APPENDIX I

SELF STUDY REPORT
for the
BUTLER UNIVERSITY

PHYSICIAN ASSISTANT PROGRAM

**4600 SUNSET AVENUE
INDIANAPOLIS, IN 46208**

OCTOBER 30, 2009

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SECTION I: Introduction

Mission of the Program

The mission of the Program is to develop citizens with the knowledge, skills, attitudes and commitment necessary to enter the practice of medicine as physician assistants and assume responsibility, with physician supervision, for the primary health care needs of their patients.

Educational Philosophy of the Program

Butler University and the Program believe that society is best served by those individuals who have benefited from an education that contains a mix of liberal arts and sciences as well as profession-specific components. This education is delivered by instructors who*:

- Are professionally focused, inspire with excellence in teaching and model life-long learning.
- Have a passion for their life work and have dedicated their careers to training the next generation of health care providers and educators.
- Look for new ways to improve learning and adapt to the need for new knowledge, skills and attitudes.
- Share their practical experiences with their students so that what they learn is directly connected to actual patient care.
- Utilize real-life experiences wherever possible so that students develop an appreciation for the patient and societal variables that add complexity to care of an individual or of a population.
- Teach others so their professions can excel and provide better patient care each day.

As such, our graduates have skills in critical thinking, problem-solving, knowledge of the scientific method, a workable understanding of the biological and physical sciences, and an appreciation for the world around them.

* Adapted from: BUTLER UNIVERSITY: COLLEGE OF PHARMACY AND HEALTH SCIENCES 2008-2012 STRATEGIC PLAN, Version 3.1

Goals of the Program

The goals of the program are to ensure that graduates can do the following:

1. Demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice.
2. Assess, evaluate and improve their patient care practices.
3. Interpret and respond to the larger system of health care to provide patient care that is of optimal value.
4. Use investigatory and analytic thinking approach to clinical situations.
5. Display interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system.
6. Show care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness.
7. Display a high level of responsibility and sensitivity to a diverse patient population.

8. Conform to high standards of ethical practice and to legal/regulatory requirements.

Period of Time Devoted to the Periodic Self-Assessment

Because of the nature of our ongoing program assessment (see below) it is difficult to define a distinct time at which the periodic self-assessment formally began. As noted in the Calendar of Yearly PA Assessment Tasks, assessment activities that inform both the ongoing and periodic self-assessment are occurring almost continuously albeit the majority of the *documentation* of self-assessment activities in the "ARC-PA format" tends to occur mostly during the summer months. In reality, the preparation for this periodic self-assessment began within a few months after the completion of our last site visit in 2005.

Individuals Involved in the Preparation of the Periodic Self Study

Aside from the core faculty and staff of the PA Program, others who were asked to review and contribute to the self-study report included the following.

Bobby Fong	President, Butler University
Jamie Comstock	Provost, Butler University
Mary Andritz	Dean, College of Pharmacy and Health Sciences, Butler University
Bruce Clayton	Associate Dean, College of Pharmacy and Health Sciences, Butler University
Bonnie Brown	Assistant Dean for Student Affairs, College of Pharmacy and Health Sciences, Butler University
Sondrea Ozolins	Registrar, Butler University
Dick Bellows	Director of Financial Aid, Butler University
Julie Koehler	Chair, Department of Pharmacy Practice, College of Pharmacy and Health Sciences, Butler University
Pat Murphy	Chair, Board of Visitors, College of Pharmacy and Health Sciences
Steve Keltner	Member, Board of Visitors, College of Pharmacy and Health Sciences, Program Alumnus
Robert Estridge	President, PA Class or 2008, Program Alumnus
Jeanne Van Tyle	Chair, Faculty Senate, Butler University
Matt Stinson	President, Indiana Academy of Physician Assistants, Program Alumnus

Names of the Authors and Significant Contributors to the SSR

John Lucich	Program/Medical Director, PA Program
Larry Lynn	Clinical Coordinator, PA Program
Don Frosch	Assessment Coordinator, PA Program
Jennifer Snyder	Associate Professor, PA Program
Beverly Monts	Assistant Professor, PA Program
Mike Roscoe	Assistant Professor, PA Program
Jennifer Zorn	Assistant Professor, PA Program
Doug Ladika	Assistant Professor, PA Program
Sam Gurevitz	Assistant Professor, PA Program
Michele Schultz	Instructor, PA Program

SECTION II: Description of Continuous Self-Assessment

The Program maintains the continuous self-assessment process/grid that was described in the last application for continuing accreditation. The entire continuous self-assessment process was independently developed by the Program, but it bears a strong resemblance to the processes described in the article entitled Development of a Self-Study Evaluation System, Doreen C. Parkhurst, PA, MD, FACEP and published in Perspective on Physician Assistant Education 2003; 14(4):235-239.

A portion of this assessment grid featuring, as an example, the 2007 assessment of compliance with Standard A2.13 can be reviewed below, **Table 1**, page 273. The degree of compliance with *each* of the Standards for *each* year since the last site visit is managed in the same general manner as illustrated in the grid above and the process is explained in more detail below. The primary scheduled assessments are those listed in the Calendar of Yearly PA Assessment Tasks.

The **Outcome/Title** and **Outcome** columns identify the Standard numbers and verbiage respectively and the **Assessment** column specifically identifies the items/documents (i.e. instruments of evaluation) that are used to assess the outcome listed in the **Outcome/Title** column. The items/documents used in the **Assessment** column will be dependent on the specific outcome being assessed and may include such things as results of PANCE performance, senior surveys, course evaluations, etc. The **Benchmark** column defines the benchmarks to which the information from the items/documents in the **Assessment** column is compared. The **Strengths** column identifies outcomes for which benchmarks have been achieved with the statement "*Benchmark met*" and areas of needed improvements with the statement "*Benchmark not met*". The **Plans** column outlines the steps that will be taken to achieve the outcome in the future when benchmarks are not currently attained. The program director initiates and/or formally documents the plans that are developed in cooperation with the administration/faculty/staff most directly linked to/responsible for achievement of the outcome of concern. For example, if PANCE performance does not meet the benchmark, a consultation with the PA curriculum committee to review curricular content and/or coordination will occur especially if other factors that might reasonably contribute to poor pass rates (e.g. recent faculty turnover, poor course evaluations, declining admission parameters, etc) do not exist.

To ensure the ability to monitor trends in data analysis, the Program made a special effort to align the rows addressing the new, 3rd edition Standards with the rows addressing previously published Standards when the Standards were deemed to be similar.

SECTION III: Self-Assessment Outcomes

Section A: Administration

Legend:

Stan = Standard #;
Δ = Changes that have occurred since the last SSR;
N = None;
S = Strengths;
BM = The program is in compliance with the Standard as evidenced by meeting program-defined benchmarks;
P = Plans;
NR = None required.

A1 - Sponsorship

Stan	Current Status	Δ	S	P
A1.01	Butler University is accredited by the North Central Association of Colleges and Schools through 2013 as evidenced by the Regional Accreditation Report. The Indiana Commission for Higher Education does not require private institutions to obtain legal authorization to provide a program of post-secondary education as evidenced by the letter from Teresa Lubbers, Commissioner.	N	BM	NR
A1.02	Butler University is clearly identified as the sponsor responsible for the PA program as evidenced by the Institutional and Program Data Sheet.	N	BM	NR
A1.03	Affiliation agreements are in place with all institutions involved in the provision of academic and clinical education. Responsibilities of the respective institutions for instruction and supervision are clearly described and documented in a manner signifying agreement by the involved institutions. A list of all agreements can be found on the Butler University intranet at BUFiles > Pharmacy > CCO > AAs > Affiliated Sites Main.	N	BM	NR

Table 1
Excerpt from Program's Continuous Self-Assessment Grid Featuring Standard A2.13

Outcome Title/#	Outcome	Assessment	Benchmarks	2007 Present Status (May 2006 - April 2007)	2007 Strengths	2007 Plans
Medical Director						
Compliance with A2.13a	The medical director must be a currently a licensed allopathic or osteopathic physician.	1. Physician License	The medical director must be a currently a licensed allopathic or osteopathic physician.	Search for a Licensed Person. Enter PD's name and verification will appear.	BENCHMARK MET.	No plans required.
Compliance with A2.13b	The medical director must be certified by an ABMS- or AOA-approved specialty board.	2. Board Certification document	The medical director is certified by an ABMS- or AOA-approved specialty board.	American Board of Internal Medicine. Enter PD's name and verification will appear.	BENCHMARK MET.	No plans required.
Compliance with A2.13c	The medical director must be knowledgeable in current practice standards and the PA role.	1. Med director job description 2. Current CV 3. Annual activity reports	The medical director is knowledgeable in current practice standards and the PA role.	The medical director is knowledgeable in current practice standards and the PA role as evidenced by the job description for the medical director and through his role as PD. Annual activity reports indicate regular involvement with PAs and PA organizations and accumulation of 50+ hours of CME per year.	BENCHMARK MET.	No plans required.
Compliance with A2.13e	The medical director must be responsible for supporting the program director to ensure that both didactic and supervised instruction meets current practice standards.	1. PA Faculty meeting minutes	1. Medical director must be present for PA faculty meetings.	As evidenced by the minutes, the medical director is routinely present at PA faculty meetings during which curricular proposals are discussed and approved.	BENCHMARK MET.	No plans required.
		2. CME credits	2. The MD must complete a total of 50 CME hour per year.	The medical director is aware of current practice standards as evidenced by CME credits documented at cmeonly.com.	BENCHMARK MET.	No plans required.

Stan	Current Status	Δ	S	P
A1.04	Butler University, together with its affiliates, is capable of providing clinically-oriented, basic science education as well as clinical instruction and experience requisite to PA education. The capacity to provide such education is best evidenced by the reviewing the Curriculum Guide starting with the "Third Year". The exact link cannot be provided at this time because the curricular updates are not scheduled for university approval until after the scheduled publication of this document.	N	BM	NR
A1.05	The Butler University PA Program is established in a university and according to the "Affiliated Sites Main" file it is affiliated with 137 clinical teaching facilities as of July 20, 2009.	N	BM	NR
A1.06	Butler University assumes primary responsibility for: a) supporting curriculum planning and course selection by program faculty and staff as evidenced by alignment of the PACC minutes and the curriculum reflected on Butler's PA Program website. b) appointment of faculty and staff as evidenced by the contracts in the files of the program director and/or the files of the dean. c) maintaining student transcripts permanently as evidenced by the transcripts found on the secured, My.Butler registration and records system. d) granting the degree and/or credential documenting satisfactory completion of the educational program as evidenced by the "degrees awarded" verbiage on the transcripts found on the secured My.Butler registration and records system. e) assuring that appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs as evidenced by the presence of documentation in orientation folders and/or faculty and student handbooks that include documentation that information about OSHA, injury/illness procedures, harassment and grievance policies has been dispensed and/or instruction in these areas has occurred.	N	BM	NR
A1.07	Butler University assures that the program has the following fiscal, human, and academic resources: a) sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students, as evidenced by the fact that the average revenue to expense ratio over the last four years (2005-2008) is approximately 2.61:1. b) the human resources needed to operate the program, as evidenced by the fact that all positions required by the ARC-PA are filled as noted on the PA Faculty Website. c) the human resources needed to process admission applications, as evidenced by the Admissions Schedule of Events Master which identifies the admission process responsibilities and those assigned to perform them. d) sufficient computer hardware, software, and audio/visual equipment	N	BM	NR

	for the faculty and staff to perform their duties, as evidenced by the presence in offices of a computer (with MS Office, Outlook, Internet Explorer, Science Library Access) and the presence in classrooms of a computer, an ELMO, a data projector, microphone (if needed) and assorted models / simulators. e) sufficient office equipment and supplies for the faculty and staff to perform their duties as evidenced by the presence in offices of a computer (with MS Office, Outlook, Internet Explorer, Science Library Access), desks and chairs, a telephone, bookshelves, file cabinets, etc. f) sufficient instructional materials for the faculty and staff to perform their duties, as evidenced by the fact that the vast majority of equipment requests are granted, library holdings are substantial and all of the equipment noted in the documentation related to A1.01 "d" and "e" are indeed present. g) access to and training in the use of the internet, including medical and other health-related electronic databases, for core faculty and students, as evidenced by the EBM Syllabus and course materials in AP407 (as well as those of other courses). Faculty are welcome to attend course offerings. Access is provided through the computers assigned to each faculty member and student. The library holdings are addressed below. h) readily available access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum for students and faculty as evidenced by the COPHS Databases which includes, but is not limited to databases such as STAT!Ref, UpToDate, MEDLINE, etc.			
A1.08	Butler University assures that the program has: a) classroom and laboratory environments conducive to student learning, as evidenced by course enrollment numbers at or below room capacity numbers. However, the average answer to questions #104-105 (the questions that assess the adequacy of these resources from the student perspective) on the Senior Survey fell below the program defined bench mark of 3.2 in 2009. The 2009 score was 2.8 while the previous 5-year average was 3.6 with no scores at or below the benchmark. There has been no substantive change in the facilities over the last five years to explain this, but the class size has grown. Also, an effort has been made to move classes to a variety of different rooms rather than scheduling all classes in one or two rooms. It is possible that students prefer the convenience of fewer room changes over the benefits associated with scenery changes. There will be many room changes/improvements associated with the construction of the new building. We will carefully assess the impact of these changes in future evaluations.	a) See cell to left.	a) BM not met.	a) See cells to left.
	b) appropriate space for confidential academic counseling of students by core faculty as evidenced by the roster of office assignments indicating that core faculty have individual offices that can easily	b) N	b) BM	b) NR

	accommodate confidential academic counseling of students.				
	c) offices sufficient for core faculty to perform their duties as evidenced by the roster of office assignments indicating that core faculty have individual offices that are equipped as indicated in the discussion for Standard A1.07e.		c)\nN	c)\nBM	c)\nNR
	d) space for program conferences and meetings as evidenced by the dedicated PA project room (PB260) in the new building. This represents a very positive change from the last site visit.		d)\nSee cell to left.	d)\nBM	d)\nNR
	e) secure storage for student files and records as evidenced by a tour of the facilities.		e)\nN	e)\nBM	e)\nNR

A2 – Program Personnel

Stan	Current Status	Δ	S	P
A2.01	Core program faculty possess the qualifications by education and experience to perform their assigned duties as evidenced by the fact that information relative to education and experience in faculty CVs aligns well with expectations outlined in position descriptions and/or position ads.	N	BM	NR
A2.02	Core program faculty include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently NCCPA-certified as PAs. The latter two FTE positions are not occupied by more than four individuals as evidenced by the Institutional and Program Data Sheet.	N	BM	NR
A2.03	Core faculty are sufficient in number to meet the academic needs of enrolled students as evidenced by low faculty attrition (indicating a workload that is, at least, "tolerable"). Likewise, the results of annual course and instructor evaluations also indicate that academic needs are being met. The data below indicate that average scores are *all* above departmental benchmarks and that the average % of all individual scores (not just averages) below the benchmark is only 6.9%.	N	BM	NR
A2.04	Core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution as evidenced by a lack of distinctions between PA and other faculty appointments and privileges as outlined in the university faculty handbook/ bylaws (BUfiles – 20.30.10).	N	BM	NR

Table within A2.03:

Year	Mean Course Score	Individual Course Scores < Benchmark	Mean Instructor Scores	Individual Instructor Scores < Benchmark
2005	4.12	NA	4.22	NA
2006	3.97	14.1%	4.21	8.0%
2007	4.06	7.7%	4.31	2.4%
2008	4.18	3.1%	4.16	6.6%
2009	Pending	Pending	Pending	Pending

A2.05	Core program faculty have responsibility for: a) developing the mission statement for the program as evidenced by the COPHS and/or PA faculty meeting minutes. b) selecting applicants for admission to the PA program as evidenced by the minutes of PA meetings where admission criteria are developed and approved. c) providing student instruction as evidenced by having core faculty identified in course syllabi and on the Course Search website as course coordinators. d) evaluating PA student performance as evidenced by having core faculty identified in course syllabi and Course Search website as course coordinators, having assessments of core faculty referenced in student evaluations and having core faculty participate in academic affairs discussions at PA faculty meetings. e) academic counseling of PA students as evidenced by PA faculty meeting minutes which indicate that core faculty identify and resolve student performance problems. Advising files also contain documentation of counseling or communications with students regarding the need for counseling. f) assuring the availability of remedial instruction as evidenced by the course- specific remediation polices in course syllabi Example of Intraclass Remediation Policy and the program-developed Deceleration Policy. g) designing, implementing, coordinating, and evaluating curriculum as evidenced by PACC minutes and the design of the continuous self-assessment process. h) administering and evaluating the program as evidenced by the design of the continuous self-assessment process and the information contained therein..	N	BM	NR
A2.06	The program director is a physician that holds a current licensure as an allopathic physician in Indiana and is certified by the American Board of Internal Medicine. Verification of Medical License and ABIM Certification	N	BM	NR
A2.07	The program director *is* the medical director, but because the Program was accredited prior to 3/1/06 it will be held to the new Standard A2.07 only when a new program director is appointed.	N	BM	NR
A2.08	The program director is assigned to the program on a full time basis as evidenced by his employment contract.	N	BM	NR
A2.09	The program director provides effective leadership and management as evidenced by the findings of this self-study. Additionally, in 2005 the program director was assessed with two major evaluation instruments. Both of these evaluations concentrated on administrative performance. One was completed by the dean and the other was completed by the faculty and staff of the PA program. No areas of concern were revealed in the dean's evaluation and no mean score of less than four (on a one to five scale) was awarded in the evaluation completed by	N	BM	NR

	the faculty and staff.			
A2.10	The program director is knowledgeable about and responsible for the accreditation process as evidenced by the construction and findings of this and the previous self-study.	N	BM	NR

A2.11	The program director is knowledgeable about and has primary responsibility for the program's:
	
	    a) organization.
	    b) administration.
	    c) fiscal management.
	    d) continuous review and analysis.
	    e) planning.
	    f) development.
	
	The evidence for the "knowledge" regarding these areas is provided by the construction and findings of this and the previous self-study. The evidence for the "responsibility" for these areas is provided by the Program Director's Position Description.
		N	BM	NR

A2.12	The program director supervises the medical director, faculty, and staff in all activities that directly relate to the PA program as evidenced by the Program Director's Position Description.	N	BM	NR
A2.13	The medical director is: **a & b)** a currently licensed allopathic physician certified by the ABIM as evidenced by the Verification of Medical License and ABIM Certification. **c & d)** knowledgeable in current practice standards and the PA role as evidenced by Verification of CME (2009 not yet available) indicating accumulation of 50+ hours of CME per year and annual activity reports that indicate regular involvement with and on behalf of PAs and PA organizations. The medical director assists with the activities associated with the Office of Clinical Coordination, testifies in the legislature regarding PA issues, serves as an expert witness in PA malpractice cases, participates in PA educational conferences, etc. **e)** responsible for supporting the program director to ensure that both didactic and supervised instruction meets current practice standards as evidenced by the PA faculty meeting minutes which indicate that the medical director is routinely present at PA faculty meetings during which curricular proposals are discussed and approved.	N	BM	NR
A2.14	The position of medical director is not shared.	N	BM	NR
A2.15	The program provides the opportunity for continuing professional development of the core faculty by supporting development of their clinical, teaching, scholarly, and administrative skills/abilities as evidenced by the provision of professional development money and the developmental presentations that are offered regularly. Full-time faculty are allowed 0.5 to 1.0 days per week to pursue clinical	N	BM	NR

	activities.			
A2.16	The program supports core PA faculty in maintaining their NCCPA certification status as evidenced by position descriptions that require NCCPA certification and by the financial support for faculty development noted above.	N	BM	NR
A2.17	In addition to the core program faculty, there is sufficient faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry into the profession. Currently, there are two paid adjuncts that assist in the H&P and Diagnostic and Therapeutic course labs on a regular basis and a small number of volunteer guest lecturers that periodically give a lecture or two. The overall sufficiency/quality of these individuals is evidenced by the results the Senior Survey (see table below). Experiential faculty rated an average score of 4.3 on a 1-5 scale on items 10-13 on the survey over the last 4 years. Item 41 collectively assesses adjuncts and guest lecturers and the 4-year average score for this item was 3.7.	N	BM	NR

Year	Experiential Adjunct Faculty Scores	Didactic Adjunct Faculty Scores
2006	4.3	3.7
2007	4.8	3.8
2008	4.1	3.7
2009	3.9	3.7

A2.18	Instructional faculty are: a) qualified through academic preparation and experience to teach assigned subjects as evidenced by the alignment between the qualifications listed in position descriptions and the CVs of those filling these positions. b) knowledgeable in course content and effective in teaching assigned subjects as evidenced by the alignment between the qualifications listed in position descriptions and the CVs of those filling these positions. Overall effectiveness of teaching is evidenced by the table of course and instructor evaluation scores (located in the A2.03 cell above) and by PANCE Pass Rate Report.	N	BM	NR
A2.19	Instructional faculty participate in the evaluation of student performance and the identification of students who are not achieving course and program objectives as evidenced by the Academic Affairs portion of the PA faculty meeting minutes, course syllabi and preceptor affiliation agreements.	N	BM	NR
A2.20	Instructional faculty for the supervised clinical practice portion of the educational program consist primarily of practicing physicians and PAs. Indeed, according to the Preceptor Affiliation Information located on BUFiles>Pharmacy>CCO>Preceptor Information>Preceptor Affiliations Information, of the 241 "local" and 149 "distant" preceptors	N	BM	NR

Stan	Current Status			
	97.2% are practicing physicians or PAs. Of the 11 that are neither a physician nor a PA-C, 9 are nurse practitioners and 2 are PhDs.			
A2.21	The program does not rely principally on resident physicians for didactic or clinical instruction. No resident physicians currently provide any didactic instruction. While residents are undoubtedly involved in the instruction of PA students on rotations, none of the 390 preceptors of record indicated that they were "resident physicians" in response to the question on the Preceptor Affiliation Agreement, "According to the following legend, please place the number in the cell to the **right** that best describes you. MD = 1 DO = 2 Resident MD/DO = 3 PA = 4 NP = 5 Other = 6 (Please specify)" on the preceptor affiliation agreements.	N	BM	NR
A2.22	In each location to which a student is assigned for didactic or supervised practice instruction an individual *is* designated by core faculty to supervise and assess the student's progress in achieving program requirements. For didactic courses the program director or course coordinator make this designation and for supervised practice instruction the clinical coordinator does so.	N	BM	NR
A2.23	There are sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them as evidenced by the position descriptions of the administrative and program specialists. Annual evaluations do not reveal overload of specialists or complaints by faculty regarding unmet expectations.	N	BM	NR
A2.24	Student workers are employed by the program, but they are not substituted for administrative and technical support staff. All non-student paid positions are all filled and there has been no reduction in staff positions from prior years.	N	BM	NR

A3 - Operations

Stan	Current Status	Δ	S	P
A3.01	The program is aware that policies must apply to all students and faculty regardless of location, but page 19 of the ARC-PA accreditation manual (4-1-06) indicates that this standard is relevant only for programs with more than one *main* program site. As such, *this* Standard does not appear to be applicable to *this* program.	**NA**	**NA**	**NA**
A3.02	The program is aware that it must provide students and faculty at geographically distant locations access to services and resources equivalent to those on the main campus, but this program only has a single, "main" location. As such, *this* Standard does not appear to apply.	**NA**	**NA**	**NA**
A3.03	Great care is taken to ensure the accuracy of announcements and advertising that reflect the program offered. The information in the	N	BM	NR

	COPHS Student and Advisor handbook is updated annually and that in the Butler Bulletin every other year. Website information is updated as changes occur. When inaccuracies (misprints, etc) are discovered, they are promptly corrected.			
A3.04	All personnel and student policies are consistent with federal and state statutes, rules, and regulations. The evidence supporting this statement can be found in the e-mails from Lisa Walton on behalf of Jonathan Small, Executive Director for Human Resources and Chief Diversity Officer and Dr. Levester Johnson, Vice President for Student Affairs.	N	BM	NR
A3.05	Admission of students are made in accordance with clearly defined and published practices of the institution and program. A description of these practices is available on Questions about the Physician Assistant Program under the question: *What is considered in the admission process for the professional phase?*	N	BM	NR
A3.06	The program does not require that students supply their own clinical sites or preceptors for program-required clinical rotations as evidenced by the statement on the program's web site: *The program takes full responsibility for supplying rotation sites and preceptors for all students within a 2 hour driving radius of Butler University. However, students who wish to pursue "distant rotations", i.e. those located beyond the 2 hour radius, are generally allowed to do so provided that they can recruit appropriate sites and preceptors and satisfy the requirements of the distant rotation policies.*	N	BM	NR
A3.07	The following are defined, published, and readily available to prospective and enrolled students: a) any institutional policies and practices that favor specific groups of applicants as noted at Questions about the Physician Assistant Program under the question: **What is considered in the admission process for the professional phase?** b) requirements for prior education or work experience as evidenced by information displayed on Application Tips for Professional Students and Questions about the Physician Assistant Program under the question: **What is considered in the admission process for the professional phase?** Note, there is no mention of requirement for health care work experience as none exists. c) policies regarding advanced placement as evidenced on Questions about the Physician Assistant Program under the question: **Can course work taken at other colleges and universities be applied towards the pre-professional requirements of the first and second years?** d) required academic and technical standards as evidenced on Questions about the Physician Assistant Program under the question: **What is considered in the admission process for the professional phase?** e) all required curricular components as evidenced by the Curriculum Guide . The exact link cannot be provided at this time because the	N	BM	NR

	curricular updates are not scheduled for university approval until after the scheduled publication of this document. f) academic credit offered by the program as evidenced by the <u>Curriculum Guide</u>. The exact link cannot be provided at this time because the curricular updates are not scheduled for university approval until after the scheduled publication of this document. **g)** estimates of all costs related to the program as evidenced on <u>Questions about the Physician Assistant Program</u> under the question: **What are the costs related to the PA program?** h) ARC-PA accreditation status as evidenced on <u>Mission and Accreditation</u>. i) first time PANCE pass rates for the five most recent graduating classes as evidenced on <u>Questions about the Physician Assistant Program</u> under the question: **How do your graduates perform on the PA National Certifying Exam (PANCE)?** j) policies and procedures for student withdrawal and policies and procedures for refunds of tuition and fees as evidenced on <u>Withdrawal Policy</u>. k) policies and procedures for student withdrawal and policies and procedures for refunds of tuition and fees as evidenced on <u>Withdrawal Policy</u>. l) policies that limit or prevent students from working during the program as evidenced on <u>Questions about the Physician Assistant Program</u> under the question: **Is it advisable to work while going to school?** m) policies and procedures for processing student grievances as evidenced on <u>Student Handbook - Judicial Affairs</u> (see page 22).			
A3.08	Programs granting advanced placement must document that students receiving advanced placement have: a) met program defined criteria for such placement. b) met institution defined criteria for such placement. c) demonstrated appropriate competencies for the curricular components in which advanced placement is given. The general programmatic statement regarding advanced placement (transfer credit) can be found on <u>Questions about the Physician Assistant Program</u> under the question: *Can course work taken at other colleges and universities be applied towards the pre-professional requirements of the first and second years?* Specifically, the only possibility for allowance for advanced placement in the professional phase exists for those students who have previously completed professional level coursework within another COPHS program. Under these circumstances a student may petition to be exempt from repeating an equivalent course/s within the PA program and, if successful in completing a comprehensive exam, may be granted this exemption. Other, exemptions may be petitioned from the Academic Affairs Committee, but are unlikely to be successful except for unusual circumstances as defined by and at the discretion of the committee.	N	BM	NR

	This policy is consistent with the advanced placement policy of Butler University as noted on page 42 of the 2007-2009 Bulletin.				
A3.09	The following are defined, published, and readily available to faculty: a) policies and procedures for processing student grievances as evidenced on Student Handbook - Judicial Affairs (see page 22). b) policies and procedures for processing faculty grievances as evidenced in the Butler Faculty Handbook on the BUFiles server FacHandBook 20.30.100.	N	BM	NR	
A3.10	PA students do not have access to the records or other confidential information of other PA students as evidenced on page 8 of the 2007 COPHS Faculty and Student Handbook which prevents access of PA students (and virtually anyone else) to confidential/any information from student files.	N	BM	NR	
A3.11	PA students are not required to work for the program as evidenced by the absence of a documented requirement to work on Student Employment on Campus site.	N	BM	NR	
A3.12	During clinical experiences, PA students are not used to substitute for clinical or administrative staff. The Preceptor Affiliation Form 2007.doc specifically prohibits this in 5C of the Preceptor Responsibilities section. Preliminary review of the BUFiles>Pharmacy>CCO>Preceptor Information>Preceptor Eval Tracking Begin-Present-NEW" file indicates that only 9 of nearly 3000 individual student evaluations (i.e. < 0.3%) indicated that this prohibition had been ignored. Further review of this file indicated that the clinical coordinator investigated and appropriately managed each allegation. Should a preceptor be found unaware of or unreceptive to this prohibition, and efforts to resolve the situation fail, the site will be dropped.	N	BM	NR	
A3.13	Student files kept by the program include documentation: a) that the student has met published admission criteria as evidenced by the spreadsheets of admission information (see Excerpt from Spreadsheet of Admission Information for more detail). b) of the evaluation of student performance while enrolled as evidenced by transcripts on the secure, My.Butler (https://my.butler.edu/psp/PLV89/?cmd=login&languageCd=ENG&) website. c) of remediation as evidenced by transcripts on the secure, My.Butler website. d) of disciplinary action as evidenced by review of program director files, PA faculty minutes and/or Academic Affairs files. e) that the student has met institution and program health screening and immunization requirements as evidenced by the student enrollment records on the secure, My.Butler website. The program makes known to the Student Health Center what the health screening and immunization requirements of the ARC-PA are. The	N	BM	NR	

		Δ	S	P
	Student Health Center enforces compliance with these requirements by restricting access to course enrollment for those out of compliance. Thus, the ability to enroll for courses should signify compliance with this standard.			
A3.14	Core faculty records include: a) current job descriptions that include duties and responsibilities specific to each core faculty member. b) current curriculum vitae.	N	BM	NR
A3.15	The program has a current curriculum vitae for each course director	N	BM	NR

Section B: Curriculum

B1 - Instruction

Stan	Current Status	Δ	S	P
B1.01	The curriculum includes core knowledge about the established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. This is evident by a review of the Curriculum for Class of 2012. The course instructors claiming the most responsibility for addressing this particular standard are those associated with courses in anatomy, physiology and pathophysiology as indicated in the Worksheet for Curricular Tracking. *Please note that this spreadsheet is just a small portion of a more comprehensive curricular tracking document described in the Application for Reaccreditation. It is expected that by the time of the 2010 site visit, this tracking sheet will formally and specifically link program outcomes, accreditation standards, and the task areas of the NCCPA to course outcomes. By the summer of 2010 we hope to expand these linkages to include individual lectures and lecture objectives.*	N	BM	NR
B1.02	The curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine. This can be evidenced in a variety of ways but two of them include the PANCE Pass Rate that *exceeds the national average in 4 of the last 5 years* and the average cumulative score of 4.2 on a 5-point scale for the classes graduating in years 2005-2009 on items 153 – 203 of the Senior Survey spreadsheet. These 50 items evaluate student perceptions of their clinical competence. *None* of the intra-class average scores fell below the program's benchmark.	N	BM	NR
B1.03	The curriculum design reflects sequencing that enables students to develop the competencies necessary for current and evolving clinical practice. Course sequence moves from basic, to clinical to applied clinical sciences as evidenced by course descriptions and the Curriculum for Class of 2012. Items 153 – 203 on the Senior Survey (items that account for student perceptions of clinical competence) received scores that resulted in an average cumulative score of 4.2 on a 5-point scale for the classes graduating in years 2005-2009. *None* of	N	BM	NR

	the intra-class average scores fell below the program's benchmark.			
B1.04	The program assists students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving. The course instructors claiming the most responsibility for addressing this particular standard are those associated with courses in pathophysiology, clinical medicine and research as indicated in the Worksheet for Curricular Tracking.	N	BM	NR
B1.05	The program provides students with published expectations of student outcomes and behaviors required for successful completion of the program as evidenced on page 237 of the Butler Bulletin 2009-2011.	N	BM	NR
B1.06	For each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies. Copies of all course syllabi are maintained by the chair of the PACC and/or are, for the current semester, to be posted in the COPHS Resources section of the Community tab on BlackBoard through the Office of the Associate Dean.	N	BM	NR
B1.07	The program orients instructional faculty and preceptors to the specific educational competencies expected of PA students. Preceptors are oriented in a number of ways, including through the Rotations Objectives link on the PA Preceptor Orientation Site. The program director is responsible for orienting full-time instructional faculty as noted in his job description. The orientation of adjunct faculty is accomplished by the course coordinators of the courses in which the adjuncts will be involved.	N	BM	NR
B1.08	The program educates students regarding issues related to intellectual honesty and academic and professional misconduct as indicated on pages 29- 38 in the COPHS Student Handbook 2007. During orientation students sign the Student Professional Conduct Code AND Receipt of Handbook which indicates they will adhere to the terms and conditions of the Professional Conduct Code and the Student Substance Use, Abuse and/or Dependency Policy. The signed form is maintained in the student's permanent file.	N	BM	NR
B1.09	The program prepares students to provide medical care to patients from diverse populations. Certainly the intention to do this is clearly noted in the published program outcomes. Data from question #55 on the Senior Survey (which asks students to assess their level of agreement, on a 1-5 Likert scale, with the statement, "*I am able to demonstrate an understanding of, and the ability to, effectively interact with persons or groups of diverse backgrounds and perspectives*," are shown below. The scores indicate that the program is doing a consistently good job of preparing students to interact with diverse populations.	N	BM	NR
B1.10	It is not necessary for the program to assure the educational equivalency of course content, student experience, and access to didactic and laboratory materials because instruction is neither:	**NA**	**NA**	**NA**

Year	2005	2006	2007	2008	2009	Average
#55 Score	4.7	4.4	4.4	4.3	4.4	4.4

	a) conducted at geographically separate locations, nor b) provided by different means for some students.			

B2 - Basic Medical Sciences

Stan	Current Status	Δ	S	P
B2.01	The program requires some basic sciences (e.g. anatomy and physiology) as prerequisites to enrollment, but does not allow those prerequisites to substitute for the basic medical sciences in the professional component of the program.	N	BM	NR
B2.02	The professional phase of the program includes instruction in the following basic medical sciences: a) anatomy. b) physiology. c) pathophysiology. d) pharmacology and pharmacotherapeutics. e) the genetic and molecular mechanisms of health and disease. As noted in the Curriculum for Class of 2012 the program offers specific courses in anatomy, physiology, pathophysiology, pharmacology and pharmacotherapeutics. According to the Worksheet for Curricular Tracking , the faculty for all of the above courses (with the exception of the instructor for pharmacotherapeutics) and clinical medicine claim at least some responsibility for covering the topics indicated in B2.20e.	N	BM	NR

B3 - Clinical Preparatory Sciences

Stan	Current Status	Δ	S	P
B3.01	The program provides instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. The course instructors claiming the most responsibility for addressing this particular standard are those associated with courses in clinical medicine, social and behavioral medicine and history and physical diagnosis as indicated in the Worksheet for Curricular Tracking.	N	BM	NR
B3.02	The program provides students with instruction in patient assessment and management, including: a) techniques of interviewing and eliciting a medical history. b) performance of physical examinations across the life span. c) generation of differential diagnoses. d) ordering and interpretation of diagnostic studies. e) development and implementation of treatment plans. f) presentation of patient data in oral form.	N	BM	NR

g) documentation of patient data.
h) appropriate referral of patients.

The course instructors claiming the most responsibility for addressing this particular standard are those associated with courses as indicated in the Worksheet for Curricular Tracking and as summarized in the table below.

Course x B3.02 Subsection	a	b	c	d	e	f	g	h
H&P	X	X	X		X	X	X	
Clinical Medicine	X	X	X	X	X			X
Physiology		X	X	X	X			
Anatomy		X	X	X	X			
Pathophysiology			X	X				
Diagnostic and Therapeutic Procedures				X				
Therapeutics					X			

For more information regarding how much time is allotted to practice various skills in the didactic laboratories, click here.

B3.03	The program provides instruction in clinical medicine covering all organ systems. This is best evidenced by reviewing the schedule for the clinical medicine courses AP421 and AP423.	N	BM	NR
B3.04	The program provides instruction in the important aspects of patient care including: a) preventive. b) acute. c) chronic. d) rehabilitative. e) end-of-life. The course instructors claiming the most responsibility for addressing this particular standard are those associated with courses as summarized in the table below.	N	BM	NR

Course x B3.04 Subsection	a	b	c	d	e
H&P	X				
Clinical Medicine	X	X	X	X	
Social and Behavioral Medicine					X
Issues in Professional Practice					X
Pathophysiology	X				
Therapeutics	X	X	X		
Diagnostic and Therapeutic Procedures		X	X	X	

B3.05	The program provides instruction in technical skills and procedures based on current professional practice. This instruction primarily	N	BM	NR

Stan	Current Status	Δ	S	P
	occurs in the diagnostic and therapeutic procedures courses, AP406 and AP417.			

B4 - Behavioral and Social Sciences

Stan	Current Status	Δ	S	P
B4.01	The program provide instruction in basic counseling and patient education skills necessary to help patients and families: a) cope with illness and injury. b) adhere to prescribed treatment plans. c) modify their behaviors to more healthful patterns. The instructors for the clinical medicine and social behavioral medicine courses claim the primary responsibility for providing this instruction.	N	BM	NR
B4.02	The program provides instruction in: a) normal psychological development of pediatric, adult, and geriatric patients. b) detection and treatment of substance abuse. c) human sexuality. d) end of life issues. e) response to illness, injury and stress. f) principles of violence identification and prevention. The course instructors claiming the most responsibility for addressing this particular standard are those associated with courses as summarized in the table below. 	Course x B4.02 Subsection	a	b	c	d	e	f
---	---	---	---	---	---	---
Social and Behavioral Medicine	X	X	X	X	X	X
Pathophysiology		X				X
Physiology				X		
Anatomy				X				N	BM	NR

B5 - Information Literacy

Stan	Current Status	Δ	S	P
B5.01	The program provides instruction to 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 including its application to individualized patient care as evidenced on page 2 of the EBM 2009 Syllabus.	N	BM	NR

B6 - Health Policy and Professional Practice

Stan	Current Status	Δ	S	P
B6.01	The program provides instruction in: a) the impact of socioeconomic issues affecting health care. b) health care delivery systems and health policy. c) reimbursement, including documentation, coding, and billing. d) quality assurance and risk management in medical practice. e) legal issues of health care. f) cultural issues and their impact on health care policy. The course in issues in professional practice covers all of the topics above. In addition, the history and physical course provides an opportunity to practice some of the skills associated with B6.01c.	N	BM	NR
B6.02	The program must provide instruction in medical ethics to include: a) the attributes of respect for self and others. b) professional responsibility. c) the concepts of privilege, confidentiality, and informed patient consent. d) a commitment to the patient's welfare. The course in issues in professional practice covers all of the topics above.	N	BM	NR
B6.03	The program must provide instruction on: a) the history of the PA profession. b) current trends of the PA profession. c) the physician-PA team relationship. d) political and legal issues that affect PA practice. e) PA professional organizations. f) PA program accreditation. g) PA certification and recertification. h) licensure. i) credentialing. j) professional liability. k) laws and regulations regarding prescriptive practice. The course in issues in professional practice covers topics a-j above. The therapeutics course covers B6.03k.	N	BM	NR

B7 – Supervised Clinical Practice

Stan	Current Status	Δ	S	P
B7.01	The program provides medical and surgical clinical practice experiences that enable students to meet program expectations and acquire the competencies needed for clinical PA practice. The	N	BM	NR

	experiences provided are best evidenced in the PA3 year of the Curriculum for Class of 2012. The evidence that these experiences allow an opportunity to acquire the competencies necessary for clinical practice can be obtained through review of the PANCE Pass Rate and the success of the students on the Summative Exam.			
B7.02	The program assures that 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 as evidenced by the common information on the PA Preceptor Orientation site and the common Preceptor Affiliation Form. According to the preceptor evaluation tracking document, from 2004 to 2009 approximately 19,500 specific characteristics of preceptors and their associated clinical sites were evaluated. Slightly over 19, 100 (97.9%) were judged to be adequate or better. In instances where scores fell outside of the acceptable range, the clinical coordinator took action to correct the problem.	N	BM	NR
B7.03	The program documents that every student has supervised clinical practice experiences with patients seeking: a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly. This exposure is best evidenced by the required rotations in pediatrics, family practice and internal medicine. b) prenatal care and women's health care as evidenced by the required rotation in OB/GYN. c) care for conditions requiring inpatient surgical management, including pre-operative, intra-operative, and post-operative care as evidenced by the required rotation in general surgery. d) care for conditions requiring emergency management as evidenced by the required rotation in emergency medicine. e) care for psychiatric / behavioral conditions as evidenced by the required rotation in mental health.	N	BM	NR
B7.04	Supervised clinical practice experiences are provided in the following settings: a) outpatient. b) emergency room/department. c) inpatient. d) operating room. e) long-term care. As noted in the Preceptor Affiliation Form (new since the last site visit), preceptors are asked to designate the types of experiences students will have when they are on rotation. These experiences are coded and entered into the preceptor information database, which allows the office of clinical coordination to develop student rotations schedules that can accommodate these exposures. Below, is an abbreviated	See cell to left.	BM	NR

	excerpt from the master rotation schedule for the class of 2010 that illustrates the ability to track scheduled exposures.			
		Name	May 1 - Jun 14
Adams, Libby	PEDS - St Vincent Children's Hospital 2001 W. 86th St. Indpls (OK)-A,I,L
Antao, Alan	FM: Alnasire Virjee MD 401 E. Reynolds Dr. Kokomo IN (OK)-A,E,I,G | Please note that, for example, Libby Adams will have "A" (ambulatory/outpatient), "I" (inpatient) and "L" (long-term care) exposures during her May/June rotation in pediatrics while Alan Antao will have "A", "E" (emergency department), "I" and "G" (geriatric) exposures during his family medicine rotation. When all goes according to plan, each student should pick up missing exposures during their remaining rotations. To be sure that this happens, the office of clinical coordination often conducts final audits in March.			
B7.05	Supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in the following disciplines: a) emergency medicine b) family medicine c) general internal medicine d) general surgery e) general pediatrics f) psychiatry g) obstetrics & gynecology The PA3 year in the Curriculum for Class of 2012 demonstrates the exposures as indicated. Roughly 88.7% of the distant preceptors and 75.9% of local preceptors answered the "*Are you board certified?*" question on the Preceptor Affiliation Form positively. Unfortunately, this information doesn't specifically provide information regarding residency training per se and the Preceptor Affiliation Form does not request such information specifically. That said, certainly, the vast majority of preceptors are *both* residency trained AND board certified since "grandfathering tracks" for board certification have been closed for many years. That said, while the current *number* of preceptors is "adequate" to meet the needs of the program, they certainly cannot be described as anything beyond adequate. As such, while the program would certainly prefer to have all physician preceptors be residency-trained and board-certified, we are, despite our best efforts at recruitment, simply not in a position to be that discriminating.	N	BM	NR

Section C: Evaluation

C1 – Ongoing Program Self-Assessment

Stan	Current Status (CS)	Δ	S	P
C1.01	The program regularly collects and analyzes the following qualitative and quantitative information to support an ongoing process of monitoring and documenting program effectiveness: **a) student attrition, deceleration, and remediation.** **Deceleration (Decel) and Withdrawal (W/D – Attrition) Data from the Butler University PA Program**	N	BM	See "CS" cell to left.

Class	Matriculated	%Decel (Personal)	%Decel (Total)	%W/D (Personal)	% W/D (Total)
2005	34	0.0%	26.5%	2.9%	2.9%
2006*	40	2.5%	30.0%	0.0%	0.0%
2008	44	0.0%	36.4%	2.3%	4.5%
2009	45	4.4%	11.1%	11.1%	11.1%

*During the transition between the BS and MPAS curricula, the program was not intending to have a "Class of 2007". However, because there were 5 students from the Class of 2006 who decelerated, a "Class of 2007" evolved as remedial courses were completed. For analysis purposes it seemed most prudent to blend the data for the "Class of 2007" into that for the Class of 2006.

Data from the
Annual Report on Physician Assistant Educational Programs in the United States

Class	%Decel (Total)	%W/D (Total)
2005	2.9%	6.2%
2006	4.2%	6.0%
2008**	3.4%	4.3%
2009	Not available	Not available

**The data in this row representative of private PA programs.

The Butler University PA program has a history of markedly exceeding national averages with regard to deceleration rates (not a positive finding) but has significantly trailed in rates of withdrawals/attrition (a positive finding). That said, it appears that both deceleration and withdrawal rates may be "normalizing" with regard to national levels. While the desirability of this "normalization" can be debated (decreased deceleration rates are desirable, but increased

attrition rates are not), it is nonetheless helpful to examine why the early trends existed and why they are now changing. However, because only one student in the last four years (0.6% of all matriculated students) withdrew because of *academic* reasons (i.e. for reasons that are most directly related to issues within the program's realm of influence and control), it seems most reasonable to concentrate analysis efforts on decelerations which, in large part, resulted from poor academic performance.

When analyzing academic performance it is important to separately consider student factors (e.g. admission criteria) and program factors (e.g. curricular content, curricular organization, faculty performance, etc.) From the outset it should be clarified that the definition of "deceleration" used by the Butler University PA program may be somewhat "tighter" than that used by other programs; at Butler, a decelerated student is any student who, for any reason, graduates after their originally-anticipated graduation date even if that delay in graduation is no more than a few days. Even so, the average deceleration rate for BS classes from 2002 through 2004 was only 5.7% and this tight definition did not allay concerns about the deceleration rate spike to 26.5% seen for the Class of 2005. In the 2005 self study it was noted that deceleration rates and remediation rates had gone up, but 30% of the rate was secondary to health-related issues (two pregnancies, a home accident resulting in bilateral broken arms and an appendectomy) and another 17% could be explained through the efforts to tighten academic requirements. For example, the previously single Core Content course had been split into four sections and each section had to be passed independently to avoid deceleration / remediation. This requirement provided much more incentive for the student to "keep up" but also provided greater deceleration opportunities for those who did not. Another example of tightened requirements involved the EBM course (then, AP300). In the past, all students assessments involved group assignments and as such, lesser prepared students may have escaped notice and passed the class. The course was revamped such that individual accountability was ensured. These issues accounted for 50% of the increase in the deceleration/remediation rates and the "corrected" deceleration/remediation rates actually fell fairly close to those presented in the last report to the ARC-PA.

For the last BS class (Class of 2006), deceleration rates remained stable or declined in all didactic courses with the exception of:

Pharmacology 2.5%* (2.4%)**, Therapeutics 5.0% (1.8%), Clinical Medicine 12.5% (2.1%), Core Content 3 15% (12.3%), and Core Content 4 7.5% (6.9%).

*Deceleration rate for the Class of 2006

**The rate in parenthesis is the *all* year deceleration average for that

course.

One student from the class of 2006 failed one rotation in EM.

The GPA of the Class of 2005 cohort had a GPA of 3.41 and that of the Class of 2006 had a GPA of 3.36 (see table below). While the difference is small it could account for some decline in trended performance, i.e. increase in deceleration rate. The topics covered remained fairly stable in the courses in which deceleration rates increased, but there were a number of changes in teaching assignments made to accommodate the new MPAS curriculum that was being simultaneously introduced. This probably also contributed to elevated deceleration rates.

When a predicted spike in decelerations amongst PA1 year classes was first noticed (i.e. in the fall of 2005 for the Class of 2008). The program director prepared the document Developing a Failure Management Strategy - Issues to Consider which attempted to comprehensively identify potential problems and solutions. We are pleased to say that several of the suggested solutions have been implemented and included:

- Increase minimum GPA requirements for admission;
- Attempt to identify admission markers predictive of success;
- Be more proactive about helping students identify obstacles to success and strategies to deal with these obstacles; and
- Dynamically assess the program's goals to ensure that they become and/or continue to be achievable by the students we admit.

Some of the details regarding these and other efforts are included below.

Increase minimum GPA requirement for admission

In 2008 Don Frosch and Mike Roscoe conducted an analysis on twelve years of admission data from students who ultimately matriculated into the professional phase (i.e. the PA Program). A logistic regression was performed on these data in an effort to identify the presence or absence of markers that could be used to predict professional-phase decelerations or withdrawals. The study revealed that had a 3.2 GPA admission eligibility requirement been employed for the classes of 1999 through 2008, 52% of decelerations and/or withdrawals would have been eliminated. Various academic parameters for the classes of 2005-2009 are shown in the table immediately below and the correlation between the percentage of the class with pre-professional GPAs below 3.2 and the per class deceleration rates is shown in the subsequent graph.

Pre-professional GPA Parameters for Students Matriculated into the Classes of 2005-2009

Class	Average GPA	Minimum GPA	% Below 3.2
2005	3.41	2.78	31
2006	3.36	2.81	33
2008	3.29	2.71	43
2009	3.51	2.9	11

% Deceleration vs % of Class with Pre-Admission GPA <3.2

Y-axis: % Deceleration of Class (0 to 40)
X-axis: % of Class with Pre-Admission GPA <3.2 (0 to 50)

The faculty of the PA program developed and approved multiple policies based on the findings of the study which were approved by the COPHS faculty in 2009 and will be implemented in the fall of 2010.

Identify admission markers predictive of success

Professors Snyder, Zorn et al conducted a study aimed at evaluating the correlation of personal statement scores between human and "computer" evaluators. The primary findings indicated that the scores from human evaluators were inconsistent and unreliable. A post hoc analysis indicated that the scores from personal statements added little to the predictive capacity of the admission process and as such, personal statements are no longer evaluated.

Finally, Professor Roscoe is currently engaged in an additional admission study that focuses on identifying non-academic predictors of academic success.

Help students identify and overcome obstacles

The "chain of command" algorithm was developed in 2005 to help students identify the categories of problems they will most likely experience and the person/s with whom they should discuss these problems. Also, Professor Ladika developed a PA-specific advisor website that helps PA advisors quickly access information necessary to manage the problems of their advisees via a problem-oriented format. One will note the information contained in the Academic Difficulties link provided on Hello! I'm your advisor. Why are you here

today?

Assess the program's goals to ensure that they become and/or continue to be achievable by the students we admit

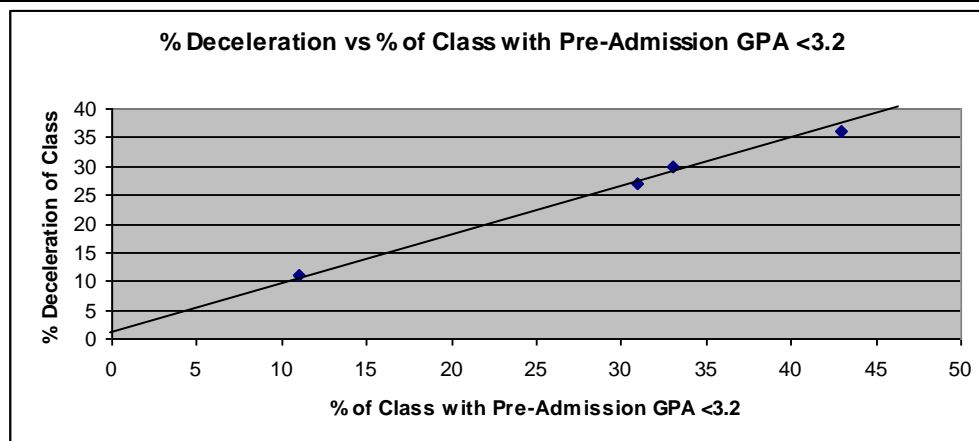Much of the effort of the PA Curriculum Committee has been directed at ensuring the alignment of the curricular focus with the program outcomes (which themselves are based on the Competencies for the Physician Assistant Profession) AND on NOT increasing the credit hours in the curriculum. Based on student course evaluations and the feedback of faculty, relatively minor changes were made in the distribution of credit hours and requirements for certain pre-professional coursework (e.g. physiology and anatomy) were reinstituted. However, the most comprehensive and substantive changes were those related to the truncation of the research curriculum from 12 to 5 credit hours. A summary of the rationale leading to this decision can be found in the document PA Faculty Research Discussion . This change ultimately resulted in the other course changes (redistribution of credit hours and the addition of two new clinical integration courses) highlighted in the PA Curriculum Class of 2012.

Additional changes

Finally, the Two Course Failure policy was instituted in 2007 to, in part, help combat high deceleration rates. The policy states that in addition to the typical dismissal policies of the COPHS, PA students are also subject to a "two failure" policy and may be dismissed from the COPHS following failure of any two professional phase (AP-designated) courses. The rationale for the development and implementation of this policy included recognition of the following beliefs:

1. It is not unreasonable to be concerned that public safety (which requires that healthcare workers "get it right the first time") may be compromised by students who exhibit a need to repeat excessive coursework in order to succeed. Therefore, students should be considered for dismissal if they EVER fail 2 AP courses; successful remediation should not "erase" the failure with regard to the application of this policy.

2. A "two failures and dismissal" policy already exists for experiential education. It is more consistent to have a uniform dismissal policy that similarly manages course failures regardless of the type of course (i.e. didactic or experiential).

3. Students prone to deceleration can adversely affect the financial stability of the program because they will occupy (perhaps repeatedly) a part-time seat in a subsequent year's class that would otherwise have been offered to a new, full-time student.

4. With respect to benchmarks, *our* deceleration rate exceeds national averages and our attrition rate falls below national averages. This policy should bring us more "in line" with the data from other programs.

b) faculty attrition.

As indicated in the tables below, since the last accreditation visit faculty attrition has been quite low and averaged 38% of national averages. Also, faculty additions have far outstripped departures. This, of course, is an excellent sign, and suggests that, on average, the pros of continued employment at Butler out weigh the cons. Certainly, high faculty attrition, if it existed, would be a concern because it might suggest poor working conditions particularly if those leaving joined the faculty of other PA programs*. Excessive faculty attrition might also cause disruption to the overall function of the program and a requirement to place excess burden on the shoulders of remaining faculty.

Faculty Arrivals and Departures Since Last Site Visit

	Start Date	ARC-PA Notified	End Date	ARC-PA Notified
Berger	9/1/1967	NA	8/15/2008	6/3/2008
Evans	7/14/2005	6/5/2005	7/1/2007	5/18/2007
Gurevitz	6/1/2008	6/3/2008	NA	NA
Ladika	6/1/2006	5/22/2006	NA	NA
Lynn	8/27/2007	10/7/2007	NA	NA
Roscoe	7/1/2005	4/11/2005	NA	NA
Zorn	6/15/2006	5/22/2006	NA	NA

* Dr. Berger retired and Dr. Evans took a non-teaching position with the military

Per-Year and Average Program
vs
National PA Faculty Attrition Rates

Year	Program	National (PAEA)
2004-2005	0	1.5
2005-2006	0	1.5
2006-2007	1	0.9
2007-2008	1	Pending
4-Year Average	0.5	1.3

c) student failure rates in individual courses and rotations.

Per year / per course failure rates are available below. If one accepts the approximate median value of 1 as a "reasonable" benchmark for a

four-year average course failure rate, one will note that AP306 and the courses listed to the right on the [frequency distribution graph](#) exceed this rate and should be given the most attention. That said, the analysis of and response to these results, overlaps considerably with the analysis of and response to the data related to deceleration, withdrawal and attrition rates as noted in section C1.01a. Indeed, even a cursory review of the "per year / per course failure rates" table below demonstrates that the years during which courses had the highest overall failure rates were the years during which the students had the lowest overall admission GPAs AND the years during which the faculty were in the process of transitioning between the BS and MPAS curricula (i.e. developing new courses, orienting new faculty, adjusting to new course assignments, etc.). These circumstances alone probably account for a fair amount of the overall failure rates. However, these circumstances cannot as easily account *differences* in failure rates *between* courses. Thus, we will focus on identifying the courses with particularly worrisome trends in failure rates and the differences between the courses with higher failure rates and those with lower rates.

There is no question that the courses designated as having a "high failure rate" (see table below with courses listed in order of increasing failure rate) cover some of the most difficult subject matter in the curriculum and/or offer the least opportunity for remediation. However even considering the existence of these inherent challenges to student success, the failure rate trends for the 68.8% of the "high failure rate" courses are improving dramatically. Much of this positive trend can be accounted for through course adjustments that resulted from student evaluations which indicated that courses were "too content heavy" and/or simply taught "too quickly".

Special attention should be called to the "drug courses" (i.e. Pharmacology I &II and Therapeutics I and II) and the Core Content course sequence. Traditionally, the pharmacology courses have been taught by a single instructor outside of the department of health sciences (the department in which the PA program resides) while the therapeutics courses have been taught using a large number of instructors reporting to a separate coordinator also not necessarily in the department of health sciences. With this arrangement, the coordination of content between the pharmacology and therapeutics courses was less than ideal. When the instructor for the pharmacology courses retired, the program successfully acquired an additional FTE such that the coordination of the pharmacology AND therapeutics courses could be managed by a single person and from within the department of health sciences. This plan should allow for an unprecedented level of coordination amongst the "drug-related" courses and also for an improved rate of student success.

The core content courses have primarily been independent-study, board-preparation courses. In these courses students are expected to

refine and enhance their medical knowledge bases. The motivation to do so was provided by course policies that required students to pass each exam in the course to pass the course. In this way, each exam was considered a type of "summative event" As noted in the program's last self-study report, "This requirement provides much more incentive for the student to 'keep up' but also provides greater deceleration opportunities for those who do not." The significant improvement in the course failure rates for this series of courses can probably be explained by having higher caliber students, expanding the focus of these courses to incorporate the assessment of rotation-specific base knowledge and reducing the number of "mini-summative events".

Finally, there were undeniably *some* individual personnel issues that likely contributed to failure rates. Because of the sensitive nature of this material the details regarding the analysis of these problems and the plans for improvement will not be included here but will be available to the site visitors during their visit.

Courses with "high" failure rates

Course #	Course Name
AP306	Research Principles
AP309	Pathophysiology II
AP310	Pharmacology II
AP415	Therapeutics II
AP401	H&P I
AP308	Pharmacology I
AP311	Research Statistics
AP413	Therapeutics I
AP304	Anatomy
AP588	Core Content II
AP303	Physiology
AP587	Core Content I
AP590	Core Content IV
AP421	Clinical Medicine I
AP307	Pathophysiology I
AP589	Core Content III

300

Per year course – per course failure rates

	B Course #	AG Class 2005	AJ Class 2006	AM Class 2008	AP Class 2009
1	Course #	Class	Class	Class	Class
2		2005	2006	2008	2009
3					
4	AP303	NA	NA	6.8%	0.0%
5	AP306	NA	NA	2.3%	0.0%
6	AP307	NA	NA	13.6%	0.0%
7	AP308	NA	NA	4.5%	0.0%
8	AP403	NA	NA	0.0%	0.0%
10	AP304	NA	NA	2.3%	4.8%
11	AP309	NA	NA	2.3%	0.0%
12	AP310	NA	NA	0.0%	2.4%
13	AP311	NA	NA	4.7%	0.0%
15	AP401	2.9%	2.5%	0.0%	2.5%
16	AP406	NA	2.5%	0.0%	0.0%
17	AP409	NA	NA	0.0%	0.0%
18	AP413	0.0%	5.0%	2.3%	0.0%
19	AP421	0.0%	12.5%	2.3%	0.0%
21	AP402	2.9%	0.0%	0.0%	0.0%
22	AP407	2.9%	0.0%	0.0%	0.0%
23	AP415	5.9%	0.0%	0.0%	0.0%
24	AP417	NA	NA	0.0%	0.0%
25	AP423	2.9%	0.0%	0.0%	0.0%
26	AP433	0.0%	0.0%	0.0%	0.0%
29	AP587	3.0%	0.0%	14.3%	0.0%
30	AP588	3.0%	0.0%	4.8%	4.4%
31	AP589	9.1%	15.0%	11.9%	0.0%
32	AP590	6.1%	7.5%	2.3%	2.2%
33	AP501	NA	NA	0.0%	0.0%
34	AP502	NA	NA	0.0%	0.0%
35	AP541	0.0%	0.0%	0.0%	0.0%
38	AP542	0.0%	0.0%	0.0%	0.0%
39	AP543	0.0%	0.0%	2.3%	0.0%
40	AP544	0.0%	0.0%	0.0%	0.0%
41	AP545	0.0%	0.0%	0.0%	0.0%
42	AP546	0.0%	0.0%	0.0%	0.0%

d) student evaluations of individual didactic courses, clinical experiences, and faculty.

Table 1
Mean Per-Year Course and Instructor Scores for Didactic Courses Taught by Full-Time Faculty

Year	Mean Course Score	Course Scores < Benchmark	Mean Instructor Scores	Instructor Scores < Benchmark
2005	4.12	NA	4.22	NA
2006	3.97	14.1%	4.21	8.0%
2007	4.06	7.7%	4.31	2.4%
2008	4.18	3.1%	4.16	6.6%
2009	Pending	Pending	Pending	Pending

Table 1 indicates that all of the average course and instructor scores are above the departmental benchmark of 3.2. In addition, the percentage of scores below the benchmark is trending downward for course evaluations and relatively stable for instructor evaluations. Again, because of the sensitive nature of information contained in course and instructor evaluations neither detailed analysis nor plans for improvement will be included in this report but will be available to the site visitors during their visit.

Table 2
Mean Per-Year Instructor Scores for Didactic and Experiential (Preceptor) Adjunct Faculty

Year	Experiential Adjunct Faculty Scores	Didactic Adjunct Faculty Scores
2006	4.3	3.7
2007	4.8	3.8
2008	4.1	3.7
2009	3.9	3.7

The data in table 2 indicate that all average scores for both didactic and experiential adjunct faculty are above the departmental benchmark of 3.2 and relatively stable. As such, no plans for improvement are necessary at this time.

The data from Table 3 indicates that 88.6% all average scores (from the rotation section of the Senior Survey) are at or above the departmental benchmark with the exception of a few "degree of difficulty" scores. Certainly, if "degree of difficulty" is too low, one *might* be concerned that the "amount learned" might likewise be "too low". Thankfully, this does not appear to be the case as evidenced by

both the data below and the program's summary of performance on the PANCE.

Review of trended information (available at Trended Rotation Site Evaluations) indicates some periodic concern regarding the fairness and/or the appropriateness of the process for determining final rotation grades. It is difficult to adequately account for this inconsistency because the clinical coordinator and associated polices were consistent during this period. That said, it should be noted that the "Class of 2007" consisted of only five students decelerated from the Class of 2006 and that a new clinical coordinator and new processes for student evaluation was hired/were developed in time to potentially begin having some influence on the Class of 2008. The initial impact of these changes appears to be positive, but the collection of more information will be necessary before a positive impact can be confirmed.

e) graduate evaluations of curriculum and program effectiveness.

Graduate/senior feedback regarding curriculum can be gleaned from the senior and graduate surveys.

131 of the 147 (89.1%) items on the Senior Survey used to assess the graduate assessment of curriculum and program effectiveness earned answers at or above program benchmarks. Average scores for the classes of 2005-2009 are available here. Full, per year scores are available at Senior Survey Summary for C1.01e. As noted above, many of the "below benchmark" scores were earned in the "degree of difficulty" area. Certainly, if "degree of difficulty" is too low, one *might* be concerned that the "amount learned" might likewise be "too low". Thankfully, this does not appear to be the case as evidenced by both the data below and the program's summary of performance on the PANCE. Several other low scores reflected the decreased connection between day-to-day clinical practice and the focus of the research courses.

Data from the 5-year alumni survey (response rate = 47%) reveals that 97% of the alumni who graduated within the last five years are currently employed as a PA in clinical practice. This indicates that the program's curriculum is, at least, adequately effective for our graduates to obtain and maintain employment.

An alumni survey of the classes of 2008 – 2009 (the only alumni having earned the MPAS credential) was conducted during the fall of the 2009 academic year. The response rates were 50% and 66.7% for the classes of 2008 and 2009 respectively. On a 1-5 Likert scale, the program earned a score of 4.0 on the question, "Overall, how well do you feel that the Butler PA program prepared you for clinical practice as a PA?" No individual alumnus entered a score for this question below the programmatic benchmark of 3.0. Likewise, none of the

average scores rating the achievement of individual programmatic outcomes fell below the programmatic benchmark and the cumulative average score was 4.12 (range = 3.98-4.28). 49 of 52 (94.2%) of *all* quality assessments scored at or above the programmatic benchmark with the exception of scores relating to preparation to: perform a lumbar puncture (2.81), perform arthrocentesis (2.64) and reduce closed dislocations and fractures (2.35). While it is certainly clear that functions/procedures falling below the programmatic benchmark are taught in the program, it is likely they are not taught (at least in the didactic phase) to the degree necessary for alumni to feel comfortable in their performance. The issue has been referred to the PA curriculum committee which will attempt to decide if and perhaps how instruction in these techniques can/should be altered.

f) preceptor evaluations of student performance and suggestions for curriculum improvement.

Preceptors evaluate student performance using the Student Evaluation Form. The information from these forms are reviewed and recorded on a per-class and per-student basis in the rotation performance tracking sheet. A sample excerpt of this sheet with a single, blinded student's information which can be found at Sample of Student Evaluation by Preceptor Tracking Sheet. As noted in the rotation syllabus, "*a grade of 2 or below in ANY of the ten categories will result in a grade of F being assigned for the entire rotation, regardless of the grade suggested by the percentage score grid above or otherwise assigned by the preceptor. Preceptor comments on the evaluation form, or in other communication to the CCO, may also result in a lower (possibly failing) grade, regardless of the numeric score assigned in any area*." As such, student performance is deemed to be at least marginally adequate (from a strictly numeric standpoint) with scores of at least three in all 10 evaluation areas. Thus, the evaluation of student performance by preceptors can be linked to the course failure rate information documented in the C1.01c section of this report. To summarize, from 2005-2009 only 1 student out of a total cohort of 197 potential students, i.e. 0.5% failed a rotation and this failure was not assigned by the preceptor, but by the clinical coordinator for a professionalism violation. This information indicates that preceptor's find the performance of the students to be at least in the "adequate" range. However, the table below indicates that the classes are doing more than merely "getting by". Indeed, students appear to be performing for the most part at an "A" or a "high B" level as assessed by the preceptors. Also, it should be noted that the class of 2009 either tied or exceeded the high scores of previous classes.

Per Class Average GPA by Rotation

	Emer Med	Fam Prac	Int Med	Peds	Gen Surg	CMH	OB/ GYN
Class of 2005	3.4	3.7	3.8	3.5	3.7	3.6	3.7
Class of 2006	3.6	3.7	3.7	3.5	3.6	3.8	3.6
Class of 2008	3.5	3.6	3.6	3.1	3.6	3.4	3.5
Class of 2009	3.9	3.7	3.8	3.6	3.7	3.8	3.9

The student evaluation form (hyperlinked above) provides preceptors with a convenient way of providing the program with suggestions for "curricular improvement". Since the introduction of this standard, approximately 700 preceptor evaluations have been returned. Only one of these evaluations had *anything* (aside from "NA") written in the "comments or questions" area of the evaluation; that evaluation (received 6-23-09) included the comment, "Very impressed with quality of Butler students."

Other formal and informal methods are also occasionally employed to provide feedback. For example, please review the letter that was written in response to a preceptor who first provided his suggestions directly to the ARC-PA.

g) graduate performance on the PANCE.

PANCE Pass Rate

Per-Class % Difference Between
Program Average Score
and
National Average Score
and
Program Percentile Ranks

Class Year	% Difference Between Program Average Score and National Average Score	Program Percentile Rank
2005	-3.0%	40
2006	-5.4%	27
2008	-1.1%	50
2009*		

*2009 Data not available at this time (10-01-09)

Per-Class Breakdown of Program Organ System Subset Scores Above, At and Below National Means

Class Year	% of Program Average "Organ System" Scores *At or Above* National "Organ System" Scores	Greatest % Difference Between Program "Organ Sytem" Scores *At or Above* National "Organ System" Scores and Corresponding National "Organ System" Scores	% of Program Average "Organ System" Scores *Below* National "Organ System" Scores	Greatest % Difference Between Program "Organ Sytem" Scores *Below* National "Organ System" Scores and Corresponding National "Organ System" Scores
2005	38.5	2	61.5	5
2006	23.1	4.1	76.9	6.8
2008	61.5	6.8	38.5	3
2009*				

*2009 Data not available at this time (10-1-09)

Per-Class Areas of Strength (S) and Weakness (W) in Organ System Subset Scores**

Organ System	Class of 2005	Class of 2006	Class of 2008	Class of 2009*
Cardiovascular	S	S	W	
Dermatology	S	W	S	
EENT	W	W	S	
Endocrine	W	W	S	
GI/Nutrition	W	W	W	
GU/Renal	W	W	W	
Hematology	W	W	W	
ID	W	W	S	
Musculoskeletal	S	W	S	
Neurology	S	S	S	
Psychiatry	W	S	W	
Pulmonary	W	W	S	
Reproductive	S	W	S	

**2009 Data not available at this time (10-1-09)

**A strength is defined as any organ system area in which average program scores were at or above national means and a weakness is

defined as any organ system area in which average program scores were below national means.

Per-Class Breakdown of Program Task Area Subset Scores Above, At and Below National Means

Class Year	% of Program Average "Task Area" Scores *At or Above* National "Task Area" Scores	Greatest % Difference Between Program "Task Area" Scores *At or Above* National "Task Area" Scores and Corresponding National "Task Area" Scores	% of Program Average "Task Area" Scores *Below* National "Task Area" Scores	Greatest % Difference Between Program "Task Area" Scores *Below* National "Task Area" Scores and Correspondi ng National "Task Area" Scores
2005	33.3	1	66.7	3
2006	0	NA	100	5.5
2008	71.4	3	28.6	4
2009*				

*2009 Data not available at this time (7-25-09)

Per-Class Areas of Strength (S) and Weakness (W) in Task Area Subset Scores**

Task Area	Class of 2005	Class of 2006	Class of 2008	Class of 2009*
H&P	S	W	S	
Labs/Diagnostic Studies	S	W	S	
Formulating Diagnosis	S	W	S	
Health Maintenance	W	W	W	
Intervention	W	W	W	
Therapeutics	W	W	S	
Scientific Concepts	W	W	S	

*2009 Data not available at this time (7-25-09)

**A strength is defined as any task area in which average program scores were at or above national means and a weakness is defined as any task area in which average program scores were below national means.

		To summarize, the PANCE data above indicates: • The program's pass rates have exceeded national averages for each of the last four years. • The degree to which the program's average cumulative score fell below the national average dropped significantly and its percentile rank rose with the Class of 2008 (the first class to earn the MPAS credential). • The number of "organ system" areas in which program scores exceeded national averages also increased dramatically with the Class of 2008 and the degree to which these scores exceeded national averages was higher than the degree to which program scores falling below national averages did so. A somewhat similar trend was seen in the scores related to "task areas". These are all very positive findings that strongly indicate that the program is "moving in the right direction". Even so, the faculty had hoped for even better results with the implementation of the MPAS curriculum. We anticipate that the many changes disused above related to admission standards, advising methods, curriculum, etc. will be able improve upon the already positive results.			

C1.02	The program applies the results of ongoing program assessment to the curriculum and other dimensions of the program as evidenced by the following examples:
	
	1) The institution of the following as a result of analysis of program deceleration rates. (See C1.01a for details.)
	   • Increasing minimum GPA requirements for admission;
	   • Attempting to identify admission markers predictive of success;
	   • Being more proactive about helping students identify obstacles to success and strategies to deal with these obstacles;
	   • Dynamically assessing the program's goals to ensure that they become and/or continue to be achievable by the students we admit; and
	   • Instituting the "Two Course Failure" policy
	
	2) The institution of the following changes as a result of analysis of individual course and rotation failure rates and /or student evaluations of courses, rotations and faculty. (See C1.01c & d for details.)
	   • Hiring a single faulty member to coordinate all drug-related education.
	   • Developing rotation-specific end-of-rotation exams.
		N	BM	See "CS" cell to left.

		Δ	S	P
	• Truncating research curriculum and expanding clinical curriculum. • Reassigning four existing faculty			

C2 – Periodic Self-Study Report

Stan	Current Status	Δ	S	P

C2.01	The program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process and results of ongoing self-assessment. The report follows the guidelines provided by the ARC-PA and, at a minimum, documents:
	
	a) the program's process of ongoing self assessment.
	b) outcome data and critical analysis of:
	
	    1) student attrition, deceleration, and remediation.
	    2) faculty attrition.
	    3) student failure rates in individual courses and rotations.
	    4) student evaluations of individual didactic courses, clinical experiences, and faculty.
	    5) graduate evaluations of curriculum and program effectiveness.
	    6) preceptor evaluations of student performance and suggestions for curriculum improvement.
	    7) the most recent five-year first time and aggregate graduate performance on the PANCE
	
	c) self-identified program strengths and areas in need of improvement.
	d) modifications that occurred as a result of self-assessment.
	e) plans for addressing areas needing improvement.
	
	The evidence supporting the statements above is the existence of this document.
		N	BM	NR

C3 – Student Evaluation

Stan	Current Status	Δ	S	P
C3.01	The program uses objective evaluation methods that are administered equitably to all students in the program. In 2005 and 2006 the assessment benchmark for "objectivity" was the ability to identify a correlation between course objectives and a review of course exams and rotation evaluation sheets for students. These correlations were identified by the academic and clinical coordinators respectively and these assessments were administered to all students. Starting in 2007 the responses to the statement #7, "*Methods of assessment (quizzes, exams, homework assignments, presentations,*	N	BM	NR

	etc.) were effective measures of my learning, and representative of the amount of depth and material covered" on the Course Evaluations were used to assess the objectivity and relationship of evaluation methods to learning objectives associated with didactic courses. This seemed reasonable given that "objectiveness" is encompassed in the term "effective" and given that the "material covered" in a course is tied to program-dictated objectives. Statements #17 and 20 on the Senior Survey specifically assess the evaluation methods associated with rotations. The specific evaluation statements read, "*Clinical preceptors provided timely written evaluations of student performance, using the evaluation forms provided by the Program*" and "*The process of determining final rotation grades is fair & representative of student knowledge and performance*" respectively. In 2007, 73.7% of the didactic courses generated average scores on statement #7 of the course evaluations that met or exceeded the programmatic benchmark of 3.2. By 2008 individual faculty adjustments and/or reassignments increased the "at or above benchmark" rate to 89.5%; scores below the benchmark were limited to a single course and its continuation course. Further readjustments and/or reassignments were instituted at the conclusion of 2008 and the results of spring 2009 evaluations are pending at this time. More detail will be provided as requested during the site visit. With regard to rotations, 2007-2009 average scores for statements #17 and #20 are 4.1 and 3.8 respectively.			
C3.02	Objective evaluation methods are related to expected student competencies for both didactic and supervised clinical education components. Some of the evidence supporting this statement (relative to didactic courses) can be found in the responses above for C3.01. Additionally, the expectation to link evaluation methods and objectives can be evidenced by exams that actually indicate the objective to which specific exam questions are linked (e.g. exams in clinical medicine and the summative exam) and by faculty orientation materials (e.g. therapeutics materials) that request such linkage. For rotations, the objectivity of evaluation methods and their relation to expected students competencies is best evidenced by comparing Rotation Objectives and the Student Evaluation Form .	N	BM	NR
C3.03	The program conducts frequent, objective, and documented formative evaluations of students to assess their acquisition of knowledge, problem-solving skills, and psychomotor and clinical competencies. During didactic courses frequent (at least twice per semester), objective, and documented formative evaluations of students are conducted to assess their acquisition of knowledge, problem-solving skills, psychomotor and clinical competencies, and behavioral performance. Evaluations are also conducted/processed at the conclusion of each rotation; these evaluations consist of written exams	N	BM	NR

	and preceptor observations.			
C3.04	The program assesses and documents student demonstration of professional behaviors (or lack thereof) throughout the program. The COPHS has developed a set of "boilerplate" policies (many of which relate to expectations regarding professional behaviors) that are to be included in all course syllabi. During the didactic years, should a faculty member become aware of a violation of these policies, the matter is referred to the Academic Affairs Committee and/or discussed at the PA Faculty meeting. Documentation of the violation and its follow-up are contained in the student records and/or faculty meeting minutes. During the experiential phase, preceptors evaluate professional behavior in response to the question below on the rotation evaluation form. A score of 2 or less earned in this (or any) area of the evaluation results in a failure of the entire rotation. *Professionalism* Student demonstrated an appropriate level of professionalism in all areas including (but not necessarily limited to) dress, demeanor and punctuality. 1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree	N	BM	NR
C3.05	The program monitors the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established. Progress of students is monitored by faculty and discussed at PA faculty meetings. Deficiencies are promptly identified and a means for correction is established. At times, these deficiencies may require a student to repeat a course. Documentation of means of corrections is maintained in course/student files and/or transcripts.	N	BM	NR
C3.06	The program administers and documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice. The primary announcement for and description of the evaluation occurs in the syllabus for the Core Content courses in the section entitled SUMMATIVE EVALUATION INFORMATION. The format of the evaluation (administered during the final semester of the program) can be appreciated by reviewing the first 2 pages of the 2009 Summative Exam. Performance reports are available on site.	N	BM	NR

C4 – Clinical Site Evaluation

Stan	Current Status	Δ	S	P
C4.01	The program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences. Prospective sites are sent a Preceptor Affiliation Form (not to be confused with the Affiliation Agreements often required at an institutional level). This form acquires demographic information regarding the preceptor and site and also addresses questions regarding the preceptor's professional competence, patient population and educational preparedness. It is signed by the preceptor and returned to the program and thereby forms an agreement between parties regarding what the preceptor can expect from the program and what the program should expect from the preceptor. Once current licensure of the preceptor is verified the site is deemed ready for use. As a result of feedback from students and/or site visitors, the degree of compliance with the above outlined expectations as well as any other problems can be identified. Problems identified are logged, along with a follow-up plan prepared by the Clinical Coordinator. The Clinical Coordinator bears the responsibility for resolving the problems noted in an appropriate manner.	N	BM	NR
C4.02	The program applies comparable evaluation processes to clinical sites regardless of geographic location. The processes described above apply to all rotation sites including any program-sponsored international rotation (e.g. Peru trip).	N	BM	NR
C4.03	The program ensures and documents 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. By signing the Preceptor Affiliation Form the preceptor agrees to comply with the program's expectations for the clinical experience as outlined in Section II. Should, on rare occasions, the preceptor not satisfy these requirements, the student will inform the clinical coordinator immediately (for grievous shortcomings) and/or by completing a preceptor evaluation. The clinical coordinator then manages the problem as needed.	N	BM	NR

Section D: Student Services

D1 – Student Health

Stan	Current Status	Δ	S	P
D1.01	Student health records are confidential and are not accessible to or reviewed by program faculty and staff. The CCO website has a statement regarding health records that reads, "Students must be	N	BM	NR

	aware that you (students) are personally responsible for making sure that all of your immunizations are up- to-date and you need to have your TST or 2 step TST to get you through your rotations for your clinical year. Students need to personally go to the Health Center for your Clearance Form." The students are "put in charge of" managing this information to ensure that program faculty and staff never see it.				
D1.02	Health screening and immunization of students are: a) based on current Centers for Disease Control recommendations for health professionals and b) not to be conducted by program personnel. This is best evidenced by the Student Health Excerpt from Advisor Letter. This letter is sent to all matriculating students and outlines what the screening and immunization requirements are and who should perform/administer them.	N	BM	NR	
D1.03	The program informs students of and provides access to equivalent student health care services that the sponsoring institution makes available to students enrolled in other courses of instruction. This is best evidenced by reviewing the Campus Services website and noting a lack of distinction between the services available to PA students and those provided to other students of the institution.	N	BM	NR	
D1.04	Core program faculty do not participate as health care providers for students in the program. Core program faculty were specifically required not to participate as the primary health care providers or to provide healthcare for students in the Program as noted in the PAP3M (i.e. the PA Program Policy and Procedures Manual). The original policy (written to be in compliance with previous Standard D1.6) read, "*Core program faculty must not participate as the primary health care providers for students in the program.*" However, with the release of D1.04, a subsequent e-mail was sent to faculty which read, "*I wanted to alert you to a subtle change in the ARC-PA standards. D1.6 of the second edition of the standards read, "Core program faculty must not participate as the **primary** health care providers for students in the program. However, D1.04 of the third edition says, 'Core program faculty must not participate as health care providers for students in the program.' The more recent standard appears to preclude the provision of any healthcare at all. Please make a note of this and comply!*"	N	BM	NR	

D2 – Student Guidance

Stan	Current Status	Δ	S	P
D2.01	The program assures that guidance is available to assist students in understanding and abiding by program policies and practices. Students are all provided the Student Advisor Handbook and all advisors have frequent office hours.	N	BM	NR
D2.02	The program assures that students have timely access to faculty for assistance and counseling regarding their academic concerns and	N	BM	NR

	problems through regular office hours. Most faculty can also accommodate non-office hour walk-ins. The Program Director is available 24x7 for true emergencies.			
D2.03	The program provides referral for students with personal problems that may interfere with their progress in the program as evidenced by the records of students so referred. All students have access to counseling at Butler university (see Campus Services website) and students all return to campus after the completion of *each* rotation and can take advantage of these services. As noted above, the Program Director is available 24x7 for true emergencies.	N	BM	NR

D3 – Student Identification

Stan	Current Status	Δ	S	P
D3.01	The program assures that PA students are clearly identified as such in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates by requiring them to wear COPHS-issued IDs while on rotations as evidenced by the DRESS CODE Section of Rotation Syllabus.doc.	N	BM	NR

Section E: Provisional Accreditation

Stan	Current Status	Δ	S	P
NA	**NA**	**NA**	**NA**	**NA**

Section F: Accreditation Maintenance

F1 – Program and Sponsoring Institution Responsibilities

Stan	Current Status	Δ	S	P
F1.01	In accordance with ARC-PA policy, failure of a program to meet administrative requirements for maintaining accreditation will result in the program being placed on Administrative Probation and, if not corrected as directed by the ARC-PA, ultimately to an accreditation action of Accreditation Withdrawn.	**NA**	**NA**	**NA**
F1.02	The program will inform the ARC-PA within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution's regional or specialized and professional accrediting agency, but no such action has been received.	**NA**	**NA**	**NA**
F1.03	The program agrees to periodic comprehensive review that may include a site visit as determined by the ARC-PA as evidenced by this application.	N	BM	NR
F1.04	The program submits self-study reports or progress reports as required by the ARC-PA as evidenced by this application.	N	BM	NR
F1.05	The program informs the ARC-PA in writing of changes in the program director, medical director, or other core program faculty within 30 days of the date of the effective change as evidenced by the table below.	N	BM Not Met	NR

	Start Date	ARC-PA Notified	End Date	ARC-PA Notified
Evans	7/14/2005	6/5/2005	7/1/2007	5/18/2007
Gurveitz	6/1/2008	6/3/2008	NA	NA
Ladika	6/1/2006	5/22/2006	NA	NA
Lynn	8/27/2007	10/7/2007	NA	NA
Roscoe	7/1/2005	4/11/2005	NA	NA
Zorn	6/15/2006	5/22/2006	NA	NA

Because the program considers all of the full-time faculty in the Department of Health Sciences "core faculty", it appears that the program is in compliance with this notification standard most (83.3%) of the time and typically notifies the ARC-PA *in advance* of actual "start" and "end" dates. However, it also appears that the program was not in compliance with this standard once in 2007 when Dr. Lynn was hired, i.e the notification was late by 11 days. This was due to a simple oversight.

F1.06	The program demonstrated active recruitment to fill vacated core faculty positions as evidenced by the documents contained in faculty search folders.	N	BM	NR
F1.07	If an interim program director (IPD) is appointed, this person will meet the qualifications of the PD.	**NA**	**NA**	**NA**
F1.08	The appointment of an IPD will not exceed 12 months.	**NA**	**NA**	**NA**
F1.09	The program will obtain ARC-PA approval six months prior to implementing any intended program expansion to a distant campus.	**NA**	**NA**	**NA**
F1.10	The program must inform the ARC-PA in writing, no less than six months prior to implementation, of proposed changes in the following: a) degrees or certificate granted at program completion. b) requirements for graduation. c) program length. d) maximum class size. e) maximum aggregate student enrollment that will result in an increase of 15 percent or greater in maximum aggregate student enrollment, as compared to the program's most recent application for accreditation or as approved by the ARC-PA. All of these changes have occurred since the last site visit and the ARC-PA was informed of them well in advance of the required deadlines.	N	BM	NR
F1.11	The sponsoring institution must inform the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.	**NA**	**NA**	**NA**
F1.12	The program and the sponsoring institution pay ARC-PA accreditation	N	BM	NR

	fees as determined by the ARC-PA.			

SECTION IV: Summary

Program Strengths – As noted earlier in this report, program strengths are identified as those outcomes for which program benchmarks have been achieved. With this in mind and recognizing that of the 217 Standards and sub-Standards that were evaluated in the Self-Study, the Program missed its benchmark no more than 3 times; this translates to a "success/strength rate" of 98.6%. This accomplishment, in and of itself, is viewed as a distinct strength, but specific accomplishments since the last site visit that merit special attention are highlighted below.

1. The program now awards the MPAS credential for those graduating as physician assistants.
2. In 2008 the College of Pharmacy and Health Sciences received a $25,000,000 grant from the Lilly Endowment, Inc. Roughly half of this money has been used to roughly double the physical capacities of the college and allows for the construction of:

   - More classrooms for PA students.
   - A designated H&P lab on Butler's campus. Previously students traveled to Methodist Hospital for H&P lab experiences.
   - Private offices for each faculty and staff member of the PA program.

   The grand opening of the new facilities occurred on October 3, 2009. The remainder of the grant will be used to create new experiential opportunities for our students in public health and in medically underserved communities and to assist faculty development/recruitment efforts. (A1.07, A1.08)
3. The number of PA faculty has expanded to 10 (roughly double the number from our last ARC-PA visit). For the two didactic years, this translates into a student/faculty ratio of approximately 10:1. (A2.03)
4. An additional faculty member has been promoted to the rank of associate professor. (A2.04)
5. Physician assistants in Indiana now have prescriptive authority. The medical director was routinely available to provide testimony supporting prescriptive authority. (A2.13)
6. The PACC and the PA faculty have been very active ensuring that the curriculum includes core knowledge about the established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. One of the most demanding projects has been creating the Worksheet for Curricular Tracking. By the time of the site visit, this worksheet will specifically link individual course outcomes with programmatic outcomes, ARC-PA standards and the NCCPA task list. By the conclusion of the summer of 2010, we hope to have individual lecture objectives also incorporated into this worksheet. (B1.01)
7. The minimum GPA eligibility requirement has been raised from 2.5 to 3.0. This provides a more realistic, evidence-based floor to the admission process and enhances the image of the program. (C1.1a)
8. The *previous* site visitors read, "PANCE performance over the last five years can best be described as inconsistent and frequently unacceptable". Clearly, a monumental amount of progress has been made in this area.
9. The program continues to enjoy the support of the faculty of the department of pharmacy practice in the therapeutics courses and the support of our many clinical preceptors!

Needed Improvements

1. As the program has expanded in size, the classroom and laboratory environments have failed to keep adequate pace with this growth. Over the years, the program has considered a variety of options to deal with these issues, including the acquisition of additional space through off-campus rental properties, but none of these ideas came to fruition. Thankfully, as noted in the first "strength" above, the grant from the Lilly Endowment, Inc. should allow us to more than satisfy our space needs. (A1.08)
2. While not a violation of the Standard, the program and medical directors are currently the same person. The plan is for the two positions to be separated by no later than August, 2010. (A2.07)
3. The program director already has a monthly reminder on his calendar to "notify the ARC-PA about any relevant changes to the program". While this process is very good, it is not fail safe. He will attempt to improve on his record of providing the ARC-PA with timely notifications of change. (F1.05)

Implementation Plans – Please see above.

Statement of Compliance – Recognizing that while the areas noted in the "needed improvements" section may reflect less than total success at benchmark achievement, they do not necessarily indicate areas of non-compliance with the Standards. Indeed, it is believed that the Program is in substantial compliance with *all* of the Standards.