Program Mission Statement

- The Francis Marion University Physician Assistant Program seeks to educate excellent primary care physician assistants to become compassionate, ethical, and clinically skillful graduates who are ready to provide health care services with personal and professional integrity.
- The FMU Mission Statement establishes a priority of excellence in teaching and learning while serving the Pee Dee region and the state of South Carolina. The FMU PA Program mission statement aligns with these goals by educating excellent primary care PA’s to serve by providing health care services to the residents of the Pee Dee and South Carolina.

Program Learning Outcomes (PLOs)

- The first-time pass rate for each graduating class on the Physician Assistant National Certifying Exam (PANCE) will be at or above the national average.
- The student attrition rate for each cohort will be 3.5% or less.
- The employment rate at six months after program completion will be 95%.
- Fifty percent of graduates will be employed in primary care after graduation.
- All students will complete a required clinical rotation in an underserved area.

The Program Learning Outcomes align with the PA program’s Mission Statement by measuring the amount of graduates that are employed in primary care after graduation, ensuring students complete rotations in underserved areas, and meeting the pass rate for the PANCE at or above the national average. The goals will ensure that we educate excellent primary care PA’s that are clinically skillful and that we provide services to the Pee Dee region as stated in the university’s Mission Statement.

Student Learning Outcomes (SLOs)

1) **Knowledge** of pharmacology principles and an understanding of the pharmacotherapeutics to provide appropriate pharmacologic therapy and implementation of an appropriate patient treatment plan.
2) Demonstrate **professional behavior** with high ethical standards sensitive to the patient, family/caregiver and members of the health care team across the lifespan (infants, children, adolescents, adults, elderly).
3) **Knowledge** base of anatomy, physiology, genetics and molecular mechanisms of health and disease and their application in clinical practice.
4) Knowledge of routine **clinical and technical skills** and more specialized diagnostic studies/procedures and the ability to accurately interpret the diagnostic studies/procedures for patient care.

**Assessment Methods**

1) **Knowledge** of pharmacology principles and an understanding of the pharmacotherapeutics to provide appropriate pharmacologic therapy and implementation of an appropriate patient treatment plan.

**METHOD of EVALUATION:** The course instructors administer the written examinations throughout the semester and report the grades to the PA program Assessment Committee. Any grade below the program defined benchmark is also reported to the PA program Student Affairs and Progression Committee (SAPC) for review. If action is needed, the SAPC is responsible. Preceptor evaluations are sent out after each clinical rotation by the PA program’s Clinical Coordinator, who then collects the data and reports any students that score below the program defined benchmark to the SAPC for action. The Assessment Committee analyzes the data at the completion of each semester.

A. Written Examinations (DIRECT)
   - Baseline Cohort 1 – 90%
   - Benchmark - ≥70%
   - Target for Cohort 2 – 90%

B. Preceptor Evaluation of the Student (INDIRECT)
   - Baseline Cohort 1 – 4.14
   - Benchmark – ≥ rating of 4
   - Target for Cohort 2 – 4.14

2) Demonstrate **professional behavior** with high ethical standards sensitive to the patient, family/caregiver and members of the health care team across the lifespan (infants, children, adolescents, adults, elderly).

**METHOD of EVALUATION:** The course instructors administer the practical examinations throughout the semester and report the grades to the PA program Assessment Committee. Any grade below the program defined benchmark is also reported to the PA program Student Affairs and Progression Committee (SAPC) for review. If action is needed, the SAPC is responsible. Preceptor evaluations are sent out after each clinical rotation by the PA program’s Clinical Coordinator, who then collects the data and reports any students that score below the program defined benchmark to the SAPC for action. The Assessment Committee analyzes the data at the completion of each semester.
A. Preceptor Evaluation of the Student (INDIRECT)
   o Baseline Cohort 1 – 4.79
   o Benchmark – ≥ rating of 4
   o Target for Cohort 2 – 4.79

B. Practical Examinations (DIRECT)
   o Baseline Cohort 1 – 93%
   o Benchmark – >70%
   o Target for Cohort 2 – 93%

3) **Knowledge** base of anatomy, physiology, genetics and molecular mechanisms of health and disease and their application in clinical practice.

METHOD of EVALUATION: The course instructors administer the written examinations throughout the semester and report the grades to the PA program Assessment Committee. Any grade below the program defined benchmark is also reported to the PA program Student Affairs and Progression Committee (SAPC) for review. If action is needed, the SAPC is responsible. Preceptor evaluations are sent out after each clinical rotation by the PA program’s Clinical Coordinator, who then collects the data and reports any students that score below the program defined benchmark to the SAPC for action. The Assessment Committee analyzes the data at the completion of each semester.

A. Written Examinations (DIRECT)
   o Baseline Cohort 1 – 96%
   o Benchmark – ≥70%
   o Target for Cohort 2 – 96%

B. Preceptor Evaluation of the Student (INDIRECT)
   o Baseline Cohort 1 – 4.59
   o Benchmark – ≥ rating of 4
   o Target for Cohort 2 – 4.59

4) **Knowledge of routine clinical and technical skills** and more specialized diagnostic studies/procedures and the ability to accurately interpret the diagnostic studies/procedures for patient care.

METHOD of EVALUATION: The course instructors administer the practical examinations throughout the semester and report the grades to the PA program Assessment Committee. Any grade below the program defined benchmark is also reported to the PA program Student Affairs and Progression Committee (SAPC) for review. If action is needed, the SAPC is responsible. Preceptor evaluations are sent out after each clinical rotation by the PA program’s Clinical Coordinator, who then collects the data and reports any students that score below the program defined benchmark to the SAPC for action. The Assessment Committee analyzes the data at the completion of each semester.

A. Practical Exams (DIRECT)
   o Baseline Cohort 1 – 96%
   o Benchmark – ≥ 70%
Assessment Results

There were a total of 32 students in cohort 1 and 31 students in cohort 2.

1) **Knowledge** of pharmacology principles and an understanding of the pharmacotherapeutics to provide appropriate pharmacologic therapy and implementation of an appropriate patient treatment plan.

   ➢ The benchmarks for both direct and indirect evaluation methods were met by cohort 2. Cohort 2 met the target for written examination with a mean of 90%. Cohort 2 exceeded the target for preceptor evaluation rating with a mean of 4.29.

2) Demonstrate **professional behavior** with high ethical standards sensitive to the patient, family/caregiver and members of the health care team across the lifespan (infants, children, adolescents, adults, elderly).

   ➢ Cohort 2 met the benchmark for practical examinations but the class mean of 91% did not meet the target of 93% for practical examinations. Cohort 2 met the benchmark for preceptor evaluation and exceeded the target of 4.79 with a mean rating of 4.86.

3) **Knowledge** base of anatomy, physiology, genetics and molecular mechanisms of health and disease and their application in clinical practice.

   ➢ Cohort 2 met the benchmarks for written examination and preceptor evaluation but did not exceed the target for either item. Cohort 2’s mean for written examination was 92% and 4.29 for preceptor evaluation rating.

4) Knowledge of routine **clinical and technical skills** and more specialized diagnostic studies/procedures and the ability to accurately interpret the diagnostic studies/procedures for patient care.

   ➢ Cohort 2 met the benchmarks for practical examinations and preceptor evaluation. Cohort 2 exceeded the target of 3.79 for preceptor evaluation with a mean rating of 4.41. Cohort 2 had a mean score of 95% for practical examinations which did not meet the target of 96%.
**Action Items**

- All benchmarks were met.
- There were changes made to the faculty assignments for basic science courses from cohort 1 to cohort 2 which could have played a factor in the decreased mean for cohort 2.
- Pharmacology was separated into a stand-alone course with cohort 2 which may have contributed to students being more prepared for clinical rotations resulting in their increased rating by preceptors compared to cohort 1.
- Improvement in evaluation methods and instruction with cohort 2 resulted in an increased rating by preceptors for student’s preparedness for clinical skills and procedures when compared to cohort 1.
- The program will continue to monitor for trends to identify areas of improvement.
- The program will use a mean of cohort 1 and cohort 2 data to establish the target for cohort 3.

**Executive Summary of Report**

- The program has provided the students with the instruction and evaluation necessary to meet the Program and Student Learning Outcomes. The program will continue to work to identify faculty to teach the basic science courses which enable the students to establish a strong foundation of knowledge before entering into the more complex material presented throughout the remainder of the didactic year. Professionalism has been a very important concept that is taught and expected from the admissions process through graduation and entry into clinical practice. The students are evaluated on professional conduct throughout the admissions process and receive instruction and evaluation from the start of the program. The modifications implemented with clinical skills instruction and evaluation has improved the student’s preparedness ratings by preceptors during the clinical year. A larger variable used by the program to measure student’s performance in meeting the Program and Student Learning Outcomes is the performance on the Physician Assistant National Certifying Examination (PANCE). This exam is completed after program completion and will be used to evaluate the success of the students in cohort 2 in the Spring of 2021.
Francis Marion University Physician Assistant Studies
Ear Lavage

Name ___________________________  Evaluator ___________________________
Date ___________________________  Begin: _______  End: _________

Observe and rate the student's performance of Cerumen Removal. Check only those items actually performed. The student has 15 minutes to complete the exam.

Grade Scale:

- ☑️ Satisfactory 1 Point
- ☑️- Questionable technique ½ Point
- ☑️ Omitted/unsatisfactory 0 Points

Introduction
- ☑️ Dresses professionally, including jacket and nametag
- ☑️ Introduces self and explains role
- ☑️ Obtains identifying information from patient
- ☑️ Explains purpose of procedure
- ☑️ Washes hands in patient’s presence

Procedure Cerumen Removal
- ☑️ Confirm presence of cerumen with otoscope
- ☑️ (5) Collect material:
  - Syringe, otoscope, body temperature water, cerumen spoon, loop, or right angle hook, alligator forceps
- ☑️ Wash hands
- ☑️ Place water proof barrier (absorbant pad) across patients neck and shoulder
- ☑️ Fill syringe with body temperature water
- ☑️ Have patient hold basin under affected ear
- ☑️ Place syringe tip into the lateral canal
- ☑️ Irrigate with steady stream aiming superior canal
- ☑️ Inspect canal and TM with otoscope after every attempt
- ☑️ Repeat as needed until cerumen removed or patient complains of pain
- ☑️ Voices that if unsuccessful would attempt removal with spoon, curette, or right angle hook
- ☑️ Voices that may place Cerumenex or Debrox for a few days and have patient return
- ☑️ Check condition of patient
- ☑️ Wash hands
- ☑️ Ask patient if any questions
- ☑️ Thank patient
Demonstrated professional behavior throughout procedure

**General Comments:**

Score: _____/26  Grade: _____%

Updated 12/3/2015 JFH
Date Completed: ______________________
Specialty: ____________________________

Please evaluate the students from the current year by checking the boxes that most accurately describe how prepared they were for clinical care. Rate only those items in the particular setting in which you participated.

<table>
<thead>
<tr>
<th>Poorly Prepared</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Well Prepared</th>
<th>NA</th>
</tr>
</thead>
</table>

Please choose the response that best describes how prepared the PA students are in the following aspects of clinical care:

- Basic Sciences
- Pathophysiology
- History Taking
- Physical Examination
- Ordering Diagnostic Studies
- Lab Interpretation
- Radiology Skills
- Differential diagnosis
- Critical Thinking
- Treatment Planning
- Pharmacology
- Procedure Skills
- Time Utilization
- Case Presentation

Please choose the response that best describes how prepared the PA students are in the following categories:

- Patient Support
- Listening Skills
- Conflict Resolution
- Professional Conduct
- Rapport with Co-workers
- Attitude towards learning

How would you compare the overall preparedness of FMU PA students to similar students from other programs?

<table>
<thead>
<tr>
<th>Better Prepared</th>
<th>Similarly Prepared</th>
<th>Less Prepared</th>
</tr>
</thead>
</table>