



Accreditation Review Commission on Education
for the Physician Assistant, Inc.

Commission comments on Modified SSR submitted by Indiana State University on January 29, 2016

The purpose of this correspondence is to provide the program with comments to consider from the recently submitted modified SSR. Please use this document as you plan for the next SSR submission due **April 1, 2017** for consideration on the **September 2017** commission agenda. The dates for the full SSR and the validation review will be provided to the program at a later date. The program's next validation review will be considered on the **September 2023** agenda.

The commentary provided is based on the review of the modified SSR document submitted, does not address the quality of the document in its entirety, and is not intended to provide consultation. It does not imply compliance or noncompliance with the *Standards* and does not imply future compliance in any way

The comments provided become a part of the program's accreditation history in relation to your submitted modified SSR. As such, they will be reviewed by site visitors and commissioners in the future. The commentary provided addresses components of the SSR which did not follow directions, were not clear or did not address the four elements of analysis from the ARC-PA.

Modified SSRs submitted as a report to the ARC-PA are customized for each program and not all components of the SSR are required for each report. Areas submitted that have not received any commentary still need to be considered by the program for analysis in future reports based on data collected and program outcomes. Commentary about the general format may apply to SSR appendices which were not required for this report and the program is advised to read these comments carefully toward their broader application to the SSR. As always, the commission expects the program to apply the four key elements of analysis within a robust process of ongoing self-assessment to the entire SSR.

Unless asked for a follow up report, the program should not prepare any formal response to these comments for submission to the ARC-PA.

General Comments for All Programs

Establishing benchmarks is important to program self-assessment. Programs use internal and external evidence to establish minimum benchmarks for student performance. Likewise programs should use evidence to establish benchmarks for their own performance based on expected program outcomes. This approach contributes to evidence-based education. Internal evidence could include mean scores, trends over time, and/or correlation to other dimensions of program/student outcomes. External evidence can include national data and/or institutional data. Some programs establish benchmarks with multiple measures e.g. mean scores, downward trends, and abrupt changes of more than a specified amount.

As noted in C1.01, the commission expects programs to use qualitative and quantitative data in their self-assessment processes. Student/ preceptor/graduate comments, focus groups, and feedback from

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student representatives are examples of potentially valuable qualitative data. Programs should define a method for analyzing qualitative data. Such methods could include summarizing comments with analysis by the number or % of comments with a specific theme, or noting trends in comments over time. These methods bring a quantitative aspect to qualitative data.

Qualitative data is also filtered through the lens of the faculty's collective knowledge and experience, since faculty may have a different perspective than students. Programs aren't expected to adopt modifications based solely on qualitative feedback from students or other stakeholders. This filtering can be described as part of the program's self-assessment process and explained in the narrative.

In addition to the data required in the SSR, programs should provide only enough data to support pertinent conclusions in the analysis. However, all source data should be available to site visitors and should be organized to demonstrate the method of analysis used by the program. For example, comments/data could be grouped by theme or to show trends over time. Minutes from committee meetings and/or faculty meetings should reflect the program's consideration of qualitative data and decisions based upon it.

The following were noted during the review of your modified SSR.

Student Evaluation of Courses/Rotations (Appendix B)

The program provided bar charts representing student evaluation data on courses and rotations for three cohorts of students. For each didactic course, the charts depicted average scores on all items surveyed for the classes of 2013-2015. Each table listed some different course numbers, and some course numbers were included multiple times. There was no explanation for this but it appears data is not reported on all of the same courses for three cohorts.

The program assessed courses by items using a 5-point Likert scale. There was no description of the items assessed or sample copy of the student course evaluation form. Although there have been three different student course evaluation forms used by the institution in the past four years, all used a 5-point scale. The minimal acceptable average rating for didactic courses was reported as 3.5/5. The program did not provide a reason for choosing that benchmark. Response rates were not reported.

For rotations, the summary means for each question on the rotation evaluations for cohorts 2014-2016 (partial for 2016) were provided. The total number of responses was reported for clinical rotation evaluations. The program set an expectation of 4/5 as acceptable without explanation for that choice.

The program identified the one didactic course which fell below the benchmark (Applied Research (PASS 635) taught in the Fall of 2014). This course scored close to the benchmark but not under in 2013. The course number was not listed for the 2015 cohort.

The program concluded that the low average score was related to student perception of usefulness of the subject, applicability to practice, and instructor characteristics (which is to be reported in the student evaluation of faculty appendix). The program stated analysis was done, but what was analyzed and how was not stated. The conclusions could not be verified because there was no detail about:

1. the source of the data (related to items on the survey or student comments) or
2. what data analysis was done.

It was not stated whether qualitative data was collected or analyzed. No trend data was reported (this course only appears in the data tables for the first two cohorts).

The program otherwise concluded that “the data indicates effective teaching and coursework experiences.” It is not clear how the program concludes teaching is effective based upon student course evaluations only. No correlations with student course evaluations and course or program outcomes was reported.

For clinical rotations, the program reported that for the past three cohorts, the “all rotation mean score” on each survey question met the expectation of at least 4/5. Each of the individual clinical rotation scores met expectations in all categories, except for general surgery and geriatrics. Data was only presented by survey question and not broken out by rotation type, so this conclusion could not be verified.

The narrative stated an analysis of student comments from evaluation of the general surgery rotations was completed. Two sites were identified by the class of 2015 as not meeting expectations for variety of, and hands on, opportunities. The program looked at student comments and patient logging and concluded that the sites identified “failed to provide opportunities for students to see patients in 4 out of 7 categories or conditions related to Program expectations” and did not provide comprehensive services, which in turn, limited the numbers of patients available.

For the geriatrics rotation, lower scores on evaluation of patient volume were found at a site where the preceptor was employed only part time.

The program concluded that lower scores on evaluation of rotations were site specific. The program did not explicitly conclude their own rotation evaluation system should have detected these issues before students were sent to these sites, but the actions described indicate they did realize this.

The program reported actions included, “alignment between the course objectives, student learning needs, and program expectations” for the Applied Research (PASS 635) course. This plan is vague, and it is not clear how this will address student concerns about the usefulness of the course for future practice.

The program discussed its new site evaluation process which will better evaluate clinical sites before student are assigned. Interventions to address issues found at certain clinical sites will occur, and if issues cannot be resolved, the program will cease to use the site.

In the modified SSR prepared ahead of the September 2017 commission meeting, the commission will expect the program to:

- display data, listing course names in lieu of course numbers, report response rates and present data in a year to year format that will more clearly display trends
- report rotation evaluation data by type of rotation, if applicable to the analysis (for example geriatrics and general surgery)
- explain why course numbers either change or are eliminated year to year
- where called for, explain the rationale for choosing a particular level of benchmark
- describe the scope of survey forms, either in the narrative or by providing a blank sample copy
- if appropriate, show analysis of individual survey data points as part of the interpretation of data

- describe how qualitative data is filtered through the lens of the faculty's collective knowledge and experience
- incorporate relevant data from other areas –faculty course evaluations, faculty or student performance data, faculty or student attrition, PANCE outcomes, admissions data etc., - if it adds to the analysis/conclusions/actions
- explicitly state, in the analysis and action narratives, the links between the data, analysis, conclusions, and actions
- provide an update on the Applied Research course changes and implementation of the clinical site evaluation process, showing whether actions planned have led to expected improvements

Number of Final Course Grades of “C or Below”

The program described how it tracks grades, criteria for probation, and the remediation process. The program noted five failing (F) grades were listed.

Analysis consisted of listing the courses and rotations where students earned failing grades. In some cases, reasons were provided for why an individual student failed a course (plagiarism, unprofessional behavior on a rotation). Pharmacotherapeutics I (PASS 624) and Pharmacotherapeutics II (PASS 634) course grades of C were attributed to multiple factors (change of instructors, change of textbook, and change of concurrent courses being taught) with no data or analysis presented to support these conclusions.

The program did not present analysis examining why certain courses had a greater number of low grades or did not correlate course outcomes to other outcomes like preceptor feedback, PANCE results or student attrition.

In the action narrative, the program detailed the outcomes for the students who earned failing grades. Changes were made in the Pharmacotherapeutics I and II (PASS 624 and 634) courses based upon “analysis of course evaluations.” The instructor and text book were changed (although above, these were reasons for C grades). Content was reorganized to spread out the work. The program did not address whether the desired outcome occurred as a result of these changes. It does not appear from the data presented that there was a positive impact on the Pharmacotherapeutics I course.

In the modified SSR prepared ahead of the September 2017 commission meeting, the commission will expect the program to:

- incorporate relevant data from other areas – student and faculty course evaluations, faculty or student performance data, faculty or student attrition, PANCE outcomes, admissions data etc., - if it adds to the analysis/conclusions/actions
- analyze possible course-related factors as well as the possible student-related factors that may be the cause of low student grades concentrated in a few courses
- explicitly state, in the analysis and action narratives, the links between the data, analysis, conclusions and actions
- provide an update on the changes made to the Pharmacotherapeutics I and II courses showing whether actions have led to expected improvements

Preceptor Feedback of Student Preparedness

The program described how preceptor assessment is collected and listed four methods. In the provided template, average scores from the end of rotation evaluation ratings by preceptors were reported for

each area assessed from cohorts 2013-2016 (partial). The program also discussed data collected by mid-rotation evaluation by faculty, comprehensive site evaluation by faculty as well as end of rotation comments and ratings of students by preceptors.

The program reported on mid-rotation evaluations by faculty, which included suggestions from the preceptors on how to improve students' preparation for the rotation. Seventy-eight evaluations were completed March through July 2015 and 39 were completed August through October 2015. Twenty-two percent commented on areas of deficiency in the first batch and 26% had suggestions or noted areas of weakness in the second. None said students were unprepared. The program presented an analysis of the comments which consisted of a list of "weaknesses." It is not clear what analysis was done. Were these individual comments, trending comments, comments based upon assessment of one or multiple students? (The "action" narrative stated "several preceptors" or "some preceptors" made the comments.)

Faculty comprehensive site evaluation data did not report any negative comments. This is a new process and was completed once in November 2015.

End-of-rotation evaluation comments by preceptors included a list of weaknesses cited by a "few preceptors." It was not clear if these comments were about one student or trends seen after multiple student rotations.

End-of-rotation evaluation ratings by preceptors are based upon a 4-point scale where a score of 3 or above is acceptable for individual scores, and 3.5 is an acceptable class average. The rationale for these benchmarks was not stated. Only two areas received scores less than 3.5 class average for the classes of 2015 and 2016 (Assessment/Differential Diagnosis and Appropriate Lab Test Utilization). All scores for 2013 and 2014 were above the cut off. No further discussion of analysis was provided.

The program concluded that the evaluation scale should be changed to a 5-point scale to "avoid response bias."

In response to the list of weaknesses, the program concluded that the new pharmacology instructor needed to include instruction in clinical indications for medication use and dosing. To address weaknesses in treating psychiatric problems, the program changed instructors and will provide additional instruction. EKG interpretation was also identified by "several preceptors," so additional practice reading EKGs will be incorporated into the curriculum. Two workshops on wound care and pre/post op care were added to address lack of instruction noted by preceptors. Based upon comments from "many preceptors," a series of OSCE type exams will be used to reinforce interview and PE skills. Other curricular changes were listed specific to the list of comments from preceptors.

In response to end-of-rotation evaluation ratings by preceptors, the program has added content in lab utilization, and starting in January 2016, will align this with body-systems physiology. Assessment/Differential Diagnosis was not addressed.

How the program determined what actions were needed based only on several preceptor comments is not clear. Likely, faculty knowledge of curricular content and other data from faculty evaluation of the curriculum was used, but the program did not specifically address this.

In the modified SSR prepared ahead of the September 2017 commission meeting, the commission will expect the program to:

- where called for, explain the rationale for choosing a particular level of benchmark
- explain its method for analyzing qualitative data, such as preceptor comments
- describe how qualitative data is filtered through the lens of the faculty's collective knowledge and experience
- incorporate relevant data from other areas – student and faculty course evaluations, student performance data, student attrition, PANCE outcomes, admissions data etc., - if it adds to the analysis/conclusions/actions
- explicitly state in the analysis and action narratives, the links between the data, analysis, conclusions and actions
- demonstrate how actions taken have been monitored and analyzed for effectiveness

Student Exit or Graduate Evaluation of the Program

Exit survey mean score results were reported for the classes of 2013-2015. The survey changed in 2015, so some of the data was not available for all three years. Graduate survey mean score results for the classes of 2013 and 2014 were also reported.

The program explained how it maintains contact with its graduates and how it plans to survey them on a rotating basis. Graduates will also be included as members of their planned Advisory Committee. The program also surveys students in their final semester (exit survey).

The program reported that they have exit survey data from three cohorts of students and data from the graduate survey from two graduated cohorts. Response rates for both surveys were reported. The survey scales and mean scores were reported for both exit and graduate surveys. The exit survey and scales used changed from 2014 to 2015 and the program plans to revise the exit survey again for 2016. Comments were solicited from students and graduates in both surveys. Benchmark expectations for acceptable aggregate scores were reported without explanation for choice of level.

On the exit survey, the program noted one area scored below the cutoff for the class of 2013, and one area scored below the cutoff for the class of 2015. Both were related to the program director (PD). The program reported in 2013 that "there were 11 comments related to the PD which were very disparate and from which no specific theme emerged. The PD took another position in August of 2013." There was no mention of analysis of the 2015 data. The PD resigned in November 2015.

The program also noted new items were added to the exit survey in 2015, related to the students' perception of the effectiveness of the program. These items were based on a 5-point Likert scale. The only area that received over a 4 was "Effectiveness of Preceptors" (4.3). The other below benchmark scores related to overall effectiveness of the program (effectiveness of lab experiences, rotation placement process, clinical sites, and facilities) were not addressed. On this survey, students were also asked if they would recommend the program to others answering on a 5-point scale. The average for this item was 3.2 with five students indicating that they "did not know" and one indicating "Absolutely not." No other information about analysis was provided.

The analysis narrative provided a summary of the comments from the exit surveys as well. No conclusions were drawn in the analysis narrative, but the program did conclude in the actions narrative that reoccurring themes from the comments related to faculty and staff turnover and inconsistency.

Analysis of the graduate survey data was a report of the average scores on various items compared to the benchmarks set (good or very good, depending on the scale used). The results were all above or close to the benchmarks. There was no mention of analysis of this data. The program reported the majority of the comments gathered from the surveys were related to faculty turn over and consistency. There was no discussion of the relationship of the survey results with other aspects of the program, such as student evaluations of the faculty, faculty attrition, or student outcomes.

Actions were related to the themes of faculty staff turnover and inconsistency. The program has advertised two FTE faculty positions to be filled by July 1, 2016. A team of affiliate faculty members are assisting in clinical rotation coordination and evaluation. In spring 2016, the program will begin an advisory committee made up of medical professionals (including preceptors), graduates, students, and community members. The program will begin a schedule of weekly meetings to address specific areas of program operation. Students from each cohort will meet with the Program Director at least twice a semester and with the Chair of the Department at least one per semester.

While these actions are logical and address some of the issues identified by the exit and graduate surveys, the limited analysis may not have addressed all actions needed.

In the modified SSR prepared ahead of the September 2017 commission meeting, the commission will expect the program to:

- where called for, explain the rationale for choosing a particular level of benchmark
- explain its method for analyzing qualitative data, such as graduate or student comments
- incorporate relevant data from other areas – student evaluations of courses and faculty, student performance data, faculty attrition, PANCE outcomes etc., - if it adds to the analysis/conclusions/actions
- in the analysis and action narratives explicitly state the links between the data, analysis, conclusions and actions
- demonstrate how actions taken have been monitored and analyzed for effectiveness

PANCE Performance

The program provided the NCCPA Program Performance Reports for the classes of 2013 and 2014 and their own summary of PANCE results for 2015 instead of the official NCCPA print out of the most recent five-year first time and aggregate graduate performance on the PANCE. PANCE first time pass rates for the three cohorts were reported as:

2013: 82%

2014: 90%

2015: 97% (unofficial report)

The program reported an expectation for students taking PANCE for the first time “to score, at a minimum, at the national average in each category, either by organ system or by task.” No overall pass rate expectation was reported.

In the analysis narrative, the program reported results by class.

For the class of 2013, the class mean was below the set expectation in all categories by organ system except dermatology and in all categories by task. The program concluded it “did not do well in preparing its students from the class of 2013.”

The class of 2014 met the expectations in all organ system and task areas.

The class of 2015 national data comparison was not yet available from NCCPA.

The program concluded that there was improvement in all categories by both organ system and task with a decline only in dermatology.

The program did not report any PANCE performance analysis correlating PANCE outcomes with admissions criteria as predictors of success, individual course performance, course and instructor evaluations, instructional objectives, learning outcomes, breadth and depth of the curriculum, student summative exam performance, remediation programs and results, attrition criteria, feedback from graduates who were unsuccessful on PANCE, or preceptor and graduate feedback.

The program listed actions taken in 2014-2015 to address PANCE performance. They consisted of changes to the curriculum, addition of content expert lectures (vs principle faculty), use of PAEA end of rotation exams, a change in the remediation process for end of rotation exams, and integration of OSCEs and simulation with focus on utilization of lab and diagnostic studies, health maintenance, and clinical intervention.

While these actions may be warranted, they were not the result of the reported analysis of PANCE data.

In the modified SSR prepared ahead of the September 2017 commission meeting, the commission will expect the program to:

- include a copy of the official NCCPA print out of the most recent five-year first time and aggregate graduate performance on the PANCE
- show analysis of PANCE data in relationship to other program outcomes
- in the analysis and action narratives explicitly state the links between the data, analysis, conclusions and actions
- demonstrate how actions taken have been monitored and analyzed for effectiveness

In addition, the commission expects PANCE performance analysis from all programs to reflect, at a minimum, a correlation of PANCE outcomes and:

- admissions criteria as predictors of success
- individual course performance
- course and instructor evaluations
- program expectations, instructional objectives, learning outcomes and breadth and depth of curriculum
- student summative performance (Summative examination and other comprehensive exam results)
- remediation programs and results
- attrition criteria and data for cohort being reviewed
- feedback from graduates who were unsuccessful on PANCE
- preceptor feedback (employer feedback is not required but may be helpful if available to programs)

Self-identified program strengths and areas in need of improvement and
Plans for addressing areas needing improvement

The program listed six strengths and 29 areas needing improvement. The modified SSR did not address all strengths and areas needing improvement listed due to the limited SSR required in this report, but also due to the limited description of analysis as noted above. Without complete data and analysis, the reader cannot tell whether the list in this template was generated by analysis of program data.

Eight of the areas needing improvement are listed as done. Five of those are related to citations the program had to address related to clinical sites and developing program defined expectations. The other three are related to curricular changes reported in the SSR.

All of the other changes are to occur between January and December of 2016.

Some of the areas needing improvement are not necessarily related to what was requested in this SSR: use of expert consultants to develop an assessment process for the program, institutional support for developing clinical sites, increase in administrative support, getting PA faculty on tenure track, role of the medical director, development of job descriptions, monitoring student professional behavior and progress and summative evaluation.

Other areas were related to the SSR in this report, some were mentioned in this SSR, and some were not. Academic advising was noted in student/graduate surveys although not clearly addressed by analysis in this SSR. Curricular mapping and general alignment of instruction with learning outcomes was not discussed as an action when curricular changes were discussed. Modification of objectives for clinical courses was not noted in this SSR.

Faculty to monitor rotations, numbers of faculty, course sequencing and certain curricular changes were all mentioned in this SSR.

The plans presented in the template addressing areas needing improvement may be reasonable, but without data and critical analysis that result in logical conclusions, plans presented appear to be only potential solutions.

In the modified SSR prepared ahead of the September 2017 commission meeting, the commission will expect the program to:

- demonstrate alignment between the strengths and areas in need of improvement presented in the SSR and those listed in the templates
- demonstrate alignment between the strengths and areas in need of improvement presented in the SSR and those listed in the table here
- provide an update on the areas listed as in need of improvement, showing whether actions planned have led to expected improvements

Additional Comments of a General Nature

The following, if done consistently, would improve the overall document.

- Where called for, state benchmarks and explain the rationale for choosing the particular level for the benchmark.
- Narrative about analysis should be in the analysis text box and narrative about actions should be found in the actions text box.
- In the analysis and actions narratives, explicitly state the links between the data, analysis, conclusions, and actions. Provide a summary of the actual analysis (discussion of

interpretations). Do not describe the analysis PROCESS (who does it, when it is done, what committees are involved, etc.), or simply state that analysis occurred.

- Explain the program's method for analyzing qualitative data.
- Incorporate relevant data from other areas if it adds to the analysis/conclusions/actions.
- Be sure that the lists of program strengths and areas in need of improvement are drawn from, and are supported by, the data and analysis provided earlier in the SSR.

Closing

The commission expects all programs to complete SSRs according to the directions supplied by the ARC-PA. Directions and requirements may change over time. It expects reports to include critical analysis of the data, discussing and interpreting the cause and effect relationships and trends and relating the data to the expectations or issues of the program. The data and analysis should logically lead to application of results and development of conclusions resulting in an action plan to operationalize the conclusions. The commission expects reports to provide appropriate follow up for all modifications, strengths, areas in need of improvement and plans.