

1-1-2012

DOC 2011-04 Proposal to establish a department of Physician Assistant Education for the purpose of developing the Master of Physician Assistant Practice (MPAP)

University of Dayton. School of Education and Allied Professions

Follow this and additional works at: https://ecommons.udayton.edu/senate_docs

Recommended Citation

University of Dayton. School of Education and Allied Professions, "DOC 2011-04 Proposal to establish a department of Physician Assistant Education for the purpose of developing the Master of Physician Assistant Practice (MPAP)" (2012). *Senate Documents*. 206.
https://ecommons.udayton.edu/senate_docs/206

This Article is brought to you for free and open access by the Academic Senate at eCommons. It has been accepted for inclusion in Senate Documents by an authorized administrator of eCommons. For more information, please contact frice1@udayton.edu, mschlangen1@udayton.edu.

PROPOSAL TO THE ACADEMIC SENATE

TITLE: Proposal to establish a department of Physician Assistant Education for the purpose of developing the Master of Physician Assistant Practice (MPAP)

SUBMITTED BY: School of Education and Allied Professions

DATE: December 2, 2011

ACTION: Legislative Authority

REFERENCE: *Constitution of the Academic Senate of the University of Dayton*

NOTE: Because the proposal involves the establishment of a department of Physician Assistant Education the master's program curriculum will be submitted to the Academic Senate for review and approval.

1. The designation of the new degree program, rationale for that decision, definition of the focus of the program and a brief description of its disciplinary purpose and significance.

The University of Dayton (UD) School of Education and Allied Professions (SOEAP) proposes a Master of Physician Assistant Practice (MPAP) and a new academic department, the Department of Physician Assistant Education. The first class will begin the Fall of 2014. The designation for this degree is chosen in accordance with the recommendations of the American Academy of Physician Assistants (AAPA) and Physician Assistant Education Association (PAEA) who, at their jointly sponsored Clinical Doctorate Summit in April 2009¹, endorsed the master's degree as the single, entry-level, and terminal degree for the profession. According to the Bureau of Labor and Statistics²:

Physician assistants (PAs) practice medicine under the supervision of physicians and surgeons ... and are formally trained to provide diagnostic, therapeutic, and preventive healthcare services, as delegated by a physician. Working as members of a healthcare team, they take medical histories, examine and treat patients, order and interpret laboratory tests and x rays, and make diagnoses. They also treat minor injuries by suturing, splinting, and casting. PAs record progress notes, instruct and counsel patients, and order or carry out therapy. Physician assistants also may prescribe certain medications. ... PAs may be the principal care providers in rural or inner-city clinics where a physician is present for only 1 or 2 days each week. ... Many PAs work in primary care specialties, such as general internal medicine, pediatrics, and family medicine. Other specialty areas include general and thoracic surgery, emergency medicine, orthopedics, and geriatrics. PAs specializing in surgery provide preoperative and postoperative care and may work as first or second assistants during major surgery.

Three significant factors have contributed to the viability and timing of this proposal:

- The proposed MPAP program fits well into the “allied professions” mission of the SOEAP which, at the graduate level, houses a fully accredited Doctor of Physical Therapy (DPT) program and the Department of Counselor Education and Human Services. At the undergraduate level, SOEAP also offers very robust and competitive programs in pre-physical therapy and related areas such as dietetics, exercise physiology, and exercise science.
- The proposed MPAP program aligns with UD’s mission, as articulated in its current Strategic Plan,³ which emphasizes a “focus on select doctoral and masters programs that contribute to the mission and international prominence of the University, serve the needs of our region, contribute to the greater social good, and enhance academic excellence at both the graduate and undergraduate levels.”

¹ <http://www.aapa.org/advocacy-and-practice-resources/clinical-issues/aapa-clinical-councils/clinical-education/1278>

² <http://www.bls.gov/oco/ocos081.htm#nature>

³ http://www.udayton.edu/strategicplan/selected_programs.htm

- Relative to employment projections, there are few PA programs in Ohio and surrounding states. As detailed in section 4, there appears to be significant demand for physician assistants both regionally and nationally.

2. Description of the proposed curriculum

The MPAP is a lock-step, year-round post-bachelor's program requiring approximately 100 credit hours. The MPAP must be provisionally approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) before the first class is enrolled. Key undergraduate prerequisite courses will include biology, chemistry, anatomy, physiology, organic chemistry, biochemistry and microbiology. Because ARC-PA does not prescribe prerequisite courses, pre-enrollment curriculum requirements vary across programs. The complete list of prerequisites will be determined by the PA program director after he/she is hired in Fall 2012. Direct patient care clinical hours will be desirable but not required (reflecting a nationwide admissions trend to accommodate pre-med-type student applicants).

The proposed MPAP curriculum consists of a 27-month, seven consecutive semester course of study beginning in late August and ending in early December two years later. The 27-month time period, which is equivalent to the median program length of PA programs nationwide⁴, is designed to accommodate both UD and external applicants who will have completed a bachelor's degree plus all prerequisites prior to arrival. All students will be full-time and, due to the rigorous nature of the curriculum, outside employment will be strongly discouraged. Completed applications will be due by December 31 of the year prior to that of the August start date.

Although the detailed curriculum will be developed by the program director, the curricula adopted by top-ranked PA programs (including Massachusetts College of Pharmacy and Health Sciences, Northeastern University, Rosalind Franklin University of Medicine and Science, and Shenandoah University) serve as best-practice models. Congruent with these models, the first four semesters of UD's MPAP will consist of laboratory and didactic instruction in topics that include:

- The PA Profession
- Anatomy and Physiology
- Health Care Delivery
- Emergency Medicine and Critical Care
- Diagnoses and Patient Evaluation
- Pharmacology
- Clinical Medicine
- Obstetrics and Gynecology
- Clinical Neurology
- Pediatrics

⁴ PA 2010 Annual Report; <http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/114396>

- Orthopedics
- Aging and Rehabilitation
- Pathophysiology and Disease
- Evaluation of Medical Literature
- Medical Ethics

The last three semesters will consist of full-time supervised clinical practice rotations that take place at clinical sites generally in the Dayton and southwestern Ohio regions. These rotations will include the following specialties:

- Ambulatory Medicine
- General Medicine
- Obstetrics and Gynecology
- Pediatrics
- Family Practice
- Mental Health
- Surgery
- Emergency Medicine
- One additional student-chosen Elective Specialization.

3. Administrative arrangements for the proposed program: department and school or college involved.

The general timeline for the establishment of the MPAP is as follows:

Event(s)	Dates	Comments
Preliminary Program Development Plan (PDP) approved internally and reviewed by Regents Advisory Council of Graduate Studies (Ohio Board of Regents)	Jun – Aug 2011	Completed Aug 2011
UD internal including Board of Trustees approvals of the Full Proposal	Sep 2011 – Jan 2012	Board of Trustees approval; public announcement in Jan 2012
Ohio Board of Regents Approval of the revised Full Proposal	Jul 2013	Cannot be completed without a director and detailed plans for faculty hiring, facility renovation, and curriculum development
Website, marketing plan, curriculum outline, search and hire of the Director/Chair	Jan 2012 – Jun 2013	Director begins Fall 2012 to prepare for Nov 2013 site visit from ARC-PA accreditation team
Faculty hired, facility renovated, curriculum finalized, clinical sites coordinated, class recruited	Jun 2013 – Aug 2014	Led by the Director
ARC-PA site visit	Nov 14-15, 2013	
ARC-PA provisional accreditation	Mar 2014	Required before admitting students
Admit first class	Aug 2014	30 students in '14, 35 in '15, 40 in '16+

The MPAP program will be housed in the concurrently-established Department of Physician Assistant Education within the SOEAP, one of five UD schools/colleges. The SOEAP also includes clinical graduate programs in physical therapy, school psychology, and community counseling. There are three approval processes: UD internal, Ohio Board of Regents (OBOR), and ARC-PA. The initial program development plan (PDP) already has been reviewed by the Graduate Leadership Council, UD Provost Council, and selected faculty from Ohio Board of Regents member institutions. The purpose of this review, completed August 2011, was to alert internal constituents and external institutions of UD's intent to offer the MPAP and to seek feedback to facilitate development of the Full Proposal (the present document). This Full Proposal has been revised in accordance with feedback from internal constituents and external institutions.

The UD internal reviews of this Full Proposal will take place in the fall of 2011. The review bodies include SOEAP Congress, Graduate Leadership Council, Provost Council, Academic Senate, and finally the January 2012 UD Board of Trustees meeting. Each body must approve the full proposal before the Board of Trustees review. Revisions with each approval step are expected.

The OBOR reviews will be sought in the Summer of 2013. The delay between UD Board approval and submission for OBOR review is due to OBOR expectations that our Full Proposal include: plans for facility renovation, detailed program of study with course descriptions, and director and initial faculty hires. The hiring of the program director by Fall 2012 will ensure that these requirements are met. The interval between hiring of the program director and submission of the Full Proposal to OBOR will provide time for public announcement of the Board of Trustees' approval, subsequent marketing and promotion of the MPAP, and preparation of admissions processes and materials.

The OBOR review process will be accomplished by sending the Full Proposal to each Ohio Board of Regents member institution via the Regents Advisory Council on Graduate Studies (RACGS). The RACGS members, all graduate school deans, will forward the proposal to their faculty members with appropriate expertise for review. After approximately nine weeks to allow for adequate reviews and revisions, RACGS will formally review for approval. This approval, if granted, will be a recommendation to the Chancellor of the OBOR, who reviews and renders a final approval decision, expected by July 2013.

The ARC-PA approval process will consist of the application for provisional accreditation, site visit, provisional accreditation approval, and finally formal accreditation shortly after graduation of the first class of students. In coordination with the ARC-PA, UD has officially obtained the next available site visit slot for November 14-15, 2013 and a decision date for provisional accreditation of March 2014. In preparation for this, the Deans of SOEAP and GPCE will attend an ARC-PA pre-accreditation conference, November 17-18, 2011, Atlanta, GA.

4. Evidence of need for the new program, including the opportunity for employment of graduates. This section should also address other similar programs in the state addressing this need and potential duplication of programs in the state and region.

According to the Bureau of Labor and Statistics (BLS),⁵ employment of PAs is expected to grow by 39% from 2008 to 2018, which is much faster than the average rate of occupational growth. This growth is considered a key component of healthcare cost containment due to ever-expanding scopes of PA practice, including procedures previously reserved only for physicians. Recent federal funding legislation has also underscored the need for PAs. On June 17, 2010, the U.S. Department of Health and Human Services (grants.hrsa.gov) announced a \$32 million, five-year program to train 600 PAs with a professional orientation to primary care.

There are currently 159 accredited PA programs⁶ in the United States and only six accredited programs in Ohio: Kettering College of Medical Arts (KCMA), Marietta College, Mount Union College, University of Findlay (on probation), University of Toledo, and Cuyahoga Community College (jointly with Cleveland State University). It is expected, however, that four additional PA programs will open in Ohio within the next four years at the following institutions: Baldwin-Wallace College, Lake Erie College, Ohio Dominican University, and The Ohio State University. Notwithstanding this surge in the availability of Ohio PA programs, KCMA is the only existing PA program in southwest Ohio. Concern regarding competition between KCMA and UD for potential PA students may be mitigated as follows. First, KCMA is a Seventh-Day Adventist (SDA) institution that enrolls a disproportionate number of SDA-affiliated students. Thus, UD anticipates that students with strong SDA and/or Dayton connections will be more likely to apply to KCMA. Second, because UD enrolls nearly 50% of its entering freshman class from states beyond Ohio, it is likely to draw more PA program applicants from a multi-state region. It seems that KCMA applicants may be less likely to apply to UD and vice versa. Third, the aforementioned BLS prediction of substantial growth of the PA profession, especially in the wake of diminishing numbers of primary care physicians, suggests that another program in the region is desirable. In a regional context, there are 13 PA programs in the contiguous states: five in Michigan, three in Indiana, two in Kentucky, and three in West Virginia.

5. Prospective Enrollment

The steady-state entering class size target is 40, equal to the national median class size⁷. This level would be phased in with 30 for the class entering 2014, 35 for

⁵ <http://www.bls.gov/oco/ocos081.htm#outlook>

⁶ ARC-PA: *Accredited entry-level programs*; http://www.arc-pa.org/acc_programs/

⁷ *Ibid.*

2015, and 40 for 2016 and beyond. These projections appear viable as a substantial proportion of applicants are expected to be graduates from UD's own robust undergraduate programs in pre-physical therapy, exercise science and dietetics (over 80 per year). Likewise, UD biology, psychology, chemistry and other life science-related programs—all PA-compatible majors—typically produce another 50 to 200 graduates per year. Finally, within the region, Wright State University, Miami University, the University of Cincinnati, and The Ohio State University graduate over 2,000 MPAP-ready majors annually. The intent is not to preferentially target UD students but to recruit nationally to attract the best overall candidates. UD's reputation of academic excellence (in the Top 100 of national universities according to the U.S. News and World Report 2011 rankings) should prove advantageous in this recruitment.

6. Special efforts to enroll and retain underrepresented groups in the discipline

One way to estimate the potential of a UD PA program to attract, enroll, and retain underrepresented groups is to consider the success of the SOEAP DPT program in minority student enrollment. The DPT program is a good exemplar because it is similar to the proposed PA program in rigor, selectivity, targeted students, and allied health orientation. The DPT was awarded full accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE) in May 2010 and full approval from the Ohio Board of Regents in June, 2010. From its self study report, the following DPT program evidence is derived:

- The most recent statistics (2006 – 2009) demonstrate that 9.8% of DPT students came from groups typically underrepresented within the discipline. At UD, 9.2% of the student body as a whole came from such historically underrepresented groups.
- Regular DPT on-site visits have yielded fruitful relationships with Central State University (86% African American), within 20 miles of UD. The MPAP program faculty will leverage this relationship and attend these visits along with DPT faculty. Furthermore, the UD Graduate School hosts an annual admissions open-house for students from Central State to nurture interest in UD graduate programs.
- The DPT program has completed its first year of an international faculty/student exchange initiative with Nanjing Medical University, Nanjing, China. This program allows Nanjing students and faculty to study at UD for a full semester in exchange for 15 UD DPT students attending a ten-day study/travel seminar to learn more about alternative medicine advances in China. Ripe for duplication with PA students, this relationship with Nanjing Medical University could evolve into an enhanced ability to attract graduate students from China to attend both DPT and PA programs at UD.

7. Availability and adequacy of the faculty and facilities available for the new degree program.

There currently are no UD faculty members who would be considered for PA core faculty positions. All will be hired externally. A full-time program director will be

hired NLT August 15, 2012. His/her initial responsibilities will include the hiring of five full-time program faculty, overseeing facility renovation, coordinating clinical rotations sites, developing the curriculum, and obtaining provisional ARC-PA accreditation. Although clinical rotations will not begin for the first class until the fall of 2015, the coordinator of clinical education will be hired with the other four program faculty members in order to provide one year to finalize site coordination for the first class's clinical rotations. The following program faculty members are planned (all will be full-time faculty and licensed PAs except the Medical Director as noted):

- Director and Department Chair
- Medical Director (MD or DO; may or may not be full-time)
- Clinical Coordinator of Education
- PA Faculty Member and Academic Coordinator
- PA Faculty Member and Admissions Coordinator
- PA Faculty Member

Hiring PA faculty is expected to be challenging. According to the PAEA 2009 Annual Report (these data were not available in the 2010 version):

- 40% of all program faculty members have served between 1-3 years in their present job.
- On average, there are only four qualified applicants per available position.
- Filling a vacant position takes, on average, 13 weeks.

Of note is the probability that the MPAP department will be comprised largely (or completely) of faculty without PhD-level degrees. This is consistent with the guidance of the AAPA and PAEA who, as previously stated, determined that the master's is the terminal degree for PA faculty members. In the recently updated ARC-PA standards (4th ed., 2010), there are no expectations for a PhD-level degree or research productivity for program faculty members. The Medical Director may be part time but must be a physician. In its 2009 Annual Report (data from the 2010 Report do not include this metric), PAEA indicates that 75% of PA program faculty members (not counting the medical directors) do not have doctoral degrees and 73.2% of all program faculty nationwide are neither tenured or tenure-track

Because of the importance that the University of Dayton places on scholarly productivity for tenure we propose, as a default, that faculty candidates for the MPAP not be hired into tenured or tenure track lines. Certain hires in which candidates have both the PhD-level degree and research potential may merit a tenure or tenure-track offer. Such cases will likely require case-by-case planning with regard to scholarly expectations, teaching load, faculty mentoring, and support. In the future, as the PA discipline matures at the graduate level, we anticipate more availability of MPAP faculty with PhD-level degrees and research experience. Therefore, our ultimate goal will be program faculty hired into the tenure-track with similar scholarly expectations as others in SOEAP.

The location of the UD PA program has been targeted for a 10,000 sq ft contiguous space on the 4th floor of the College Park Center on the UD campus. Start-up funds have been committed by the UD administration to renovate this space during the 2013-2014 academic years so that the inaugural PA class will be welcomed into a new facility complete with laboratories, classrooms, department offices, lounges and equipment.

8. Need for additional facilities and staff and the plans to meet this need.

Additional facilities will be needed to support the clinical rotations which will consume 38 weeks of student time during the 27 month PA program. Development of clinical rotations should be facilitated by the very strong relationship the University has established with the Greater Dayton Area Hospital Association (GDAHA), a consortium of 25 area hospitals in the Dayton region and a key supporter of UD's DPT program. Furthermore, consultation between Dr. Tom Lesley, former Dean of SOEAP and Dr. Howard Part, Dean of Wright State University's School of Medicine, has yielded a high level of enthusiasm for partnering on establishment of PA clinical sites, often the same sites used for WSU medical students. The PA program director, hired by August 2012, will begin the process of coordinating these sites which would not accept their first UD students until Fall of 2015 at the earliest.

9. Projected additional costs associated with the program and evidence of institutional commitment and capacity to meet these needs.

The University's Board of Trustees, President, and Provost have committed to the financial viability of the MPAP program. This includes not only start-up funding for faculty, facility renovation, curriculum development, library services, and accreditation, but also appropriate support for admissions, registration, facilities management, student life and other related services as well. This table summarizes start-up costs, revenues, and operating budget.

Start-up Costs		
Renovation	\$900,000	10,000 ft ² footprint including office space, operating room lab, examining room lab, and two large classrooms
Furniture and Equipment	\$565,000	Furnishings and equipment for office spaces, labs, and classrooms
Library	\$35,000 start-up costs; \$32,000 annual costs	Library costs determined in consultation with Dean and Associate Dean
Staff	\$454,000	Program Director and Admin. Asst. 24 months prior to start date for facility renovation, curriculum development, faculty hiring, clinical site development, and FY'13 accreditation site visit
Total	\$1,954,400	

Annual Budget and Revenues		
Operating Budget	\$1,540,000	Based on 2010 PAEA Annual Report: mean budget for programs with 80-99 students (+ 10% "buffer")
Tuition Revenues	\$2,832,000	Based on 27 month, seven-semester program, annual tuition = undergraduate tuition rate
Gross Annual Revenue	\$1,292,000	With overhead deducted, start-up is paid back in three years

10. Information about the use of consultants or advisory committees in development of the degree program proposal.

The SOEAP contracted the services of Prof. Anthony Miller, PA-C, Professor and Chair, Physician Department, Shenandoah University, Winchester, VA, to advise and assist on the ongoing process. Prof. Miller, a PT with over 25 years of clinical experience and 18 years in PA higher education, has led the start-up of two separate PA programs and previously served as President of the Physician Assistant Education Association. According to the 2011 US News and World Report Physician Assistant program rankings, Shenandoah University's PA program is ranked #22 of all 150+ programs in the US⁷. Like UD, it is also a private institution with both academic and professional schools. This proposal was prepared with the counsel of Prof. Miller.

In 2009, the Department of Health and Sport Science formed an advisory council that investigated the feasibility of an MPAP. Its members were:

- Paul Vanderburgh, EdD, Associate Provost & Dean, GPCE
- Edward Mykytka, PhD, former Associate Dean, Graduate School
- Mary Buchwalder, MD, Director, Student Health Center
- Jon Linderman, PhD, Associate Professor, HSS Dept
- Janine Baer, PhD, CRNP, RD, Associate Professor, HSS Dept
- Philip Anloague, PT, DHSc, OTC, Director, Doctor of Physical Therapy Program
- Kelly Thobe, PA-C, Physician Assistant, WSU School of Medicine Surgeons

The council also met with Prof. Miller in January 2010 to discuss startup issues such as accreditation, faculty hiring, facility needs, admission requirements, curriculum, and the profession. As a result of its work, the council recommended pursuing the MPAP. Due to the 2010 SOEAP Dean and HSS Chair leadership changes, this initiative was temporarily tabled. In Spring 2011, the SOEAP, University Board of Trustees, President, and Provost determined that the full proposal should be developed.