students in locations with undue risk or lack of adequate security.

**A1.07: The program must have requisite fiscal, human, and academic resources.**

The three year budget is presented in Appendix G. We have enthusiastic support from the President and Provost. The implementation of this program has been well-funded; the projected revenue of a fully matriculated program will have a positive effect on the university. We are currently pursuing 2 faculty positions. Adjunct faculty expenses will be covered by the office of the President. The building renovation is scheduled to begin April 2010. The program faculty plans to move in April 2010.. We are in process with the creation of a cadaver lab with an anticipated move-in December, 2010. A gross anatomist position is posted and will as a shared position in the department. We are in contact with an applicant for this position. The university has designated three smart classrooms for the department, individual faculty offices and support hardware and equipment for this program. ISU's Center for Instruction, Research, and Technology is a great resource for faculty and students alike with the aim of maximizing utilization of technological supports for the educational environment. The Cunningham Memorial library and the research librarians are readily available to assist in orienting students to electronic databases and physical holdings at the library. The library has begun phasing in the purchase of Physician Assistant specific textbooks and reference materials at our request.

**A1.08: The program must have sufficient office, instructional, and secure storage space.**

Three 34+ seat department smart classrooms, private faculty offices, student lounge, faculty lounge and a conference room and a dry lab are shared among the department. Academic counseling will occur in faculty offices. Space for six monitored exam rooms and an 8 specimen cadaver lab is under construction. We expect to have this phase of the building renovation completed with equipment in place by November, 2010. Student files will be maintained in the department in a secure fashion as per university protocol.

**A2.01: Core program faculty must possess the qualifications to perform their assigned duties.**

Core program faculty are actively being recruited. We have two new tenure-track positions posted. We hope to have two faculty hired by the end of May.

**A2.02: Core program faculty is the program director, medical director, and two additional faculty currently NCCPA-certified as PAs. The latter two FTE positions cannot be occupied by more than four individuals.**

Core program faculty currently employed is a quarter-time medical director. We have two open positions for faculty, a clinical coordinator and general faculty member, both full-time PA tenure-track positions. The program director is not yet hired.

**A2.03: Core faculty must be sufficient in number to meet the academic needs of enrolled students.**

We will be able to address all curricular needs with three full-time faculty and a quarter time medical director. We may need to request an additional faculty line after we are fully matriculated in order to maintain adequate clinical oversight.

**A2.04: Core program faculty appointments and privileges comparable to other faculty.**

Faculty positions are tenure-track assistant/associate faculty and are commensurate with the university. The university and college are actively considering clinical tenure track faculty delineation. The deliberation is ongoing and will not likely be in place prior to appointing the program's faculty.

**A2.05: Core program faculty has responsibility for: developing the mission; selecting applicants; providing instruction; evaluating performance; academic counseling; assuring remedial instruction; designing, implementing, coordinating, and evaluating curriculum; and administering and evaluating the program.**

The faculty handbook clearly delineates responsibilities towards students including items mentioned here. We will manage admissions in an internal programmatic fashion after initial clearance by the college of graduate and professional studies. The core faculty will determine admission, retention, and progression through the use of the Physician Assistant Committee (PAC) as described in the PA student handbook. Program assessment will align with college and ARC-PA standards both of which require ongoing review and analysis.

**A2.06-.10: Program director (PD) credentials and leadership role.**

The full-time program director will not be the medical director, will be NCCPA certified, and currently licensed or license eligible in Indiana.

**A2.11: PD role and responsibilities.**

The program director is responsible for the organization, administration, fiscal management, continuous review and analysis, planning, and development of the program. The program director advises the department chair on budgeting and fiscal needs, departmental review and analysis plans, and interdepartmental planning for interprofessional educational opportunities.

**A2.12: PD supervisory role.**

The program director will supervise the medical director and faculty for all program activities and responsibilities. The departmental organization is such that the ultimate supervisor for the support staff and faculty will be the department chair, not the program director.

**A2.13-14: Medical director (MD) credentials, role, and responsibilities.**

The medical director, Randy Stevens, MD, AAFP, ASAM, is a board certified family medicine physician with an additional specialty certification in addictions medicine. He is a former PA and is an advocate for physician assistants in this community and in the state. He is actively pursuing preceptorships and adjunct instructors for the program, is assigned to the program on a quarter-time basis, and does not share this position.

**A2.15-16: Program supports comprehensive faculty development and NCCPA certification maintenance.**

The University expects student mentoring and scholarship from the faculty at-large. The faculty handbook details professional allowances and release time for various activities related to professional enrichment. The program expects NCCPA certification to be maintained continuously and as such will grant faculty release time to attend CME conferences.

**A2.17: Sufficient faculty and instructors to meet educational and professional mentoring needs of students.**

We believe that with three full-time PA faculty and a gross anatomist we will have no problem meeting the faculty load with enough time to give good advising and mentoring to our students as they move towards our shared goal of becoming physician assistants. We have not yet hired two full-time Physician Assistant faculty. We anticipate having the positions filled by the end of May.

**A2.18: Instructional faculty qualifications and understanding of curricular design and course content.**

Our plan is to hire only competent and qualified Physician Assistant faculty. We have no intention of assigning courses in areas where the faculty person is not qualified either by experience or academic background.

**A2.19: Instructional faculty participation in student evaluation and remediation.**

The Physician Assistant Committee (PAC) will decide on academic standing prior to the completion of every semester. The PAC is comprised of all core PA faculty.. This group can be called upon for academic evaluation of a student at anytime throughout the program.

**A2.20: Supervised clinical practice faculty must consist primarily of practicing physicians and PAs.**

Instructional faculty for the clinical rotations, what we are calling preceptorships, will be primarily residency trained physicians. There will be several PAs in the pool and to a lesser extent we plan on utilizing a few Family Nurse Practitioners and Certified Nurse Midwives within their respective areas of specialization. Our community currently has many more Family Nurse Practitioners than Physician

Assistants. We anticipate a greater balance of practitioners in the community once Physician Assistants begin graduating from ISU.

**A2.21: Program should not rely principally on resident physicians for didactic or clinical instruction.**

We are currently affiliated with a family medicine residency program. We intend to utilize the chief resident as an occasional clinical instructor, but not the preceptor of record, in the long-term care and possibly behavioral health rotations. We will not use resident physicians for didactic courses.

**A2.22: Designated preceptor to supervise and assess progress in achieving program requirements.**

We anticipate one preceptor per student at each clinical rotation site. That preceptor will be given the clinical manual detailing learning outcomes and expectations for clinical experiences. The clinical coordinator and program director will be available to all preceptors at anytime. The preceptor will supervise and evaluate the student.

**A2.23: Sufficient administrative and technical support staff for faculty.**

We have an administrative assistant and a student support specialist as additional support staff within the department. As we become fully matriculated we may need to request another support person. This situation will be evaluated along with program assessment as we move into our second and third years.

**A2.24: Student workers must not be substituted for administrative and technical support staff.**

The department does utilize student workers. Neither the program nor the department will be hiring PA students. Student workers will not take the place of regular paid staff.

**A3.01: Program policies must apply to all students and faculty regardless of location.**

All program policies will apply to all persons in the program including faculty, staff, and students whether here on campus or away on clinical rotations.

**A3.02: Program must provide students and faculty at geographically distant locations access to services and resources equivalent to those on the main campus.**

ISU has extensive distance software in place. During the clinical rotations our students will have full access to faculty, library, university offices, and programs. We will not utilize distance format for the program.

**A3.03: Announcements and advertising must accurately reflect the program offered.**

Our website accurately represents the program, our processes, our tuition and our admission requirements. We are very clear in stating that we are not yet accredited.  
[www.indstate.edu/athtrn/pa/home.htm](http://www.indstate.edu/athtrn/pa/home.htm)

**A3.04: Personnel and student policies are consistent with federal and state statutes, rules, and regulations.**

ISU follows all federal and state statutes and regulations pertaining to academic institutions. The program's student handbook will reiterate current university policies.

**A3.05: Admittance in accord with clearly defined and published practices of the institution and program.**

PA program admission requirements are communicated on the website and mailed to all applicants. We will follow university regulations concerning fair practices. Our admissions rubrics will be applied equitably and consistently to all applicants and interviewees. We believe we have safeguards in place so as to avoid bias and unfair advantages to applicants. We do intend to recruit persons of diverse backgrounds to apply to the program as much as possible.

**A3.06: Students must not be required to supply their own clinical sites or preceptors.**

We will supply all clinical sites and preceptors and will also allow students the option of requesting specific sites. We are completing the details and will review sites and preceptors that students have requested. Sites that meet our requirements will be able to have students placed for clinical coursework.

**A3.07: Details defined, published, and readily available to prospective and enrolled students.**

Our admission requirements will be communicated to all interested persons via email and website posting. We urge students not to work and recommend, but do not require, health care experience. The university withdrawal, grievance and tuition reimbursement procedures will be administered as detailed in our student handbook and on the university web site. We will add program first-time PANCE pass rate as it becomes available.

**A3.08: Advanced placement requirements.**

We are not granting advanced placement under any circumstances.

**A3.09: Student and faculty grievance policy and procedures published, and readily available to faculty.**

Physician Assistant student handbook and the university faculty handbook contain policies and procedures for student and faculty grievances respectively and are posted online.

**A3.10-11: Students must not be required to work for the program or have access to the records of other PA students.**

Physician Assistant students will not be hired by the university thus will not have employee type access. We will abide by FERPA requirements and thus will not share confidential information with any unauthorized individuals. We urge our students not to work during the enrollment in the program.

**A3.12: PA students must not be used to substitute for clinical or administrative staff during rotations.**

Staffing patterns and the clinical role of PA students will be assessed as part of the review process for accepting clinical affiliations in order to safeguard student time in clinic as a clinical experience.

**A3.13: Required documentation in student files.**

Student files will include admission criteria, evaluation of performance, remediation, disciplinary action, and proof of meeting health screening and immunization requirements.

**A3.14: Core faculty records must include duties, responsibilities and current curriculum vitae.**

Core faculty records will include current curriculum vitae and particular job descriptions.

**A3.15: Program must have current curriculum vitae for each course director.**

Although we do not use course director in our terminology, if we were to utilize that concept we would have on file the curriculum vitae of any faculty so named.

### **Section B: Curriculum**

**B1.01: Curriculum content in biomedical and clinical sciences with application to patient care.**

Our first semester course entitled Bioscience is designed to instill basic biomedical sciences with an emphasis on clinical application. Bioscience will prepare students for the upcoming two semesters of clinical medicine. Pharmacotherapeutics, laboratory sciences and patient problem management are horizontally integrated in a systems approach with clinical medicine.

**B1.02: Curriculum breadth and depth to prepare the student for the clinical practice of medicine.**

The curriculum is designed to prepare students to practice clinical medicine in today's complex health care delivery system. Breadth and depth is emphasized to form qualified and competent primary care physician assistants.

**B1.03: Curriculum design must reflect sequencing that enables students to develop the competencies necessary for current and evolving clinical practice.**

Sequencing begins with core sciences and communication skills in applied medicine. Curricular sequencing further develops clinical competencies in a holistic systems approach to clinical practice. Clinical preceptorships are followed by three months of integration and preparation for transition into professional practice.

**B1.04: Program must assist students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving.**

We have horizontally integrated critical thinking in clinical medicine sequencing through our Clinical Management I & II courses. Additionally, we are emphasizing evidence-based medicine in research and

clinical practice decision making. Case-based learning as an instructional method is utilized to assist students in acquiring good problem solving skills.

**B1.05: Program must provide students with published expectations of student outcomes and behaviors required for successful completion of the program.**

Overall program outcomes are widely communicated. Individual course learning outcomes are in each syllabus. Requirements for graduation are posted in the student handbook as is our expectation for ethical and professional conduct while in this program.

**B1.06: Program must provide a published syllabus that defines expectations and guides student acquisition of expected competencies.**

Syllabi are posted online and available in hard copy for every student. Each syllabus contains course learning outcomes, evaluation methods, attendance and other behavioral expectations. University policies on such topics as academic integrity and sexual harassment are syllabi requirements.

**B1.07: Program must orient instructional faculty and preceptors to the specific educational competencies expected of PA students.**

The NCCPA content blueprint guides us in this endeavor. Instructional faculty will utilize the program outcomes, course learning outcomes and content blueprint as foundational documents for curriculum content and design. The preceptors will be oriented to these expectations as formal affiliation agreements are ratified.

**B1.08: Programs must educate students regarding issues related to intellectual honesty and academic and professional misconduct.**

Every syllabus contains a statement on academic integrity. The PA student handbook has a section devoted to professional conduct and integrity. During orientation and again prior to the clinical year, these issues will be revisited. We do not intend to tolerate any breach of academic or professional integrity on the part of students or faculty.

**B1.09: Program must prepare students to provide medical care to patients from diverse populations.**

Our mission statement sets the tone for this standard. We intend to sensitize our students to the needs of the medically underserved communities in Indiana, and across America. Cultural sensitivity/competency will be articulated as a professional goal. We do intend to create an environment where our students will choose to become culturally competent as they matriculate into their professional lives.

**B1.10: Educational equivalency of course content, student experience, and access to didactic and laboratory materials when instruction is at geographically distant locations or conducted by different means.**

Instruction will not be conducted at geographically separate locations. Students that are differently abled will utilize the resources of the Disability Support Services office on campus to ensure equivalency.

**B2.01: Prerequisites must not substitute for the basic medical sciences in the program.**

We have two courses in the first semester that focus on the range of basic medical sciences with clinical application: Bioscience and Clinical Science. In addition to anatomy and physiology, these courses include content in biochemistry, microbiology, clinical nutrition, genomics, and the introduction of evidence-based medicine.

**B2.02: Required basic medical sciences.**

Gross human anatomy with physiology occurs in the first semester. Pathophysiology is included in every organ system module of clinical medicine. We horizontally integrate pharmacotherapeutics across all clinical medicine modules within Clinical.

**B3.01: Instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals must occur.**

Our approach to interpersonal and communication skills includes an emphasis on cultural sensitivity. These concepts are included in Introduction to Physician Assistant Practice and Physical Diagnosis. The Clinical Management series uses case-based scenarios to integrate these skills and develop competencies in cross-cultural practice. Students will be expected to show proficiency in verbal and written communication throughout the clinical year. Professional and ethical conduct is expected at all times.

**B3.02-3: Knowledge and skills sufficient to perform comprehensive diagnostic evaluation and documentation in oral and written form for persons across the life span and range of clinical presentations,**

The Physical Diagnosis coursework initiates students in interviewing and medical history skills. Creating differential diagnoses; performing focused examinations; ordering cost-efficient diagnostic work-ups; interpreting results; creation and implementation of safe and appropriate treatment plans; and knowing when to refer are skills and concepts reinforced within the Clinical Management series.

**B3.04: Instruction in the important aspects of patient care including preventive, acute, chronic, rehabilitative, and end-of-life.**

These areas are presented within modules of Clinical Medicine and Specialty Care.

**B3.05: Instruction in technical skills and procedures based on current professional practice.**

We address technical skills and procedures predominantly in a three week seminar style intensive course, Clinical Skills, just prior to starting the clinical year. Some particular skills or techniques may be presented in sequence with the clinical medicine modules according to instructor preference and availability.

**B4.01: Instruction in basic counseling and patient education skills necessary to help patients and families.**

We believe in partnering with patients to improve outcomes is a communication and cultural sensitivity issue. Both in the behavioral health module of clinical medicine and in the Clinical Management series we will address interventions based on coping mechanisms and behavior change methods.

**B4.02: Instruction in: normal psychological development across the life span; detection and treatment of substance abuse; human sexuality; end of life issues; response to illness, injury and stress; principles of violence identification and prevention.**

Normal development and pathologic processes are covered in an organ system approach in addition to life-stage approaches from pediatric through geriatrics. Substance abuse and domestic violence prevention are included in behavioral health module. End-of-life issues and responses to injury, illness and stress are presented in case scenarios within Physical Diagnosis and the Clinical Management series.

**B5.01: Equip students with the necessary skills to search, interpret, and evaluate the medical literature in order to maintain a critical, current, and operational knowledge of new medical findings.**

Critical review of the literature emphasizing evidence-based medicine, cost-effective practice, and judicious use of system resources is developed through four courses: Introduction to Physician Assistant Practice, Pharmacotherapeutics, Clinical Medicine and Specialty Care, Applied Research. The Clinical Management series of courses is utilized to synthesize these skills into actual clinical scenarios across life-span and diversity issues.

**B6.01: Instruction in socioeconomic, systems, risk management, legal, and cross-cultural issues.**

This is a cornerstone of our program. Horizontally integrated with the organ systems modules is Clinical Management I&II where we teach health care delivery systems complexities, socioeconomic factors, and quality assurance while tailoring the clinical approach to particular patients. The business systems of practicing medicine such as coding, billing and reimbursement is included. These issues are addressed again after the clinical preceptorships, along with more emphasis on legal issues in Physician Assistant Practice Transition and Clinical Management III during the last semester.

**B6.02: Comprehensive instruction in medical ethics.**

Introduction to Physician Assistant Practice includes bioethical, legal and cultural aspects of the professional practice of a physician assistant. Physician Assistant code of conduct and clear, effective communication with patients and colleagues are foundations of this course.

**B6.03: Comprehensive coverage of PA history, trends, physician partnership, certification, and so on.**

Introduction to Physician Assistant Practice provides a firm foundation in the historical roots and current trends of Physician Assistant practice while emphasizing the physician-PA partnership. Program accreditation is included in this first semester course. Physician Assistant Practice Transition in the last semester includes legislative and political issues, certification maintenance, licensure, credentialing, and professional liability. Prescriptive privileges are discussed in Pharmacotherapeutics I&II and revisited in Physician Assistant Practice Transition.

**B7.01: medical and surgical clinical experiences to acquire the competencies needed for clinical PA practice.**

Students will have 11, four week block preceptorships in major medical specialty areas including at least one surgical block during 12 continuous months. The program will insure an adequate volume and variety of experiences across the disciplines by careful selection of clinical sites for each student. Frequent communication with the student and preceptor will be a safeguard in meeting this expectation on the part of the program. We do not require a particular number of specific categories of patient encounters for meeting this goal. We will insure that our students have an adequate volume and variety of clinical experiences over the course of the clinical year.

**B7.02: All sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location.**

All clinical sites will be uniformly assessed for initial affiliation and evaluated at least twice during each preceptorship. This evaluation includes student of preceptor, preceptor of student, clinical coordinator of clinical site, and observation of preceptor-student interaction. The program will also analyze this data in aggregate form annually.

**B7.03: Every student has supervised clinical practice experiences with patients seeking: medical care across the life span; prenatal care and women's health; care for conditions requiring inpatient surgical management, including pre- operative, intra-operative, and post-operative care; care for conditions requiring emergency management; and care for psychiatric / behavioral conditions.**

We have clinical rotations scheduled in family and internal medicine, pediatrics, women's health, geriatrics, surgery, behavioral health and emergency medicine. Internal medicine and pediatrics have inpatient hospitalist options.

**B7.04: Supervised clinical practice experiences should be provided in the following settings: outpatient; emergency room/department; inpatient; operating room; and long-term care.**

Geriatrics preceptorship will include long-term care and office visit settings with the possibility of an occasional home visit or assisted living residential visits. Surgery and emergency medicine are entirely hospital based. Family medicine and internal medicine will be shared time between inpatient and outpatient care.

**B7.05: Supervised clinical practice experiences should occur with residency trained physicians or other licensed professionals experienced in the following disciplines: emergency medicine; family medicine; general internal medicine; general surgery; general pediatrics; psychiatry; and obstetrics & gynecology.**

We are in communication with residency trained physicians and mid-level providers in pediatrics, family medicine, obstetrics and gynecology, psychiatry, emergency medicine, internal medicine, and general surgery. We are working on potential preceptorships within these disciplines across Indiana.

**Section C: Evaluation**

**C1.01: Collect and analyze particular qualitative and quantitative information.**

Student attrition, deceleration and remediation will be collected through the department's Student Services administrative assistant. Students who choose to leave the program will complete an online evaluation tool to ascertain reasons for the attrition. Attrition, deceleration and remediation will be assessed at the end of each year (December) as part of the master assessment plan. Curriculum or administration remediation will be addressed on a yearly and three-yearly basis. Faculty attrition will be assessed through an exit interview with the Chair and Dean if requested. Themes will be identified and issues will be brought to the Dean to rectify any issues associated with faculty attrition. Each time a course is offered; failure rates are calculated and shared with the program director and department chair. Instructor of record, individual student record and program coursework will be assessed to determine a relationship related to failure rates. As part of the master assessment plan, instructors, admissions and course difficulty will be evaluated and modified, if necessary, every other year. Students will evaluate didactic courses, clinical experiences and faculty at the end of each course. Graduate evaluation of the curriculum will occur in the form of an exit interview/survey, alumni survey and employer survey. Preceptors will evaluate student performance during the mid-point and at the conclusion of each student's rotation. A separate evaluation of the curriculum will be requested of the preceptors yearly. First-time PANCE passing rates will be collected and assessed yearly. Weak areas will be noted for discussion regarding curriculum.

**C1.02: Must apply the results of ongoing program assessment to the curriculum and entire program.**

The program will be evaluated yearly using various assessment tools including: evaluations of didactic courses, faculty, and clinical courses; student exit interviews; alumni and employer surveys; preceptor evaluation of students and curriculum; first-time PANCE passing rates; student remediation needs; and student and faculty attrition. The program director will intervene prior to the program's yearly global assessment with a remediation plan when needed.

**C2.01: Self-study report as part of the application for continuing accreditation as per ARC-PA requirements.**

The PA program self-assessment is an ongoing and annual analysis. Student attrition, deceleration and remediation, faculty attrition and student failure rates will be assessed on an annual basis in conjunction with additional assessment in order to validate current practices or justify the need for remediation. Student evaluations, preceptor evaluations, instructor evaluations and clinical experience evaluations will be assessed for each course/experience, however clinical experience will also be evaluated mid-rotation. Exit assessment, alumni and employer assessment will be contacted every 12-18 months. Graduate performance on the PANCE will be used in conjunction with all the other assessments to determine educational areas of need. In addition, students who leave the program for whatever reason will be asked to participate in an exit interview/assessment in order to ascertain reasons for the departure. At the end of each academic year (May/June) the program faculty will assess the data and make recommendations to the department chair and college dean regarding changes or remediation to the program. The PA will also use the assessment documents to comply with periodic self-study reports. Program analysis will occur once a year in December to review all the assessment tools, determine themes, areas of need and areas of strength. The program assessment meeting minutes will be distributed via e-mail and cataloged in the front office for future reference. The minutes will be distributed to all department faculty to ensure transparency.

**C3.01: Must use objective evaluation methods that are administered equitably to all students.**

The student evaluation methods are clearly stated in the syllabi and will be applied equitably to all students.

**C3.02: Objective evaluation methods must be related to expected student competencies.**

Evaluation instruments have been designed with course outcomes which are mapped back to program outcomes. As we begin using these instruments we will be collecting the data necessary to strengthen this connection wherever we find deficiencies.

**C3.03: Frequent, objective, and documented formative evaluations of students to assess their acquisition of knowledge, problem-solving skills, and psychomotor and clinical competencies.**

Mid-term and cumulative final examinations are scheduled in all courses. Our vertically integrated design for semester two and three will facilitate the use of formative evaluations in Clinical Management I&II that spans all clinical medicine modules. One month prior to the clinical year we will use a series of Observed Structured Clinical Examinations (OSCEs) and the Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) as formative evaluation tools. The three weeks prior to the clinical year is a seminar style clinical skills lab with remediation opportunity based on class and individual performance.

**C3.04: Assess and document student demonstration of professional behaviors.**

Professional behavior is included in each clinical rotation evaluation matrix and end of semester Physician Assistant Committee progression evaluation.

**C3.05: Monitor the progress of each student so that means for remediation are promptly established.**

Any unsatisfactory evaluation will prompt a meeting with the instructor to explore potential issues or need for remediation. Each faculty meeting will include a discussion of student performance indicators and, as needed, remediation plans for poor-performing students will be agreed upon by the core faculty. The PAC end-of-semester progression decision is another avenue for assessment.

**C3.06: Document a summative evaluation of each student toward the end of the program.**

Clinical Management III, held in the final semester, contains a comprehensive, summative evaluation including a series of observed structured clinical encounters and a written examination using the Physician Assistant National Certifying Exam format and content distribution. This exam will be created by the core faculty after hiring is completed.

**C4.01: Consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors.**

Clinical sites and preceptors will be evaluated at the onset of a clinical affiliation and at least annually thereafter. The evaluation rubric will be uniformly applied to all settings and all preceptors and will

include student evaluations of preceptors, program assessment of site qualifications in terms of physical space, safety and access to adequate volume and types of patients.

**C4.02: Apply comparable evaluation processes to clinical sites regardless of geographic location.**

Clinical sites will be evaluated by the Clinical Coordinator during the initiation of clinical affiliation and annually thereafter. Clinical sites will be evaluated through frequent contact with preceptor and student during the course of a preceptorship. Written student evaluation of preceptor will also be conducted at the end of each rotation. The evaluations will be comprehensive and thus scheduled by appointment and may occur on-site, through Skype© or other video conferencing mechanisms, or by phone. We will use the same rubric for all sites regardless of assessment method.

**C4.03: Documentation that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program's expectations of the clinical experience.**

We will not be setting volume requirements during clinical preceptorships. We will ensure that our students are afforded good mentoring and access to patients and clinical situations that present themselves in the normal course of the day. Variety of training opportunities is the emphasis of this program. We will track the types of patients encountered in various settings so as to ensure an adequate range of clinical experience over the 12 months of clinical rotations. This first cycle will provide preliminary data to begin to make adjustments as needed in the subsequent classes.

#### **Section D: Student Services**

**D1.01: Student health records are confidential and not to be reviewed by program faculty except as noted.**

The program will maintain student vaccination and TB screening information within the department. All other student health records will not be accessed, utilized, or stored by the program. University student health services follow HIPAA regulations. Faculty will not be allowed access to physician assistant student medical records.

**D1.02: Health screening and immunization of students follow CDC recommendations and are not performed by program faculty.**

Current Center for Disease Control and Prevention (CDC) recommendations are in our handbook with a reference to the CDC website and an explanation that our procedures will change according to CDC recommendations.

**D1.03: Equivalent student health care services as available to students enrolled in other programs.**

PA students will have full access to all student health services, including mental health services as provided by the university for all students.

**D1.04: Core program faculty must not participate as health care providers for PA students.**

Core program faculty will not provide health care services to PA students except for in an emergency.

**D2.01: Guidance to assist students in understanding and abiding by program policies and practices.**

Students will be encouraged to read and study the student manual prior to the first day of class. The program will review the manual in detail in the first week of classes. In addition, the program director intends to meet with the class weekly. This will be administrative time as well as student-generated content. Academic advisement will also contain policy and procedure details and methods to maintain compliance.

**D2.02: Students have timely access to faculty for academic assistance and counseling.**

All faculty are expected to post a schedule and maintain at a minimum five hours of in-office availability for academic advisement or counseling. In addition to this scheduled time, faculty are encouraged to make themselves readily available to students. Whenever a failing grade is earned on an exam the faculty member will discuss the performance with student and initiate a remediation plan as needed.

**D2.03: Referral for students with personal problems that may interfere with their academic progress.**

All students at ISU have access to a student counseling center. Should faculty perceive a student need, they may refer students to the counseling center. The website may be accessed for further information <http://www.indstate.edu/cns/>.

**D3.01: PA students are clearly identified as such in the clinical setting.**

The physician assistant students will have a sewn on patch affixed to their white coat that clearly identifies them as an ISU physician assistant student. Each student will also have a removable name tag containing "physician assistant student" and their last name. They are expected to wear their white coat and their name tag whenever they are present in the clinical environment.

### **Section E: Provisional Accreditation**

**E1.01: Sponsoring institution must authorize the development of the PA program.**

See Institutional Program Data Sheet and section three of this document. The President, Provost and Dean have been and continue to be enthusiastic supporters of this program.

**E1.02: Program must submit a needs assessment with its provisional application materials.**

Needs assessment is found in Appendix C.

**E1.03: Defined and consistent mission statement.**

Appendix A contains the mission statements of the University, college, department, and PA program. Indiana needs more health care providers in rural and underserved urban and rural communities. Training students close to home and at an affordable cost is anticipated to bolster the number of PAs practicing in Indiana.

**E1.04: Qualified program and medical director responsible for the development of the program.**

The program director is not yet hired. Randy Stevens, MD is well qualified as the Medical Director.

**E1.05: Must not admit more students than the number for which it has been approved by ARC-PA.**

We requested thirty students per year and will not accept more than that number.

**E1.06: must agree to inform, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited & must convey the implications of non-accreditation to applicants.**

Appendix I includes information sent to all prospective students wherein we clearly explain our non-accredited status and plans to become accredited. We will not matriculate students until accredited. All prospective students are so informed. Accreditation status is noted on our homepage, on our flier, and in verbal communication with prospective students.

**E1.07: Submit a descriptive narrative report as described in the application materials.**

This is the descriptive report.

**E1.08: The chief academic officer of the sponsoring institution, or his or her designee, must sign the provisional accreditation application and descriptive narrative report, thus approving its content and verifying the institution's intent to implement and support the program as planned.**

The President of Indiana State University, Dr. Daniel J Bradley has signed this document and the provisional accreditation application.

**E1.09: Provide a detailed line item budget for the first three years of the program as part of its application.**

Detailed three year line item budget is found in Appendix G.

**E1.10: copy of current or proposed promotional literature.**

Our homepage launched February 12<sup>th</sup> and is the major method of communicating with prospective students (<http://www.indstate.edu/athtrn/pa/home.htm>). Appendix I contains a sample email with attachments that is used to follow up inquiries from prospective students. A promotional slick is in process.

**E1.11: Completed curriculum design, course sequence, and evaluation methods.**

Curriculum design and course sequence is found in Appendix H. Evaluation methods and learning outcomes are on course syllabi which are linked from our homepage at <http://www.indstate.edu/athtrn/pa/home.htm>

**E1.12: Content examples for each course offered in the first 12 months of the program.**

The entire program's course descriptions, syllabi with learning outcomes, topical outlines and methods of student evaluation are linked from our homepage. Examples of student evaluation instruments are pending. An applicant pool for PA faculty is developing. We anticipate offering an appointment by early June.

**E1.13: Clearly articulated plans and mechanisms for bringing the program into compliance with the Standards as required.**

We are currently working on clarifying the rotational sequence of our clinical sites in order to offer our students the best combination of number and types of patient encounters possible. Instructional modules, course integration details and evaluation instruments will be created once faculty is in place. The summative evaluation will be developed by the core faculty with a projected completion by early in the fourth semester of our charter class.

**E1.14: Identified prospective clinical sites sufficient in number to meet the needs of students.**

Currently we have 13 sites identified with long-term care setting and behavioral health conditions as our most challenging rotations to accommodate. The Wabash Valley medical community has been enthusiastic supporters of this program and I have no doubt that they will work with us to meet our students' needs in preceptorship types and settings.

**E1.15: A written plan describing its ongoing self assessment process.**

The program, department and college, in keeping with university expectations, have a thorough ongoing self-assessment process, much of which was discussed in C1.01-2.01. The university has adopted the use of TaskStream to facilitate central storage and integrated analysis of program assessment.

**E1.16: A full plan for comprehensive program evaluation, including an assessment of outcomes.**

The PA program self-assessment is an ongoing and annual analysis. Student attrition, deceleration and remediation, faculty attrition and student failure rates will be assessed on an annual basis in conjunction with additional assessment in order to validate current practices or justify the need for remediation. Student evaluations, preceptor evaluations, instructor evaluations and clinical experience evaluations will be assessed for each course/experience, however clinical experience will also be evaluated mid-rotation. Exit assessment, alumni and employer assessment will be contacted every 12-18 months. Graduate performance on the PANCE will be used in conjunction with all the other assessments to determine educational areas of need. In addition, students who leave the program for whatever reason will be asked to participate in an exit interview/assessment in order to ascertain reasons for the departure. At the end of each academic year (May/June) the program faculty will assess the data and make recommendations to the department chair and college dean regarding changes or remediation to the program. The PA will also use the assessment documents to comply with periodic self-study reports. Program analysis will occur once a year in December to review all the assessment tools, determine themes, areas of need and areas of strength. The program assessment meeting minutes will be distributed via e-mail and cataloged in the front office for future reference. The minutes will be distributed to all department faculty to ensure transparency.

**E1.17: Programs preparing for their follow-up provisional site visit.**

This does not yet apply. We will meet ARC-PA timelines for submission of required documentation.

**Section 6 – Summary**

Indiana State University's Physician Assistant program is well positioned to accept a charter class in January, 2011. The president and provost of the university and the dean of CNHHS have been enthusiastic and generous supporters of this program. Campus-wide faculty support has also been evidenced through unanimous support in faculty senate hearings.

Student interest is already high and includes inquiries from across Indiana and numerous other states. We anticipate a robust response from the regions and counties surrounding Indiana State University due to the relative paucity of PA programs in the area.

A dynamic college focused on traditional and emerging needs within the healthcare workforce is an area of program strength. An interprofessional education system including medical, nursing, athletic training, and physical therapy students is a focus of the college and department further adding to the robust educational experiences of the program. Additional opportunities for collaboration exist with the Family Medicine Residency at Union Hospital, the Rural Health Innovation Collaborative, the West Central Indiana Area Health Education Center, and the Indiana Primary Health Care Association.

The 27 month, 7 semester, 93 credit hour master of science in Physician Assistant Studies program will focus on preparing future physician assistants sensitized to the needs of a diverse population in both rural and urban settings. Prospective clinical sites include three Critical Access Hospitals, two rural and one urban Community Health Center within two hours of the ISU campus. We will make every effort to prepare a diverse group of physician assistants to aid in meeting the demands of our nation for high quality, culturally competent health care providers.

Attracting and hiring two full-time NCCPA certified physician assistants is our biggest challenge at this time. We currently have open positions and anticipate late spring to early summer hiring. The department chair, program director and search committee chairs are responsible for this project.

Procuring clinical affiliation agreements specific to PA education is another area of developing compliance. The medical director and program director are actively pursuing clinical collaborators. Signed affiliation agreements will be finalized over the summer. The program director and medical director are working with the college's contract specialist to ensure compliance with university, departmental and ARC-PA requirements.

Formative student evaluation instruments have not been finalized. We anticipate using Observed Structured Clinical Examinations with ISU theatre majors as patients for part of this process. The written, comprehensive PANCE style formative exam to be used prior to entering the clinical year is not yet created. The evaluation tools will be among the top priorities for the core faculty and will be completed no later than October, 2010. The design and creation of a summative exam in the final months of the program will be addressed once the core faculty are hired.

The Indiana State University College of Nursing, Health, and Human Services is pleased to offer a Physician Assistant program. We believe that we have a challenging and comprehensive curriculum that will prepare future Physician Assistants as highly competent, compassionate health care providers prepared to practice in today's complex health care delivery system. With our focus on primary care training we are helping to meet the health care needs of those persons in rural and urban underserved communities.

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Barbara Battista, SP, PA-C  
PA program consultant  
Indiana State University

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Daniel J Bradley, President  
Indiana State University