

LOCK HAVEN

UNIVERSITY OF
PENNSYLVANIA



*Self-Study of the
Lock Haven University of
Pennsylvania
Physician Assistant Program*

Prepared initially for ARC-PA Spring 2005

2005

Table of Contents

<i>Table of Contents</i>	2
<i>Section I: Introduction</i>	3
1. Purpose of Self-Study	3
2. Program Vision/Mission Statement and Educational Philosophy.....	3
3. Period of Time Devoted to this Study	4
4. Individuals Involved in the Periodic Self-Study.....	5
5. Authors/Significant Contributors to Self-Study.....	5
<i>Section II: Description of Continuous Self Assessment</i>	5
<i>Section III: Description of Periodic Self-Assessment</i>	6
Section A: Administration	6
A1. Sponsorship	6
A2. Personnel	9
A3. Financial Resources	17
A4. Physical Resources.....	18
A5. Operations	22
Section B: Curriculum Requirements	25
B1. Instructional Processes	25
B2. Basic Medical Science.....	28
B3. Behavioral and Social Sciences.....	29
B4. Clinical Preparatory Sciences.....	29
B6. Supervised Clinical Practice	30
Section C: Evaluation	32
C1. Program Evaluation	32
C2. Educational Effectiveness	32
C3. Program Modifications	38
C4. Self-Study Reports.....	39
Section D: Students	39
D1. Health.....	39
D2. Guidance.....	40
D3. Student Identification.....	40
Section E: Educational Equivalency	40
Section G: Maintaining Accreditation	41
<i>LHUP PA Program Self-Study Summary</i>	42
Appendix A-Continuous Self-Assessment	43
Appendix B-Budget	46
Appendix C-Faculty Offices	47
Appendix D-Curriculum Schematic	49

Section I: Introduction

1. Purpose of Self-Study

The purpose of the LHUP PA Program Self-Study:

- Determine the degree of program compliance with the Accreditation Standards set forth by ARC-PA
- Identify program strengths and areas needing improvement and to further implement a Plan to strengthen the program
- Present the results of the program's continuous quality improvement (CQI) processes
- Determine the degree to which the program is fulfilling its mission

2. Program Vision/Mission Statement and Educational Philosophy

Organizational Overview and Mission Statement

Lock Haven University's Physician Assistant Program was created in 1996 specifically to address the need to increase primary healthcare practitioners, including physician assistants, in medically underserved regions of the Commonwealth of Pennsylvania.¹ Of the 14 universities in Pennsylvania's State System of Higher Education (PASSHE), Lock Haven was chosen to meet the needs of rural underserved populations in the state because of its rural setting and its strong health sciences curricula. Lock Haven University remains the only University within the State System to sponsor a physician assistant program and is the only public institution within the Commonwealth to provide entry-level PA education at the graduate level. In 2000 the program conducted a survey of correctional facilities within the commonwealth that demonstrated a significant need for healthcare providers with an understanding of corrections medicine and correctional healthcare systems. Based on this need, the Program added a curricular concentration in Corrections Medicine.

Located in Clinton County in North Central Pennsylvania, Lock Haven University lies in Northern Appalachia and within a large block of rural counties designated as both medically underserved and health professional shortage areas. Lock Haven University of Pennsylvania is a 130-year-old public, four-year institution categorized as Masters Comprehensive II. Part of PASSHE, Lock Haven University of Pennsylvania has 4696 undergraduate and 212 graduate students (Fall, 2003) and offers 65 undergraduate degree programs and three master's level programs.

Degree programs include a Bachelor of Science in Health Sciences and an Associate of Science in Nursing (a Bachelor of Science in Nursing is offered in conjunction with Clarion University, another PASSHE school). Besides the Master of Health Science degree awarded to graduates of the PA Program, the University offers master's degrees in Liberal Arts and in Education. There are no doctoral programs. Upon its inception, the PA Program was housed in the Department of Health Sciences; in 2000 the Program split from the undergraduate Health Sciences Department to become its own department. In 2004 the department was reorganized and became the School of Graduate Studies, which operates as a department shared between the College of Arts and Sciences and the College of Health and Human Services. The Program Director currently serves as department chairperson and reports to the Dean of the College of Education and Human Services.

¹ The Primary Healthcare Practitioner Program, 62 Pennsylvania Statutes §5001.1301 et. seq.

The LHUP PA Program strives to prepare competent and compassionate healthcare providers who are committed to providing primary care to medically underserved populations. The Program's mission is, as articulated in the Mission Statement: To educate and train highly skilled physician assistants who

- are capable of providing high quality healthcare
- have expertise in the healthcare needs of the medically underserved
- are prepared to critically evaluate, and become leaders in improving, the medical and social systems that affect the health of underserved populations
- will seek and retain employment as primary care physician assistants in underserved and medical shortage areas

The Program's educational philosophy is based on the following assumptions:

- every aspect of the Program emphasizes primary care
- students who come from medically underserved areas are most likely to return to underserved areas to live and practice
- students trained in rural communities are more likely to seek employment in rural areas
- physician assistants practicing in underserved areas must become proficient at accessing online medical resources
- the Program must emphasize preventive practice, individual health, and community healthcare
- the rural and correctional emphasis must complement, but never compromise, the core competencies required of physician assistants

The first class of 24 students was admitted in June 1996, and the PA Program received full initial accreditation in October 1997. The Program was re-accredited for five years in 2000. In 2001, with the full approval of ARC-PA, the Program developed a mechanism to extend its offering to its branch campus in Clearfield, Pennsylvania. A concentration in corrections medicine was added to its rural primary care focus at both locations. This initiative has made affordable physician assistant education more accessible to the Northwest region of the state. It has prepared a cadre of physician assistants with an increased appreciation of the needs of incarcerated patients.

The Program's current maximum enrollment between the two campuses is 92 students, and currently 78 are enrolled. Approximately 70% of the students enrolled are from the Commonwealth of Pennsylvania. To date:

- 215 students have graduated
- of the 172 graduates for whom data are available (80% response rate), 90% are employed as a Physician Assistant
- 48% practice in Pennsylvania
- 47% are practicing in a primary care setting; and
- 35% are working in medically underserved areas
- the first-time National Commission on Certification of Physician Assistants Physician Assistant National Certifying Examination (PANCE) pass rate for the Program is 89.8% with an overall pass rate on the national certification examination of 97.7% (PANCE all attempts)

3. Period of Time Devoted to this Study

This Self-Study represents the culmination of a one-year process that began in April of 2004. It is, however, a "snapshot in time" of the Program's continuing quality improvement process. The self study process was initiated by the hiring of an outside consultant, Ms. Sherry Stolberg, who visited in April 2004. The consultant was hired to assess the Program's readiness for the upcoming accreditation visit and to assist the director in preparing faculty for the self study process and upcoming site visit. The

initial six months were spent reorganizing committee structure and insuring that terminal objectives and content aligned with ARC requirements. The self-study committee was formulated in December 2004 and has spent the past four months reviewing every aspect of the Program, from administration through programmatic evaluation.

4. Individuals Involved in the Periodic Self-Study

PA Faculty & Staff: Anna Mae Smith, MPAS, PA-C; Patrick Ivory, MPAS, PA-C; John Leffert, MPAS, PA-C; Michael Greenberg, MD, MBA
Program Graduates: Jason Corbeill, MHS, PA-C; Jonathan Rhoades, MHS, PA-C
Students: Thomas Clifford, PA-S; Christy Brusman, PA-S
Administration: William Phillips, Dean; Zak Hossain, Provost; Robert Little, Vice President of Finance and Technology
Preceptors: Mark Armstrong, MD General Surgery; Raj Patel MD, General Internal Medicine
External Program Reviewers: James Cawley, MPH, PA-C; Sherri Stolberg, MPSAG, PA-C

5. Authors/Significant Contributors to Self-Study

Principle Authors: Mr. Walter Eisenhauer, MMSc, PA-C Program Director
Mr. Tom Lemley, MMSc, PA-C Chair of the Self-Study team
Internal Editors: Sue Malin, D.Ed, University Accreditation Coordinator
Charles Jenkins, PhD., Professor of English, Director of MLA

Section II: Description of Continuous Self-Assessment

Lock Haven University has demonstrated a commitment to the principles of continuous quality improvement. Routinely and systematically, University administration, the Program Director, Executive Admissions Committee, Program Curriculum Committee and other applicable university-wide committees review qualitative and quantitative data, provide feedback and recommendations, and ultimately approve changes to the PA Program. Utilizing resources from a Health Resources and Services Administration (HRSA) Title VII training grant acquired in 2000, the Program has developed an extensive database that enables it to evaluate the Program from the point of initial inquiry regarding the Program to applications from the Centralized Application Service for Physician Assistants (CASPA) to graduate data. This process enables the Program to evaluate trends and determine predictors, not only of student success, but also applicant characteristics, that will ultimately lead to graduates' fulfilling the mission of the Program. The entire curriculum and curriculum-evaluation process is data-based, enabling the Program to dynamically evaluate educational effectiveness. Student performance results on individual exams are available to faculty advisors, enabling early identification of student weaknesses and prompt intervention. From 2000 to present, the Program has utilized College Office to track individual student performance. Since this software is no longer being supported by the developer, it has become unstable within our network environment. Plans are to develop our own version of the software. Student, graduate, and employer survey data are available to all faculty members at all times. The table in Appendix A demonstrates the continuous assessment process utilized by the Program. This table lists, by accreditation standard, the elements of the PA Program's continuous self-assessment process. The table also provides the assessment interval, as well as individuals responsible for analysis and action.

Section III: Description of Periodic Self-Assessment

Section A: Administration

A1. Sponsorship

1. Institutional Accreditation

Component Part	Evaluation Method	Evaluation Timeframe
Institutional Accreditation	Middle States Accreditation	April/May 2000 site visit

Lock Haven University is accredited by the Middle States Association of Colleges and Schools. In late April 2000, Lock Haven University underwent a site visit by Middle States as a component of its reaccreditation process. The PA Program participated, as did all academic units, in the self-study process involved in Middle States reaccreditation. In 2003 Lock Haven University requested a Middle States review of distance education initiatives within the M.Ed., PA, and Nursing degree programs. The review occurred and accreditation was extended to these programs. A comprehensive Distance Education Student Assessment Plan is to be included in the periodic review report due to the commission in June 2005. A copy of this institutional report will be made available to the site visit team.

The University has programs accredited by the following organizations: Bureau of Professional and Occupational Affairs of the Commonwealth of Pennsylvania, Commission on Accreditation of Allied Health Educational Programs (Athletic Training), the Pennsylvania State Board of Nursing, National League for Nursing Accrediting Commission, Council on Social Work Education, and the National Council on Accreditation of Teacher Education. The Accreditation Review Commission on Education of the Physician Assistant and the Pennsylvania Department of Education accredits the PA Program.

2. Program Location

The Lock Haven University Physician Assistant Program PA Program is established at Lock Haven University of Pennsylvania, a member of the Pennsylvania State System of Higher Education (PASSHE), the only PA Program within the PASSHE and the only master's degree, entry-level program within the Commonwealth of Pennsylvania. The Program further resides within the newly named School of Graduate Studies that houses all graduate level programs at the institution and is jointly sponsored by the College of Education and Human Services and the College of Arts and Sciences. The Program has classroom locations on the Lock Haven University main campus and a branch campus location in Clearfield, PA, 65 miles west of Lock Haven.

3. Institution Responsibilities

Lock Haven University of Pennsylvania is ultimately responsible for the PA Program, which receives and processes applications for admissions through the CASPA. Curriculum planning and selection of course content are completed by University faculty with the oversight of the University Curriculum Committee. Classroom teaching and supervised clinical practice are under the supervision of highly qualified LHUP faculty.

The Program maintains Affiliation/Memorandum Agreements consisting of **75** formal clinical affiliation agreements and has memorandum agreements with **350** healthcare providers. Each clinical training site has a current affiliation agreement or memorandum agreement. Formal affiliation agreements vary as to term from 1 to 5 years. The attorneys for the PASSHE developed these affiliation agreements and are responsible for reviewing and approving all requested changes in language.

The table below describes the process by which clinical affiliation agreements are evaluated and reassessed. Affiliation agreements with LHUP are subject to review by the Pennsylvania State Attorney General’s Office. A list of clinical affiliation agreements is available on page 9 of the application for accreditation.

Component Part	Evaluation Method	Evaluation Timeframe
Affiliation Agreements	1. State Attorney General review	a. Original agreements 1996 b. Annual review of all affiliation and memorandum agreements (last-1/05) c. Ongoing evaluation of all requested variances
	2. Clinical Coordinator review a. Each new affiliation b. Review of site evaluations by students c. Review of faculty on-site evaluations d. Upon expiration of agreement	a. Ongoing b. After each clinical assignment c. After each site visit d. Ongoing

Affiliation agreements are maintained with the majority of area community hospitals, regional medical centers, tertiary care facilities, Academic Health Centers (Penn State School of Medicine), Veterans Administration facilities, and Federal and State Correctional facilities. The majority of the University’s clinical training sites are located in areas of underservice, such as rural communities and correctional facilities, helping to assure that PA students do not have to compete with medical students or residents for access to direct patient care. It is extremely rare that one of the Program’s preceptors would have any additional students or residents at the same time they are teaching its students.

The Program maintains the majority of affiliations within the state and several in other states. The Program has an affiliation agreement with Geisinger Medical Center, Danville, Pennsylvania, the largest single employer of PAs in the State. Geisinger physicians have participated in the didactic and clinical instruction of students. Geisinger has also provided, without charge, access to continuing medical education conferences for Program students and faculty. The Program is a recipient of a sub-contract with the Penn State School of Medicine on a grant opportunity to improve pregnancy outcomes in rural central Pennsylvania. This relationship has increased, and will continue to increase, clinical training opportunities for both first and second year PA students.

An affiliation is maintained with the North Central Pennsylvania AHEC to provide clinical training sites (especially in the North Central and Northwest areas of the state) with experienced clinical preceptors, and to assist with preceptor development. Two of the Program faculty members serve as Directors-at-Large on the North Central AHEC Board.

The University has a strong history of preparing students in the health sciences. In the 1970s the State mandated areas of educational emphasis for the various state institutions, and Lock Haven University was designated as a center for health science education for the PASSHE. The Department of Health Science contains a nationally recognized program in Sports Medicine/Athletic Training, as well as tracks in community health education, pre-physical therapy and pre-professional. A new undergraduate track for pre-physician assistant was instituted in the Fall Semester 1999, and the undergraduate Health Sciences Department has collaborated with the PA Program in developing a 3 + 2 curriculum that will enable a limited number (3-5 per year) of exceptional high school graduates from within the Commonwealth to complete a combined BS/MHS degree in five years. The initial candidates for this

combined degree program will matriculate into the professional phase in May of 2005. The University also has nursing and a surgical technology program at its Clearfield Campus. Additionally, the Departments of Biology and Chemistry jointly maintain a major in medical technology. The faculty and staff supporting these programs are well qualified academically as well as being highly competent teachers.

Capability of LHUP to Provide Program Administration and Relevant Instruction

Component Part	Evaluation Method	Evaluation Timeframe
Instructional Capability	University Curriculum Approval Process	All new courses/curricular changes
	Faculty Hiring Policy and Procedure	1. By APSCUF union contract 2. Office of Social Equity
	Faculty Teaching Evaluation	1. By APSCUF union contract 2. Module Evaluations after each module 3. Internal programmatic evaluation of faculty teaching effectiveness each semester

All PASSHE institutions are networked, providing access to the faculties, libraries, and resources of all 14 PASSHE universities. Interactive video teleconferencing capability between the University and distant medical centers enables us to access medical educational programming.

Support from the medical community has exceeded all expectations, with diverse support from area practitioners voluntarily involved in all aspects of Program development, classroom instruction, and clinical training. Area practitioners and representatives of Lock Haven Hospital were on the initial advisory committee that developed the concept for the Program. The Lock Haven Hospital, the State Health Department, the Center for Rural Pennsylvania, and the PA Program jointly participated in the Rural Health Outreach Project. This Project has won four awards (1 national, 2 state, and 1 University) for its contribution to the Clinton County community. While grant funding has ceased for this initiative and the local hospital has recently been purchased by a for-profit organization, the relationship with the facility remains strong and the students have continued to offer community health outreach activities, although on a much more limited scale. Both Lock Haven and Jersey Shore hospitals’ medical and nursing staffs have provided radiology, ACLS, operating room, emergency room, and phlebotomy experiences for first-year students. As one of the few remaining community-based, critical access, non-profit hospitals in the region, Jersey Shore Hospital has initiated a community-based health screening program and has requested assistance from the PA Program, which hopes to increase the number of outreach opportunities that it can offer through this venue starting in the summer of 2005. The Program has also entered into a subcontract relationship with the Penn State School of Medicine; an Academic Health Center located 120 miles southwest of the University. The nature of this agreement will involve first and second year PA students in the interventional (clinical) phase of a PA Department of Health grant seeking to improve pregnancy outcomes within a 26-county region of Central Pennsylvania. The Clearfield Branch Campus has likewise entered into agreements with the Geisinger Clinic in Phillipsburg, Pennsylvania, and Mount Nittany Medical Center to provide first-year students with equivalent clinical experiences.

Evaluation of Sponsorship

Lock Haven University fully meets this standard.

Strengths

LHUP is a fully accredited Institution of Higher Education that has a long history of preparing students

for careers in health sciences. Findings of an independent consultant and the self-study review team are in concurrence that the University is well suited to sponsor the PA Program.

Needed Improvements

The University will continue to work on developing and maintaining affiliations with institutions and individuals that support the mission of the Program and are willing to give of their time, talents, and effort.

Plans for Implementing Improvements

The PA Program will continue to monitor the status of institutional and individual affiliations.

A2. Personnel

1. Core Program Faculty

The leadership of the PA Program has been highly effective in carrying out the Program’s mission and acquiring the requisite resources that enable faculty to provide a high quality educational experience. Since the Program’s last ARC visit, we have added the expertise of Patrick Ivory MPAS, PA-C; John Leffert MPAS, PA-C; Douglas Ladika, MPAS, PA-C; and Gregory Famiglio, MBA, MD, all of whom are exceptionally qualified to serve in their roles as faculty. Ms. Candace Gibson and Mr. John Fabian have been added as full time administrative compliments to the Program. In October of 2000 the LHUP PA Program was cited under Standard 1B.1c (3) for insufficient faculty and Standard 1B.1d for insufficient clerical staff. Since that time, the Program has added both faculty and clerical staff as demonstrated by tables A2.1 and A2.2 below. These changes bring the Program in line with national averages for faculty/student, admin/faculty and admin student FTE ratios.

Additionally, the Program has acquired seven highly qualified part-time specialty physicians who hold faculty appointments in the didactic phase. Since our site visit in 2000, we have lost the services of two clinical coordinators, Mr. Ray McMullen, PA-C and Jeffrey Fry, PA-C. Martha Peterson, PA-C, and Shay Jones PA-C. Both briefly held faculty appointments before pursuing opportunities at other institutions. Faculty attrition was a major concern for the Program through 2003; however, subsequent hires have created a harmonious working environment. The Program has 7 FTE faculty positions, a .25 FTE medical director, and 3 FTE administrative support staff personnel. Table A2.2 provides a time span diagram of core Program personnel resources over the past five years.

Table A2.1	National	LH
Faculty:Student Ratio (1 st year class)	1:5.8	1:5.5
Faculty:Student Ratio (Total enrollment)	1:11.2	1:11.4
** APAP 20 th Annual Report		

Table A2.2

Position	Faculty Members	Aug 00	Jan 01	Aug 01	Jan 02	Aug 02	Jan 03	Aug 03	Jan 04	Aug 04	Jan 05
Program Dir. (1 FTE)	W. Eisenhower										
Med. Dir. (0.25 FTE)	M. Greenberg										
Acad. Coord. (1 FTE)	A. Smith										
Secretary (1 FTE)	L. Beers										
Admin. Assist. (1 FTE)	C. Gibson										
Faculty Pharm D (0.5 FTE)	L. Widmann										
Clfld. Coord. (1 FTE)	P. Ivory										
Clin. Coord. (1 FTE)	J. Leffert										
Faculty (1 FTE)	D. Ladika										
Faculty (1 FTE)	G. Famiglio										
ITT (1 FTE)	J. Fabian										
Clin. Coord. (1 FTE)	R. McMullen										
Clfld. Coord. (1 FTE)	R. McMullen										
Clin. Coord.r (1 FTE)	J. Frey										
Faculty (1 FTE)	M. Peterson										
Faculty (1 FTE)	S. Jones										
ITT (1 FTE)	R. Burke										

Core Program faculty members hold permanent tenure track appointments at the University. Tenure is a five-year process based on holding a master’s degree, plus

10 graduate credits, as well as student, peer, and department chairperson evaluations. To date, Mr. Eisenhower and Ms. Smith have achieved tenure status, and the remainder of faculty have received positive reviews and are on track to achieve tenure at their appointed times. Faculty members participate in Program and university-wide committees and are well-respected for their knowledge, initiative, and accomplishments within the academic community. Core PA faculty applying with a master’s degree are typically hired at the Assistant Professor level and are eligible for promotion once they achieve the academic requirements for rank increments. Faculty members are compensated at the same levels as their peers within the institution, and cost of living and step increments are determined by the current collective bargaining agreement.

Core Program faculty are responsible for teaching, evaluating student performance and student counseling/advisement, providing remedial instruction, evaluating curriculum and administration, and evaluating the Program.

- a. **Academic Coordinator:** Anna Mae Smith, MPAS, PA-C, has served as the Academic Coordinator for the Program since 2000. Ms. Smith received a BS in biology in 1985 from Albright College, and is a 1987 graduate of the Hahnemann PA Program. She did a one-year residency in pediatrics at Norwalk Hospital/Yale School of Medicine in 1987-88. She earned her MPAS from the University of Nebraska in 1997. Ms. Smith’s primary responsibility is for the administration and coordination of the didactic phase of instruction, as well as instructional unit coordination and didactic teaching. (The Academic Coordinator Job

Table A2.3	National	LH	
Admin staff:student ratio	1:51	1:26	
Admin staff:student ratio	1:2.5	1:2.3	
** APAP 20 th Annual Report			

Description may be found in the continuing accreditation Appendix D.) Her clinical background includes family practice, women's health, pediatrics, ophthalmology, occupational medicine, and corrections medicine. Ms. Smith significantly enhances the depth and breadth of didactic instruction in Pediatrics and Women's health, and she is a core lecturer in virtually every module. Ms. Smith has been in charge of the following modules: Women's Health, Endocrinology, Ophthalmology, Pediatrics, Obstetrics, Nephrology, and Rheumatology. She works part time in family practice and family planning.

- b. Clinical Coordinator:** Mr. John Leffert, MPAS, PA-C, is the Clinical Coordinator for the Program. Mr. Leffert joined the faculty during the summer of 2003 and has been a welcomed addition to the staff. Mr. Leffert began his career as a Navy Hospital Corpsman and completed the United States Navy PA Program in 1981. Upon retirement in 1992, Mr. Leffert was employed in family practice/primary until coming to LHUP. Mr. Leffert's primary responsibility is for the administration and coordination of the clinical phase of instruction. (The Clinical Coordinator Job Description may be found in the continuing accreditation Appendix D.) In addition to his clinical coordination responsibilities, Mr. Leffert has coordinated the summer Gross Human Anatomy Curriculum. Mr. Leffert attended the APAP semi-annual meeting in Phoenix, Arizona, in 2003 and again attended the APAP meeting in Nashville, Tennessee. Mr. Leffert has collaborated with clinical coordinators from regional programs in an attempt to place students in what has become a very competitive environment due to the 14 other programs that exist in the Commonwealth. Despite this competition for sites, Mr. Leffert has succeeded in recruiting and maintaining core preceptors throughout multiple disciplines, exceeding the placement needs of the Program. Mr. Leffert is actively improving sites by assuring timely feedback to preceptors and creating opportunities for preceptor development, both through the PA Program and by working with members of the AHEC team. Mr. Leffert has maintained his NCCPA certification and is completing graduate work towards his Master's Degree in Education.
- c. Clearfield Coordinator:** Mr. Patrick Ivory, MPAS, PA-C, joined the LHUP PA Program faculty in August of 2002, replacing the position held by Mr. Ray McMullen as the Coordinator of the Clearfield Campus location and bringing 24 years of experience as a practicing physician assistant to the Program faculty. Mr. Ivory was a graduate of the United States Navy Physician Assistant Program in 1981 and received his Bachelor of Science Degree from George Washington University in 1983 and his Master of Medical Science Degree from the University of Nebraska in 1998. Mr. Ivory is a retired United States Navy Chief Warrant Officer who returned to Clearfield County to practice in family medicine at the Geisinger clinic in Phillipsburg, Pennsylvania. His past experiences include training Navy Hospital Corpsmen for independent duty on submarines, as well as other leadership and training responsibilities, and was designated a Master Training Specialist by the Naval School of Health Sciences. Mr. Ivory is the President of the Pennsylvania Society of Physician Assistants and serves on the Board of Directors of the North Central Pennsylvania AHEC. He also serves as the faculty advisor to the LHUP PA Program Student Society and coordinates the following content areas within the curriculum: ACLS, ENT Module, Emergency Medicine Module, Rheumatology Module, Oncology Module, Pulmonology Module, and Infectious Disease Module. Mr. Ivory served as the Chief Delegate for Pennsylvania at the AAPA National Meeting in Las Vegas and Orlando and recently attended the advanced faculty skills workshop conducted by the APAP Leadership Training Institute. While continuing to practice part-time at the Mount Nittany Medical Center

Emergency Room, Mr. Ivory has maintained his NCCPA certification and is completing graduate work toward his Master's Degree in Education.

- d. Doug Ladika PA-C: Mr. Doug Ladika joined the Lock Haven University Faculty in January 2003 after 30 years in clinical practice. Mr. Ladika was a 1977 graduate of the Hahnemann University Physician Assistant Program and has worked in numerous primary care and specialty areas since graduation. Mr. Ladika's organizational skills and teaching style command rave reviews from students and peer mentors. Mr. Ladika has been responsible for the coordination, teaching, monitoring, and evaluation of the following areas of the PA Program Curriculum: Introductory Module, Genomic Medicine, Allergy/Immunology Module, Psychiatry Module, Neurology Module; Dermatology module, Geriatrics Module, and Orthopedics Module. Mr. Ladika has coordinated a weekly remediation study group for those students who fall under the required 3.0 GPA, and has coordinated the PA day activities for second-year students when they return to campus. Mr. Ladika attended the basic faculty skills workshop at the APAP annual meeting in Nashville, Tennessee, in October 2004. Mr. Ladika has maintained his NCCPA Certification and is working towards a Master's Degree in Education.
- e. Gregory Famiglio, MBA, MD: In January 2004, Dr. Gregory Famiglio, a Board Certified Anesthesiologist, joined the faculty of the LHUP PA Program. Dr. Famiglio received his BS Degree from the Massachusetts Institute of Technology, his medical degree from the Jefferson School of Medicine in Philadelphia, Anesthesia residency at Georgetown University Hospital, and a fellowship in Pediatric Anesthesia at the Harvard Medical School Children's Hospital. Upon completion of residency and fellowship, he practiced pediatric anesthesia from 1989 to 2001. Dr. Famiglio also completed his MBA from the University of Southern Florida. Dr. Famiglio has been active in the Association of Physician Assistant Programs by providing a lecture on copyright in PA education at the Nashville semi-annual meeting. Dr. Famiglio and Mr. Eisenhauer have been invited to give a similar presentation on copyright at the AAPA National Meeting in Orlando, Florida, in June 2005. Within the Curriculum, Dr. Famiglio has spearheaded the summer research curriculum and has mentored the second-year student Evidence Based Medicine Projects. He has also coordinated the following areas of curriculum: Gastroenterology Module, Surgery Module, Endocrinology Module, Cardiology Module and Human Sexuality Module. Evaluations have demonstrated Dr. Famiglio to be a competent and effective lecturer within the Program.

2. Program Director

Program Director: Walter A. Eisenhauer, MMS, PA-C, is the current Program Director and also the Department Chairperson. Mr. Eisenhauer assumed this role upon the departure of John Schroeder, JD, PA-C, who left the Program to assume the Program directorship at the University of Idaho. Mr. Eisenhauer is a NCCPA certified Physician Assistant who has been with the Program since its inception and has served in the roles of Clinical Coordinator and Academic Coordinator. Mr. Eisenhauer received tenure in 2002 and holds a faculty appointment as an Associate Professor with release time for Program Director and Department Chairperson responsibilities. He is responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the Program. Prior to becoming a PA, Mr. Eisenhauer was a Navy hospital corpsman. He is a 1984 graduate of the Hahnemann University Physician Assistant Program, simultaneously receiving a bachelor's degree from the same institution. Following graduation, he completed the Norwalk Hospital/Yale PA Surgical Residency Program. In 1985 Mr. Eisenhauer returned to Pennsylvania and was employed by Geisinger Health System as a family practice physician assistant. In 1994 Mr. Eisenhauer served on the Lock

Haven University PA Program feasibility committee and in 1996 was hired as the Program's initial clinical coordinator. Mr. Eisenhower received his Master's Degree in Medical Science from St. Francis University in Loretto in 1997 and is scheduled to complete his Master's Degree in Education in May 2005. Mr. Eisenhower has been a staunch advocate for the use of educational technology and has spearheaded an effort to database all components of the Program including curriculum. He has served in various leadership roles on local, state and national levels. He is a former Director at Large of the Pennsylvania Society of Physician Assistants; former President of Clinton County Healthy Communities, a local State Health Improvement (SHIP) Initiative, while continuing to serve on the Board of Directors; a Director at Large on the Pennsylvania Rural Health Association; and is serving in his second term as a Director at Large of the Association of Physician Assistant Programs. Mr. Eisenhower has successfully written several Title VII physician assistant training grants and served as the principle investigator for a grant cycle extending from 2000 to 2003. In 2004 he participated in writing a Pennsylvania Department of Health Centers for Excellence grant in collaboration with the Penn State College of Medicine. This 4.9 million dollar grant will involve students in an interventional research project designed to improve pregnancy outcomes throughout rural areas of the Commonwealth. The Program Director is responsible for supervision of the Medical Director, Program faculty, and staff. (The Program Director Job Description may be found in Appendix D of the ARC accreditation application.)

3. Medical Director

Dr. Michael Greenberg has been the medical director of the LHUP PA Program since its inception. Dr. Greenberg received his MD degree from George Washington University School of Medicine in 1969 and his MBA from the Wharton School, University of Pennsylvania, in 1987. He is board certified in family practice and has practiced in Clinton County since 1970. Dr. Greenberg has continuously employed physician assistants in his practices since the mid 1970s and has published numerous articles on the economic benefits of their employment. He has been a preceptor for physician assistant, nurse practitioner, and medical students, as well as family practice residents since 1978. He is past chairperson of both the Medical Group Management Association's Society of Physicians in Administration and the American College of Physician Executives' Group Practice Society. He received an appointment (.25 fte) as Medical Director in December, 1995, has chaired the Admissions Committee from 1996 to the present, lectured in various classes, arranged and provided various clinical experiences for the students, developed and reviewed course and curricular content, arranged lecturers, and recruited preceptors. He has also made site visits to clinical sites to assess the site and the progress of students. In addition, he submits a periodic medical quiz to the students over the Internet. Dr. Greenberg has also attended numerous APAP and AAPA conferences and has been a participant in the activities of the APAP medical director group. Dr. Greenberg has provided continuous competent medical guidance in all aspects of the curriculum, and has been immensely helpful in eliciting and maintaining the support of the medical community. (The Medical Director Job description may be found in Appendix D of the ARC accreditation application.)

4. Instructional Faculty

- a. Louis Widmann, Pharm. D.: Dr. Widmann graduated *summa cum laude* with a BS in biology from Lock Haven University in 1984. He then received a Bachelor of Science Degree in Pharmacy from Temple University, graduating *summa cum laude* and as class valedictorian in 1988. He went on to receive his Doctor of Pharmacy from Duquesne University and completed a residency in clinical pharmacology at Mercy Hospital of Pittsburgh in 1991. He was Director of Clinical Pharmacy Services at Lock Haven Hospital from 1991-1993 and began teaching at Lock Haven University as an Assistant Professor (temporary) in 1992, switching to full-time tenure track status in 1996. He developed and taught Anatomy and Physiology I & II for the Nursing program, and has taught Introduction to Pharmacology (undergraduate), Human Physiology, Human Anatomy and other health science courses. He developed and has taught Human Pathophysiology, Pharmacology I and II, and coordinated Clinical Medicine I and II for the PA Program prior to the evolution to course modules. He continues to teach the same content in the modular curriculum. He was a member of the initial advisory committee that was instrumental in bringing the PA Program to Lock Haven University, and has served on the Admissions Committee. He is a member of the American College of Clinical Pharmacy, American Pharmaceutical Association, American Society of Consultant Pharmacists, Phi Kappa Phi Honor Society, and the Human Anatomy and Physiology Society. Dr. Widmann holds a 0.5 FTE appointment with the PA Program.
- b. The following physicians hold part-time faculty appointments with the Program
 - 1) Mark Armstrong, MD General Surgery
 - 2) James Young, MD OB/GYN
 - 3) Rick Sunderlin, MD Endocrinology
 - 4) Osagie Okundaye, MD Cardiology
 - 5) Kevin Parry, MD Neurology
 - 6) Sandra Beal, MD Pediatrics
 - 7) William Ayoub, MD Rheumatology

These physicians, all Board Certified Providers from the region, have extensive experience with PA practice and all serve as clinical preceptors for the Program. This arrangement provides valuable feedback from clinical preceptors who serve as lecturers and also employers of our graduates. In addition to the instructional faculty listed above, the Program has enlisted over 350 clinical faculty members who supervise student clinical practice. These preceptors assess student performance and provide the student, and the PA Program, with valuable feedback on student progress toward achieving Program requirements. Table A2.4 below outlines the evaluation mechanism for Program faculty.

5. Administrative Support Staff

- a. Candace Gibson is a relatively new addition to the PA Program Staff. Ms. Gibson serves as an Administrative Assistant for both the PA Program Director and the clinical coordinator. The LHUP PA Program was cited for inadequate administrative support during its 2000 reaccreditation process. Since that time, the department has undergone significant organizational changes and secretarial support for the department was carried out by grant supported personnel. Now that the department has become the School of Graduate Studies, the administration has allocated resources for this permanent administrative assistant position to support the director and clinical coordinator. Ms. Gibson's role in the PA Program is to assist the Program Director in overall Program administration and additionally to provide administrative and logistics support for the Clinical Coordinator. As a native of Central

Pennsylvania, Ms Gibson is very familiar with the healthcare resources within the community. Ms. Gibson is a 2004 graduate of Lock Haven University with a Bachelor's Degree in Accounting and Management Science. Ms. Gibson began her tenure in the fall of 2004.

- b.** Lori A. Beers has been the Program secretary since July 1996. She received her Associate Degree in Specialized Business, Secretarial Science-Medical Option, in 1994 from the Williamsport School of Commerce. She has a background in anatomy, medical terminology, medical office procedures, medical transcription, grant writing, and computer applications. She is an exceptionally productive, organized and an integral part of the Program. She has received recognition from faculty and students for her work and positive attitude. Ms. Beers is the secretary for all Program faculty members, including the Director, Medical Director and Academic Coordinators. She maintains all office files, coordinates the admissions process, coordinates all correspondence with preceptors, and she has developed and maintains databases for all applicants, students, graduates, and preceptors. She also oversees the 2-3 student workers employed in the Program. Virtually all Program activities are funneled through Ms. Gibson and Ms. Beers.
- c.** Mr. John Fabian: In 2000 the Program acquired a federal training grant that facilitated the development of an extensive database project. This grant facilitated the employment of Mr. Ryan Burke as an Information Technology Technician. After four years of web and database development, Mr. Burke relocated to North Carolina and was replaced by Mr. John Fabian. This initially grant-funded position has been converted to a permanent University-funded position starting in 2003. Mr. Fabian is a 2004 graduate of University of Pittsburgh, where he was a Computer Science major. Prior to coming to the PA Program, he was employed by United Parcel Service, working extensively on web tracking mechanisms for parcel delivery status. Mr. Fabian has an extensive background in database design, web development, and personal computing issues. His role is to continue developing the PA Program webs and databases, support faculty in web development, and support students with issues related to hardware and software with their personal laptops.
- d.** The PA Program also typically employs 2-3 student workers (undergraduate, non-PA), each of whom works approximately 20 hours/week. Ms. Beers is the immediate supervisor for these clerical and support workers.
- e.** Upon adding the Program's distance education initiative to the Clearfield Campus, LHUP administration approved a one FTE graduate assistant complement to the Program. This position has been split into 2 (0.5 FTE) positions, one for the Clearfield Campus, and one for the Lock Haven University Main Campus. These graduate assistants are first year PA students who provide technical assistance to lecturers in the classroom by running the camera, making sure that equipment is running prior to lectures, and other duties. In return, the students receive a 50% tuition waiver and a stipend. Graduate Assistants are not involved in general Program administration and do not have access to faculty resources or student data.

Evaluation of Faculty/Staff

Program Faculty and staff are evaluated as shown in the table below. Faculty evaluations are determined by a Collective Bargaining Agreement between the PASSHE and the Association of Pennsylvania State College and University Faculties (APSCUF)

Table A2.4

Component Part	Evaluation Method	Evaluation Timeframe
Personnel Resources		
1. Department Chairperson/Program Director	1. Performance Review by Dean 2. Faculty Review/Vote 3. Presidential Reappointment	1. Annual until Tenure then q5 yr 2. Every three years or upon demand 3. Annual/5year
2. Medical Director	1. Performance Review by President	1. Annual
3. Clinical Coordinator	1. Department Chair Review 2. Dean's Evaluation	1. Annual until Tenure then q5 yr 2. Annual until Tenure then q5 yr
4. Academic Coordinator	1. Department Chair Review 2. Dean's Evaluation	1. Annual until Tenure then q5 yr 2. Annual until Tenure then q5 yr
5. Faculty	1. Department Chair Review 2. Dean's Evaluation	1. Annual until Tenure then q5 yr 2. Annual until Tenure then q5 yr
6. Administrative, Secretarial, Support Staff	1. Performance Review	1. Annual

Professional Development

The PASSHE provides support for faculty professional development through several mechanisms. Tuition for graduate credit is waived at any of the 14 PASSHE institutions enabling faculty to pursue graduate degrees in a number of disciplines. Program and University professional development budgets support faculty travel and tuition at professional conferences. The University Teaching and Learning Center and Office of Distance Education host a variety of seminars each semester designed to help faculty improve classroom teaching, use educational technology, and develop effective online teaching strategies. The University allows for educational leave that facilitates faculty participation in educational opportunities. Faculty members are encouraged to publish, write grants, do presentations at national conferences, and pursue other professional development activities. Individual faculty development can be found within the core faculty CV's located in the application for accreditation.

Evaluation of Personnel Resources

The Program fully meets this standard.

Strengths:

Representing one of the Program's core strengths, the faculty consists primarily of clinically active physician assistants with over 130 years of primary care healthcare experience. This faculty component is balanced with a mix of clinically active specialty physicians who provide students with the breadth

and depth of didactic exposure required prior to beginning clinical rotations. The Medical Director is a primary care physician who has worked with and employed physician assistants for 30 years and has published numerous articles in the medical literature regarding the incorporation of PA's into group practice settings. The current Program Director has demonstrated professional and managerial leadership consistently over the past five years. The director's insight and drive have made the program a leader in technology and distance education. The current level of administrative support is excellent and provides for both faculty and student needs.

Needed Improvements

Faculty members will need to continue their scholarly growth through activities designed to improve their academic skills, teaching abilities, and pursuit of scholarship through publications and grant writing. Additionally, University administration and Program leadership will continue to encourage faculty to pursue advanced degrees, research opportunities, and other measures of academic success that will enable them to continue to be role models for students.

Plans for Implementing Improvements

The department and the University will continually monitor faculty professional development.

A3. Financial Resources

Funding for the PA Program is provided by the University through its annual budget allocation from the PASSHE. The Program has an annual budget of \$22,500 for administrative and instructional needs at the main Lock Haven campus and \$19,500 for the Clearfield campus. Unlike many PA Programs, some traditional costs of running a program come out of the University's instructional budget. Items such as faculty salaries and benefits, accreditation fees, library purchases, advertising, computers, telephone, mail, and some travel are not included in the Program's annual budget. The initial year of the Clearfield Branch Campus development reflects increased equipment and other startup costs that facilitated Program development. The budgets below do not reflect student equipment funding used to buy instructional models, software, and other disposable equipment used in the instructional processes that represented approximately \$6,000 annually in the years 2001 through 2004. The budget figures below reflect overall operating expenses for Clearfield and the Lock Haven Main Campus.

Operating Expenses	01/02		02/03		03/04
Grand Total	\$684,995		\$749,462		\$876,173

The capital expenditures required to upgrade the Lock Haven and Clearfield classrooms enabling distance education are not reflected in these figures. Each classroom required ITV equipment in the form of V-Tell units, microphones, TV monitors, and Smart boards, representing an approximate cost of \$50,000 per room and paid for out of a venture capital loan grant through the PASSHE. The Program was the recipient of a HRSA Title VII training grant in 2000, enabling the development of a comprehensive database that covers all aspects of the Program from admission through curriculum and graduate data. This \$350,000 grant, over three years, also assisted the Program in the development of the PA Program Curriculum website, software acquisitions, and other training materials. The Program is currently a co-investigator in a Pennsylvania Department of Health Centers of Excellence Grant along with the Penn State College of Medicine. This grant will supply training and personnel resources to facilitate student participation in the interventional phase of the grant geared at improving pregnancy outcomes throughout central Pennsylvania. All Program budget needs and requests have been met.

The Program has also been successful in soliciting approximately \$30,000 in private foundation funds over the past five years. These funds have been used to support outside speakers, White Coat

ceremonies, Web server acquisition, field trips and preceptor development initiatives. See Self-Study Appendix B for PA Program costs for 2002-2004.

Evaluation of Financial Resources

The Program fully meets this standard.

Strengths: All Program budgetary requirements have been met. The PA Program has negotiated adequate budgets to cover all instructional and equipment costs for both the Clearfield and Lock Haven Campuses. The Program has also been successful in leveraging grant funding for special projects and private donations to support guest speakers, field trips, web servers, and other value added services for students

Needed Improvements

The increased cost of performing site visits will continue to strain budgetary resources and the PA Program will require an increase in program budgets.

Plans for Implementing Improvements: Continued negotiation with University administration for marginal increases in Program budgets due to increased costs associated with inflation and Program growth. The PA Program will also continue to work with the University foundation and alumni toward acquiring external funding.

A4. Physical Resources

The Program maintains adequate classroom and office space

1. **Classrooms:** The Program's classrooms, a student society office, physical diagnosis laboratory space, and storage are all located in the Zimmerli Building. A designated classroom, Zimmerli 7, is currently assigned to the Program. It is furnished with fixed library-type tables with plug-in intranet/Internet, power supply, and press and speak microphones at each position to accommodate 36 students. The room also has an x-ray view box, an examination table, two walls of chalkboards, two bulletin boards, a VCR/TV, a DVD recorder, a front and rear TV monitor, a computer, and a sink. The classroom currently has a Crestron unit that is used to deliver distance education to and from the classroom locations at the Clearfield branch campus on an average of seven hours per day. The Lock Haven classroom is also equipped with an audio amplifier to insure adequate sound levels to all parts of the room. Designed to be a temporary distance education room, the PA classroom is in need of some equipment and aesthetic upgrades. The University has committed to adding additional equipment storage racks and wire moldings in order to assure that the room is well organized for faculty and student use. The classroom has three storage closets and additional storage cabinets have been ordered. Adjacent to the classroom is a Student Society office with a storage room, allowing space for file cabinets, collections of journals, software, texts, and reference books. The storage room contains a sink and refrigerator, as well as cabinet storage and counter space. Faculty offices, the PD lab, and the conference room provide convenient areas to facilitate small group instruction. Additional classroom space is at a premium on the Main Campus; however, the Program has been able to locate suitable space when needed. Large meeting halls are available for joint class meetings/activities in the Parsons Union Building and Robinson Classroom Building; however, they are increasingly being utilized for large section undergraduate classes on campus. In response to the demand for improved small group meeting space, a larger physical diagnosis and cadaver lab, and an auditorium that will be used to accommodate joint class activities, the University has purchased the Keystone Central School District Vocational Building to become the new LHUP Health Sciences center. This building will accommodate both the PA Program and the Department of Health Sciences. The design phase of this building is now complete, funding has been released from the state, and the Program is scheduled to move both classrooms and faculty offices into this 17,000 -

square-foot facility in January of 2007. The building design will augment the PA Program's facilities by creating two one-way glass observation/video patient examination rooms to discretely observe and tape student interview and exam techniques. The facility will increase the available space for small group instruction and provide for a state-of-the-art tiered auditorium facility that will seat 150 students. This will accommodate activities for both PA classes simultaneously, as well as offer a state-of-the-art facility that can accommodate CME for preceptors and the regional medical community.

The Clearfield Branch Campus classroom is likewise equipped with modern videoconferencing equipment that provides high speed internet access to students. In contrast to students at the Lock Haven Campus, Clearfield students have limited after hour access to library resources. In order to address the equivalency issue related to library resources and accessibility of high speed Internet access the dedicated PA classroom in Clearfield is being equipped with swipe card access. This keycard access for PA students will provide access to the classroom 24 hours a day, seven days a week.

2. Program offices: Administrative staff and Program faculty offices are located in the LHUP Campus Annex Building that is located approximately 300 yards from the dedicated PA classroom. The Clearfield faculty office is adjacent to the distance education classroom. All faculty members are provided with private offices that facilitate student counseling, small group instruction, and completion of oral and practical examinations. In addition the faculties have state-of-the-art computers, monitors, and access to network storage drives, printers, storage space and filing cabinets. Copy machines and network printers are centrally located to all faculty and staff offices in the Annex building. Scanners are available at various locations throughout the building, along with centralized color and black monochrome laser printers. A large-document printer is also available for faculty access in the building. Software resources are extensive, including Front Page, Dreamweaver with extensions, LXRtest for computerized testing, and digitizing equipment that will convert video, voice, and other media for use on the Program's website or the Program's E-College portal (used in both the first and second years of the Program). Faculty and staff are provided with private phone extensions, email accounts and computer network accounts that facilitate storage of electronic media. (Appendix C provides detailed information regarding the facilities, office space and equipment available to faculty at both locations.)
3. Laboratories: The cadaver laboratory for Lock Haven Campus is located in the Himes Building, approximately 100 yards from Zimmerli. The Himes facility also contains exercise physiology and physical therapy/rehabilitation equipment. Initially, the Clearfield branch campus used the morgue at the Clearfield Hospital for the lab section of cadaver anatomy; however, convenient access to this facility was an issue. In 2004 the Program acquired a ventilated cadaver tank and located it in the Chemistry prep area, 150 square feet of the Clearfield Campus. The tank is connected to the existing chemistry ventilation system that provides flow rates that exceed OSHA standards and was used extensively in the summer of 2004 without the any detection of formalin/phenol odors within the room. The physical diagnosis laboratory, specifically constructed for the PA Program, is in the Zimmerli building across the hall from the classroom. It contains eight curtained cubicles with examination tables, storage cabinets, supplies, and equipment. The Clearfield PD area is shared with the Nursing department and provides 1,500 square feet of lab space for physical diagnosis instruction.
4. Equipment and Supplies: Equipment and supplies include, but are not limited to, physical diagnosis equipment, examination tables, examination lights, x-ray view box, cadavers, microscopes, centrifuges, laboratory equipment, rolling carts, rolling stools, tables, computers, software, instruments, IV poles, bandage materials, IV equipment and supplies, gloves, gowns, masks, surgical

equipment and supplies, charts, and diagrams. Models include pelvic, obstetric, prostate, testicular, breast, intravenous arms, mannequin with wounds, catheterization and intubation components, and other assorted models. All purchase requests have been honored.

5. Libraries: Stevenson Library: Because the emphasis of this program is placement and retention of PAs in medically underserved areas (correctional facilities or rural communities) where medical library resources are virtually non-existent, the focus of our library planning has been to acquire access to, and prepare our students for the utilization of, electronic resources. Students are required to purchase a laptop computer upon entering the Program. All students are required to subscribe to the core MDConsult© collection, an online textbook and journal service. This service contains 49 keyword searchable online textbooks including many current version classics, such as Nelson's Pediatrics, Sabiston's Textbook of Surgery, Cecil's Textbook of Internal Medicine, Conn's Current Therapy 2005 and more. Additionally, the service provides over 71 full-text journals that are also keyword searchable for topics related to the students' current area of inquiry. Many of these articles are available in PDF file downloadable versions. Students will frequently "cut and paste" segments of readings to compliment lecture notes. Faculty members post reading assignments from MD Consult, or other online resources, on a web page designated for each lecture.

A thorough review of bound library holdings was completed in the spring of 2005 with cross referencing of the existing holdings with the suggested Brandon Hill Small Medical Library's collection. Holdings at the Lock Haven Main Campus Library were compared with those at Clearfield and found to offer students a wide variety of current reference texts. Approximately 10 new hardbound versions were added this spring at each campus to complete the collection. Ms. Cathy Weglarz, the Program's Medical Librarian, has an extensive medical library background from her previous tenure with the UMDNJ Medical School in New Jersey. Ms. Weglarz routinely reviews the existing digital and hardbound collections and makes purchases to expand and keep the collection current.

University computer accounts allow the student to access the various other online resources maintained by the library and the libraries of the other 13 PASSHE institutions (which are linked by the Keystone Library Network). The Library provides access to the National Library of Medicine's (NLM) MEDLINE database via the EBSCOHost and Ovid interfaces. MEDLINE is NLM's premier bibliographic database that contains approximately 13 million references to journal articles in life sciences with a concentration on biomedicine. Students receive library instruction in both MEDLINE and PubMed, NLM's web-based resource which provides access to the MEDLINE database, as well as to additional biomedical references and full-text information. The library is a participant in the Middle Atlantic Region of DOCLINE, the National Library of Medicine's online Union Catalog of Periodical Holdings and automated interlibrary loan request and referral system. Stevenson Library can request materials directly from the National Library of Medicine.

With their computer accounts, students may access additional full-text materials via EBSCOHOST, which provides full-text articles, indexing, and abstracts to thousands of journals. EBSCOHOST includes a search engine for CINAHL, the allied health database that contains the current physician assistant trade publications. The LHUP library provides free document delivery service for any item not available in its collection. Requests for documents are made electronically, and journal articles are emailed to the patron's desktop when possible. The online holdings also include Lexis Nexis Academic Edition, and an account for ACP Medicine (formerly Scientific American Medicine), a definitive evidence based resource.

It is our firm belief that paper texts and journals will not be the primary means of medical periodical research or continuing education in underserved areas. By becoming adept at accessing electronic

medical resources, students will take with them invaluable skills and resources that will positively impact their medical practice. Thus, future library purchases will increasingly be directed toward the acquisition of electronic database services.

6. Instructional Aids: Instructional aids purchased specifically for the PA Program include models for nasogastric intubation, lung and heart sound simulation, pelvic examination, prostate examination, bladder catheterization (male and female), breast examination, wound care, venipuncture, IV access, endotracheal intubation, various charts and diagrams, software, and videotapes. Additional models and materials are available through the nursing and health science programs.
7. The University's Learning Resource Center maintains a wide array of media equipment, including a campus radio and television studio, videotape library, video equipment, and projectors. Video rentals from outside organizations, such as Geisinger and Penn State School of Medicine, do not come out of the PA Program's budget. The students utilize video equipment for taping medical interviews and learning medical communication skills.
8. Computers: All faculty members have a computer at their desk that is linked to the University intranet and Internet. Because of the Program faculty's heavy use of technology, the University has provided us with one to two new computers each year and significant drive space on the University server. We replace the oldest computers with new ones each year on a rotating basis. The PA Program faculty constitutes the "heaviest" user group of computer technology and resources on campus.

In the summer of 2001 the University upgraded the dedicated PA classroom, Zimmerli 7, into a fully interactive videoconferencing room. The room provides each student with wireless and Ethernet capacity for laptop or PDA connectivity. The video conferencing equipment is capable of connecting to the Clearfield Campus via either ISDN or Internet Protocol video connection. The standard connection speed is 256K, providing high quality video and audio between the two campuses. Infrastructure development over the past three years has created a dedicated fiber link between the two campuses capable of running full motion video. The University, because of its commitment to developing a program of the highest quality, gave this action highest priority. The PA classroom is equipped with a 72-inch Smart Board® and a dedicated computer that is used to display PowerPoint presentations, documents on the overhead document camera, or other resource material used during faculty presentations. Smart Technologies also enable the lecturer to annotate materials and capture the original document, plus annotations, for distribution to students. Recently, the Program has had access to a Mediasite Server® that captures and streams lectures for future retrieval. These lectures may then be stored on the PA Program's dedicated server or copied to CD for student distribution. This technology has been used to capture several lectures during the recent Rheumatology Module and all second-year student Evidence Based Medicine Presentations have been captured in February 2005 and are available on the University's website. Acquisition of a Mediasite Server® is contained in the 2005-2006 Technology Plan and the PA Program has also requested funding for an additional Mediasite Server® through a HRSA Title VII Training Grant that was reviewed in February 2005. This same grant was approved, although not funded, in 2004, and the Program remains optimistic that it will be able to add lecture archiving and augmented student portfolio development using this technology starting in 2005.

The PA Program has recently purchased a dedicated server to host the PA public and protected curriculum website. The Program maintains a curriculum website for students that contains online resource materials, terminal objectives, enabling objectives, course requirements, policy and procedure manuals, search engines, MDConsult, faculty contact information, and links to the

homepage of each module. By going to a module homepage, the student may review enabling objectives for the instructional unit, access reading assignments on MD Consult or the WWW, and preview the majority of lectures that are available in PowerPoint presentations. Students can access these resources at their desk in the classroom or from home. Over the past four years, the Program has converted its website to include a database backend that links terminal objectives to ARC standards. The Program maintains a local area network for sharing Program documents. Distance learning technology links the campus with the Clearfield Campus, as well as with other compressed and uncompressed video sites worldwide. It is a goal of the Program to prepare students to utilize available electronic media as resources in their medical practice in medically underserved areas.

Evaluation of Physical Resources

The LHUP PA Program fully meets this standard.

Strengths

The sponsoring institution has demonstrated excellent leadership in providing a stable computer network infrastructure to facilitate the delivery of distance education. Over the past three years of online ITV delivery, the connection between Clearfield has been disrupted for less than a total of eight hours over that time. Physician Assistant faculty members are privileged to maintain private offices to facilitate private student counseling. Library and learning resources are excellent and readily available to faculty members for instructional purposes. The office of distance education has also demonstrated significant leadership in assuring that faculty members have the requisite skills and equipment to accomplish their goals

Areas Needing Improvement

The Program has stretched its resources for physical space. The current physical diagnosis lab on the Lock Haven University Main Campus is too small to meet the needs of the Program. Small group meeting spaces are at a premium, and the Program frequently utilizes faculty offices to conduct this instruction. Electronic equipment racks and wire moldings need to be installed in the Zimmerli 7 (Lock Haven) dedicated classroom to assure equipment is protected. Clearfield students have limited after hour access to high speed Internet connections and library resources.

Plan

Plans are complete for the renovation of the former Keystone Central Vocational Building for the Department of Health Sciences and the PA Program. This newly renovated facility will increase the size of the cadaver dissection area, physical diagnosis labs, and small-group meeting areas. It will also provide for a large dedicated auditorium that will accommodate activities when both the didactic and clinical year students are on campus. Equipment racks and wire molding will be installed before the next class begins in May 2005. The Zimmerli 7 classroom is scheduled for a complete rebuild of distance education equipment in August of 2005. Similarly, the Clearfield dedicated classroom will be, newly equipped with swipe card access by the beginning of the fall semester 2005. Students will be granted 24-hour access to the classroom in order for them to access the University's high-speed Internet connection and thus library resources.

A5. Operations

1. Fair Practices

The LHUP PA Program has diligently reviewed and maintained all documents, literature, and online resources to assure consistent and accurate reflection of the Program, admissions process, faculty and student policies and procedures. In fall 2004 the Executive Admissions Committee recommended changes to the prerequisite courses to include Genetics and Statistics. This change reflects the increasing need for students to understand concepts in genomics and evidence-based

medicine. The recommended changes were approved by the University Curriculum Committee in February 2005; changes were posted on the Program's website, the APAP online directory and the web version of the University *Catalog*. An addendum will be added to all future mailings reflecting these changes; although, the print catalog and paper mailers will not reflect these changes until scheduled reprinting in 2006. The Program has full administrative control over its public website and changes are updated as necessary.

a. Faculty Policies

Faculty recruitment and employment practices are published by the University and are consistent with the APSCUF collective bargaining agreement and state and federal laws. Lock Haven University has a policy of non-discrimination in all aspects of University functioning, assuring equal opportunity to all persons without regard to race, color, religion, creed, disability, ancestry, national origin, gender, or sexual orientation. The University has defined and published policies as regards student conduct, disciplinary procedures/sanctions, student and faculty grievance procedures, academic honesty, Student Bill of Rights, Statement of Student Rights and Responsibilities, gender discrimination/sexual harassment, hazing, social equity/affirmative action, and Americans with Disabilities. These policies and procedures are published in the University's *Student Handbook*, which is given to each student entering the PA Program. Policies and procedures are also published in the *PA Program Student Handbook* and on the Program's academic webpage. A copy is given to each entering PA student and reviewed at orientation. Changes in PA Program policies and procedures are proposed and approved by the PA Program faculty, the Department of Graduate Studies, and the LHUP Graduate Council. Substantive changes must be approved by the LHUP University Curriculum Committee and the Administration prior to implementation. Recently, the State Attorney General's Office has collected, and is in the process of reviewing, all PA Program policy and procedure manuals to insure compliance with current state and federal law

b. Academic Credit and Costs:

Because of the sequential modular format of the Program, and since each module has group/team assignments, practical examinations, and service learning activities, there is no advanced standing or credit by examination. All students are required to participate in all modules and courses. The University publishes costs and tuition after approval by the PASSHE. This information is maintained in its updated form on the PA Program website.

c. Student and Faculty Grievances:

The University publishes its student grievance policy and procedures in the University's *Student Handbook* given to each student at orientation. An ombudsman is available to assist students with grievances. Faculty grievances are handled through policies and procedures established by the APSCUF collective bargaining agreement which is provided to each faculty member. Union representatives are available to assist faculty with grievances.

d. Student Withdrawal:

Policies and procedures for withdrawal are published by the University in the *Student Handbook*, the *University Catalog*, and reproduced in the *PA Program Student Handbook*.

e. Work by Students:

Students are discouraged, though not prohibited, from working during the first year of the Program. This policy is published in the PA Program Student Manual and is provided to, and reviewed with, students on the first day of class. Two students are employed as 0.5 FTE graduate assistants to assist in distance education delivery. Students are made aware of these positions prior to matriculation and selection is based on technologic expertise, previous academic performance, and financial need. The responsibilities of these students are limited to acquiring and monitoring connectivity, assisting faculty and guest lecturers with technologic issues, and helping to insure that the remote site is able to hear, see, and interact with students and lecturers at the delivering location. One 0.5 FTE graduate assistant is located at each of the two campus locations. Physician Assistant students do not take the responsibility or place of staff during the first or second year of the Program.

Student Safety

24-hour campus law enforcement is available at the Lock Haven Main Campus, and local law enforcement monitors the Clearfield location closely. Law enforcement officers at both locations work closely with regional and state law enforcement agencies. Both campuses are well-lighted. Crime in Lock Haven and Clearfield is at a very low level. Policies and procedures cover needle stick and infectious disease testing and immunizations. Students are required to attain either FBI or PA State Police Criminal Background checks to facilitate clinical placements. Program and university classrooms, labs, restrooms, and offices are handicap accessible. Students must maintain malpractice and health insurance.

f. Student Records

The Office of Academic Administration and Records maintains the official academic transcripts of students at both the Lock Haven and Clearfield locations. Electronic files containing the academic records of students are available (limited access) via computer, and there is no need to maintain them in the PA Program files. The PA Program maintains testing results, professional and behavioral evaluations, miscellaneous certificates of completion such as the CDC Epidemiology Course Certificate, BLS, ACLS, and grade databases. The Office of Enrollment Services maintains the original transcripts on each student. The Program maintains two types of files on each currently enrolled student: one set of files contains a copy of application materials, correspondence, counseling, health status documentation, and evaluation materials, and a second set of files contains information on the student's individual clinical rotations. The student may review the contents of each of these files, except for those letters of recommendation in the application file for which the student has waived right of review. These files are locked and maintained in the Program office, Annex 104.

g. Faculty Records

The Provost/Office of Academic Affairs maintains faculty personnel records. The Personnel Department and the Dean of the College of Education and Human Services maintain additional records. The Program maintains faculty curriculum *vitae* and other minor descriptive documents, and these files are open to faculty.

h. Admissions Policies and Procedures

Admissions: prerequisites, factors utilized in selection, and policies and procedures are accurately published in all Program materials. Performance criteria are provided verbally at the time of interviews, in writing on the first day of class, and upon request. Criteria are published in the *PA Program Student Manual* that is available to all students on the

Program's curriculum web site at all times. Up until the admissions cycle for the class matriculating in 2005, all applicant folders were evaluated on pre-selected criteria by a minimum of two members of the admissions team to determine qualifications for interview. In 2005 the volume of applicants necessitated the creation of an expedited process that "pre-screened" applicant folders and immediately invited for interview those meeting all of the course requirements and certain GPA and GRE criteria. Criteria for both application and interview, and forms delineating those criteria, are utilized by the reviewers/interviewers. The criteria do not vary from candidate to candidate. Rejected applicants are invited to contact the Program to determine areas in which they may need to strengthen on subsequent applications.

Evaluation of Operations

The LHUP PA Program fully meets this standard.

Strengths

University and PA Program policies are routinely and systematically reviewed and available to applicants, students, and faculty via the World Wide Web. Policies are equitable and reflect current applicable federal and state law.

Areas Needing Improvement

Responsibility for handling requests for Program information and oversight of the admissions process is changing from the LHUP office of enrollment services to the LHUP Admissions Office. While LHUP Admissions has extensive experience in providing marketing and admissions support for the undergraduate population, they are not familiar with ARC or programmatic requirements.

Plan

The Program Director will provide training for the office of admissions regarding specific ARC requirements and programmatic needs. The University will continue to monitor policies to insure that they remain in compliance with applicable laws and uphold the principles of equity and fairness.

Section B: Curriculum Requirements

B1. Instructional Processes

1. Length and Arrangement

a. The curriculum is 24 months long and is divided into a didactic and clinical phase. The didactic phase of instruction is 12 months and consists of 51.5 semester hours. The clinical year begins one week after the end of the didactic year, continues until graduation the following May, and is comprised of 48 semester hours of supervised clinical instruction. Due to ongoing programmatic self-assessment, the curriculum continues to evolve responsive to feedback of students, graduates, faculty, preceptors, consultants, and employers. The curriculum of the didactic year is outlined below (bolded items represent changes since the 2000 ARC site visit).

Didactic Year 51.5 sh

Summer Session (14.5sh)

Service Learning Module (1sh)
Introductory Module (5sh)
Infectious Disease Module (2sh)
Human Sexuality Module (0.5sh)
Women's Health Module (1.5sh)
Urology/STD Module (0.5sh)
Gross Human Anatomy (4sh)

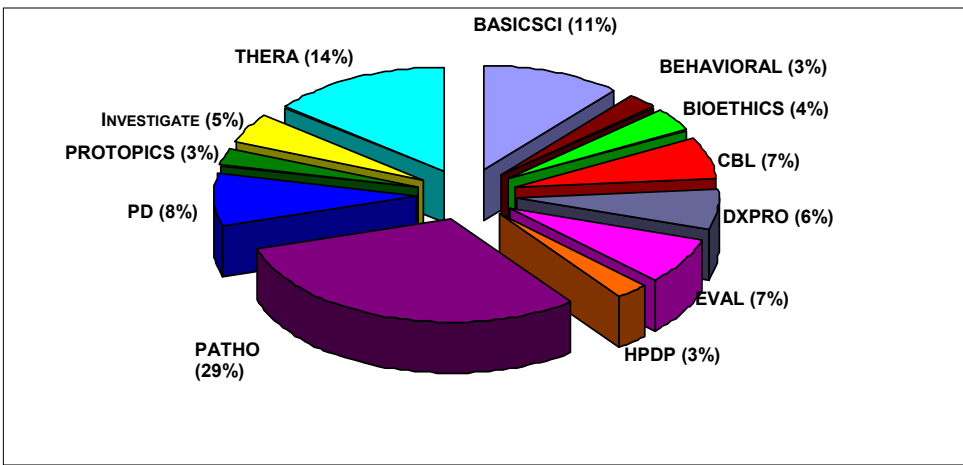
Fall Semester

Allergy/Immunology Module (1sh)
Hematology Module (1sh)
Oncology Module (1sh)
Endocrinology Module (1.5sh)
Cardiology Module (3sh)
Pulmonary Module (2sh)
Nephrology Module (1.5sh)
Psychiatry Module (2sh)
Ophthalmology Module (1sh)
Neurology Module (1sh)
Historical Perspectives on Appalachian
Healthcare (3sh) **or**
Correctional Systems (3sh)

Spring Semester

Rheumatology Module (1.5sh)
Orthopedics Module (1sh)
Obstetrics Module (1.5sh)
Gastroenterology (1sh)
Dermatology Module (1sh)
Otorhinolaryngology Module (1sh)
Geriatrics Module (1sh)
Pediatrics Module (2sh)
Surgery Module (1.5sh)
Emergency Medicine Module (1.5sh)
Occupational Medicine Module (1sh)
Medical Decisions (Biomedical Ethics (3sh)

Each module contains the following content areas: basic science, behavioral science, case-based learning, diagnostic testing/procedures, student evaluation, health promotion disease prevention, professional topics, physical diagnosis, pharmacology and therapeutics and research. The curriculum is progressive in nature with a concentration of basic science instruction, physical diagnosis, and research in the summer, followed by more clinically related topics in the fall and spring semesters. Case-based learning (CBL) and small group instruction are used to develop critical thinking, communication (written and oral presentations), and other clinical skills in a student-centered, low faculty to student ratio setting. Students rotate to different faculty members every six to eight weeks in order to insure that each student receives a wide variety of exposures to various teaching styles and faculty experience, and that all faculty are able to evaluate student strengths, work with students to remediate skills, and identify areas in need of improvement. Likewise, faculty members rotate to the Clearfield Campus location to facilitate small group discussions. CBL/Small Groups are frequently content-rich as well, and time is used to reinforce and build on health promotion issues and patient counseling. Time spent evaluating students with objective, practical and oral examinations are also monitored and reflected above.



The distribution of these topic areas throughout the didactic year are illustrated in Appendix D. This chart demonstrates how the topic areas above flow through the modular curriculum. Basic science concepts, physical diagnosis, and

research are then reinforced, built upon, and re-evaluated within each successive module. The clinical phase of instruction is likewise designed to provide students with an exposure to core clinical disciplines, refine their clinical skills, build a clinical foundation, and transport those skills to increased clinical responsibility in the preceptorship phase. This phase culminates with the EBM capstone experience, summative evaluation, graduation and transition to clinical practice.

In addition to classroom experiences, students in the didactic year are provided with a variety of clinical experiences. Beginning in the fall semester of the first year, students accompany faculty to their part-time clinical practices in order to acquire hands-on patient care exposure, spend time with radiologists at three regional healthcare facilities, and be exposed to regional hospital labs, acquiring venipuncture experience and exposure to clinical laboratory medicine. Prior to 2004, students were actively involved with the *Community Health Outreach Project*. Together with the Lock Haven Hospital, Clinton County Healthy Communities (a county-wide SHIP initiative), the Pennsylvania Department of Health, and the Center for Rural Pennsylvania, students participated in providing outreach health screenings and health education to twelve designated communities in Clinton County. PA students in groups of four to five adopted a community, performed a community health needs assessment, and developed projects including hypertension screening, stroke risk assessment, diabetes screening and education, and cholesterol screenings to each community. However, in 2004 the community hospital was purchased by a “for-profit” entity and funding for the project was discontinued.

Realizing that the funding for the initiative was tenuous, the Program partnered with Penn State School of Medicine in writing Pennsylvania Department of Health Centers of Excellence Grant on pregnancy outcomes that began in June of 2004. The initial investigational phase of the grant will come to a close in June 2004, and the faculty and students will begin the interventional phase of the grant in June 2005. This phase will consist of students participating in community health outreach services throughout a 26-county region of Central Pennsylvania and conducting small group interventions on patients with clinical conditions determined to have adverse effects on pregnancy outcomes. These interventions will include counseling female patients of childbearing age regarding chronic disease management, stress reduction, bacterial vaginosis screening and treatment and smoking cessation.

The grant will release Ms. Anna Mae Smith to 50% time with the Program and 50% time with the grant beginning in the summer 2005. Currently, the Program is conducting a faculty search to replace her time in the Program. Students are also required to round with attending physicians at a local nursing home during the didactic year. During all clinical exposures in the didactic year, students are required to complete histories and physical examinations, as well as complete various types of written assignments, including H&Ps, SOAP notes, and procedure notes.

6. Adequacy of content

The adequacy of content and instructional plan of the curriculum is evaluated by the following methods:

Component Part	Evaluation Method	Evaluation Timeframe
Adequacy of Content	Curriculum Committee	Ongoing
	Graduate Survey	Annual
	Employer Survey	Annual
	Student Module Evaluations	Following each module
	Preceptor Evaluations of Students	Following each clinical assignment
	APSCUF Faculty Evaluations	Per APSCUF Agreement
	Director/Academic Coordinator Review of Terminal Objectives to assure compliance with ARC Standards and Program Mission	Ongoing

The Program’s content is derived from several sources, including ARC-PA standards, common disorders seen in primary care, the NCCPA disease and topic list, and continual feedback for graduates, preceptors, and employing physicians. The Program’s curriculum database has linked ARC Standards to terminal objectives and the areas of the curriculum where they are taught. The Program remains abreast of new national guidelines that become available through such organizations as the Agency for Healthcare Research and Quality, the American College of Cardiology, as well as others, and utilizes evidence based resources identified by students in their evidence-based medicine projects to update curriculum. Potential new curricular components are evaluated and incorporated to insure that the curriculum is in alignment with the Program’s “Vision and Mission Statement” and the “Description of the Profession.” Students are introduced to medical research and epidemiology during the first summer semester, and the graduate “Capstone Project” is an Evidence-Based Medicine Project, insuring that students have the requisite skills to remain abreast of current practice standards. Due to the Program’s focus on rural medically underserved and correctional populations, additional content regarding epidemiologic, social, historical, and economic factors impacting healthcare delivery is integrated into the curriculum. The use of personal laptop computers throughout the curriculum for instruction, communication, and research insures that students attain the requisite technology skills required for current clinical practice.

B2. Basic Medical Science

As illustrated in the three-dimensional diagram contained in Self-Study Appendix F, the basic science components of the curriculum are weighted heavily during the summer semester when students receive instruction in anatomy, genetics, immunology, histology, principles of pharmacology, research, epidemiology, and other foundational materials. Over the past three years, the Program has progressively increased the content related to genetics. Utilizing the core curriculum developed by the Gift Project at the Duke School of Medicine, the PA Program has invited Mr. Michael Rackover PA-C as a guest speaker annually to lecture on clinical topics in genetics. The modular curriculum is modeled after a pedagogical framework described by Bruner,² in which each successive module reinforces and builds upon the underpinnings of basic sciences in order to achieve understanding of complex clinical issues. Pertinent physiology and pathophysiology are taught in each module, reinforced and built upon in lectures and small group activities in clinical medicine.

² Bruner, J (1960) *The Process of Education*, Cambridge, Mass.: Harvard University Press

B3. Behavioral and Social Sciences

Students receive didactic and applied instruction in behavioral sciences throughout the curriculum. Interviewing and interpersonal communication skills are taught during the Introductory Module and are reinforced in small group sessions throughout the year. Clinical experiences during the didactic year require students to apply the skills that are introduced. Computerized Diagnostic Reasoning Cases (DXR®) are used to further assess student acquisition of communication skills. Student instruction on health behavioral change is based on the transtheoretical model described by Prochaska and DiClemente.³ During the summer of 2005, the Program will implement motivational interviewing strategies based on this model and plans to reassess student utilization of motivational skills during practical exams throughout the curriculum. Additionally, students are provided with instruction in each module on appropriate counseling of patients and their families regarding skills that assist in coping with illness, injury, and compliance with prescribed treatment regimens.

The Biomedical Ethics course, taught by the Department of Philosophy, received poor student reviews since the Program began in 1996. Despite constructive feedback, the course did not undergo the required changes to prepare students for clinical practice. In 2001 the Program introduced an offering entitled Medical Decisions that has replaced the Biomedical Ethics course. By bringing this course into the PA Department, the Program now introduces classic ethical theories and emphasizes applied ethics and the social and cultural factors involved in ethical decision making.

Professional responsibility, including privilege, confidentiality and informed consent, also represent topics covered in the course. Child development is taught primarily in the Pediatrics module. Personality development, normative responses to stress, and psychosomatic disorders are covered in the in the psychiatry module. Responses to death and dying in geriatrics and oncology modules are taught by Dr. David Bower from the Health Sciences Department, who has completed his doctoral work in this field. Human sexuality is covered during the summer in the Human Sexuality Module. These curricular components are likewise evaluated by student surveys, curriculum committee review, and peer evaluations. They have been highly rated by students.

B4. Clinical Preparatory Sciences

As previously described, clinical didactic instruction is introduced in the first summer semester and covered in each successive module. Interviewing and history taking, performing a physical examination across the lifespan, ordering and interpreting diagnostic tests, medical reasoning, and therapeutics are covered in each module. Small group instructions provide students with guidance and opportunities to present patient information orally and in writing, while receiving constructive non-threatening feedback from peers and faculty. The Program has plans to increase the number of student-led, peer-reviewed activities over the next year. Pathophysiology of various diseases is covered in corresponding modules and emphasis is also placed on health promotion and disease prevention, disease natural history, and the principles of acute and chronic disease management. (Technical procedures taught are outlined in application Appendix B.) Pharmacology is also taught in each of the corresponding modules, and students are required to write prescriptions, develop patient management plans, and deliver patient education during small group instruction. Medical research, searching and interpreting the medical literature and applying it to patient care, are taught in the summer and instruction continues until graduation. The content is evaluated using the same mechanisms as previously described and receives uniformly high ratings throughout the curriculum.

³ Prochaska, J. O., C. C. DiClemente, et al. (1992). In search of the structure of change. Self Change: Social Psychological and Clinical Perspectives. Y. Klar, J. D. Fisher, J. M. Chinsky and A. Nadler. New York, NY, Springer-Verlag: 87-114

B5. Professional Practice Issues & Health Policy (B4)

Education in the physician assistant role, professional issues, professional organizations, healthcare policy and systems, and reimbursement has been integrated throughout the didactic curriculum as a weekly professional topic seminar. First-year topics include history of the PA profession, the role of the physician assistant in various settings, physician-PA relationships, medical malpractice, PA educational process, and dealing with stress and professional burnout. The schedule is flexible enough to include discussions on timely topics such as doctoral degrees for physician assistants, international training, and future practice opportunities. As students near the end of the clinical year, topics such as reinforcement of practice regulations, CV development, marketing skills, and contract negotiations are covered to assure a seamless transition to clinical practice. Outside speakers are frequently used to cover areas of content expertise.

B6. Supervised Clinical Practice

Lock Haven University Physician Assistant Program requires five, six-week rotations in core subjects and either an 18-week preceptorship in primary care or two, nine-week preceptorships, one of which must be in primary care. The six rotations are as follows:

- Internal/Corrections Medicine
- Emergency Medicine/Obstetrics/Gynecology
- General Surgery
- Pediatrics
- Elective (either selected by faculty or the student)

Upon matriculation, students enroll in either a concentration in Rural Primary Care or Corrections Medicine. When entering the clinical phase of training, students in the Corrections Concentration either complete a rotation in Internal Medicine or Corrections Medicine. Corrections Medicine offers an excellent opportunity not only to manage common internal medicine problems but also to be exposed to a large population with significant psychiatric problems, hepatitis C, and HIV disease. Students who complete the Corrections rotation in lieu of General Internal Medicine do not acquire exposure to a classic inpatient setting, although inpatient experience is always accomplished during their General Surgery rotation. Students are not required to complete a specific rotation in psychiatry or geriatrics. The rural areas where the majority of the program rotations are conducted are designated mental health professional shortage areas. The majority of psychiatric patients are evaluated, initially treated and managed by primary care physicians in these regions. PA students are required to log all psychiatric diagnosis seen throughout their clinical year and these experiences are routinely evaluated to insure an adequate exposure to patients with mental health disorders. Likewise, primary care physicians in rural areas frequently manage patients in nursing homes and other long-term-care facilities. Students likewise log long-term-care exposures.

Availability of Core Rotations

Table B6.1 reveals that the sites most difficult to obtain are in pediatrics, OB, internal medicine, and emergency medicine. To insure student exposure to pediatrics, we have determined that any primary care site that has a

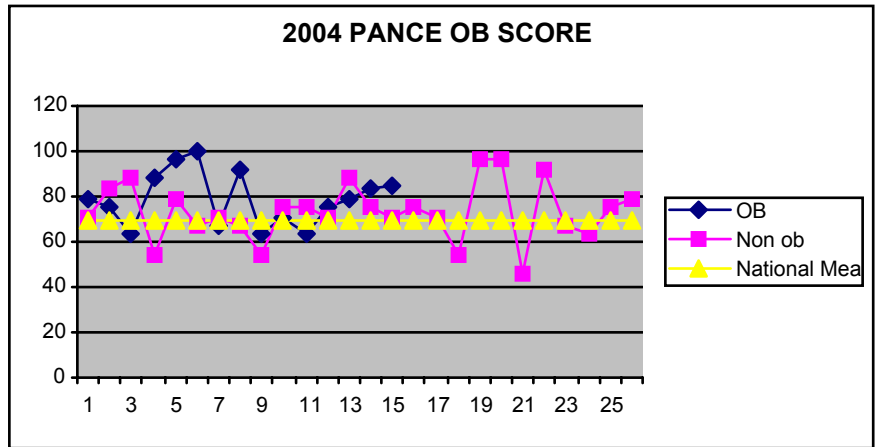
pediatric population greater than, or equal to, 30% will qualify for a pediatric rotation. Emergency medicine sites

Core Rotation	# of Rotation Sites	Pennsylvania	Out of State	Number Needed	Available Openings	Excess (Deficit)
<i>Internal Medicine</i>	12	24	14	39	38	1
<i>Pediatrics</i>	21	35	29	39	64	25
<i>Corrections</i>	5	27	0	21	27	6
<i>General Surgery</i>	21	84	10	39	94	55
<i>Emergency Medicine</i>	8	9	22	19	31	12
<i>Obstetrics/Gynecology</i>	12	18	25	20	43	23
<i>Family Practice</i>	26	68	32	39	100	61
<i>Total</i>	105	265	132	117	397	

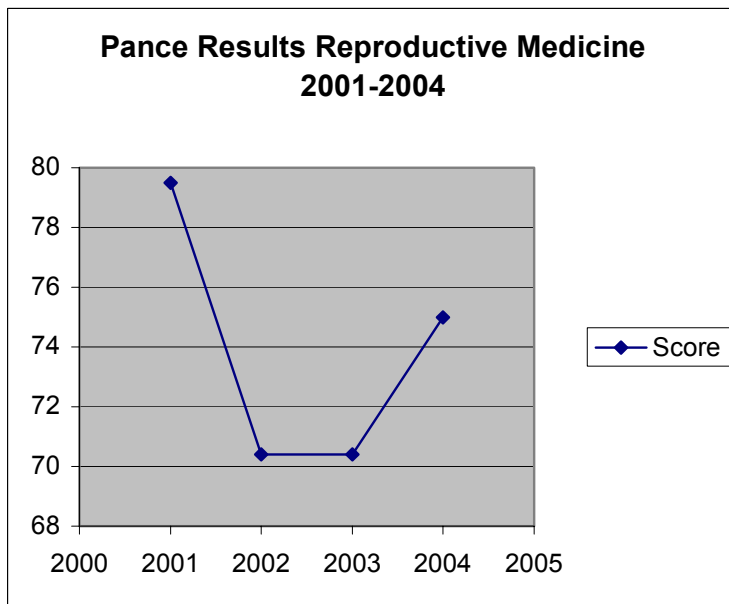
have been difficult to obtain due to lack of ER staff available to supervise students, legal issues, time constraints on preceptors, and/or inability to negotiate the required affiliation agreements due to contractual stipulations imposed on the Program by the Pennsylvania State Attorney General's Office

Table B6.2 - PANCE OB Score Comparison of OB vs. Non-OB rotations Emergency Medicine vs. Obstetrics/Gynecology

Diagnosis codes, including procedures and exposures to gynecologic and prenatal care, are recorded by students and monitored by each student's faculty advisor and the Clinical Coordinator regardless of the rotation election. Students not acquiring adequate exposures to acute care or prenatal/gyn patients are detected early and accommodations are made to insure this exposure occurs prior to graduation.



Data for comparing outcomes for students selecting OB/GYN, ER, or both (i.e. student selects rotation as an elective) is collected and analyzed.



Analysis of PANCE data reveals that the student mean for reproductive medicine is above the national mean, regardless of their selection. (See Table B6.2) Based on an analysis of clinical exposures and procedures, students receive adequate exposure regardless of rotation selected.

The PA Program continually monitors both procedures and types of patients seen by those students not selecting an Emergency Medicine Rotation. Table B6.3 reveals that those students not completing an ER rotation in 2004 often performed more procedures than those who had. (See Table B6.3)

Table B6.3- PANCE results from 2001-2004 in reproductive medicine

**Table B6.4- ER vs. Non-ER 2005
Elective Sites**

We currently have 22 different specialties through which students may rotate. The program maintains an adequate number of elective rotations

Evaluation of Curriculum

The LHUP PA Program fully meets this standard.

Strengths: The

comprehensive relational database enables the Program to insure compliance with the standards. Terminal module objectives are linked to ARC standards and can easily identify the curricular components that are required by ARC. The modular design of the curriculum followed by a strong clinical year insure students receive the requisite knowledge and skills required for clinical practice

Areas Needing Improvement: Specific evaluation instruments such as LXR test items need to be tied to terminal module objectives to improve formative feedback for students. Digital portfolio development containing authentic assessments of student work would create “credentialing files” that the student could carry forward into the workplace

Plan: Starting in 2005, faculty members will tie assessments directly to terminal objectives and provide students with feedback related to mastery or areas in need of improvement. The faculty will also begin to evaluate the various digital portfolio software packages available and implement digital portfolios for the class beginning in 2006.

Section C: Evaluation

C1. Program Evaluation

The PA Program utilizes the matrix found on Self-Study Appendix A to evaluate continually and systematically the effectiveness of the education it provides and compliance with the standards set forth by ARC-PA. The Program routinely elicits feedback from students on how effectively the curriculum enables them to meet module objectives. Additionally, the Program utilizes a variety of assessment strategies to assess student outcomes. A graduate survey is distributed 6 months after program completion, seeking to assess how well the Program prepared graduates to meet the Program’s general goals, along with information designed to assess the Program’s effectiveness in meeting its mission.

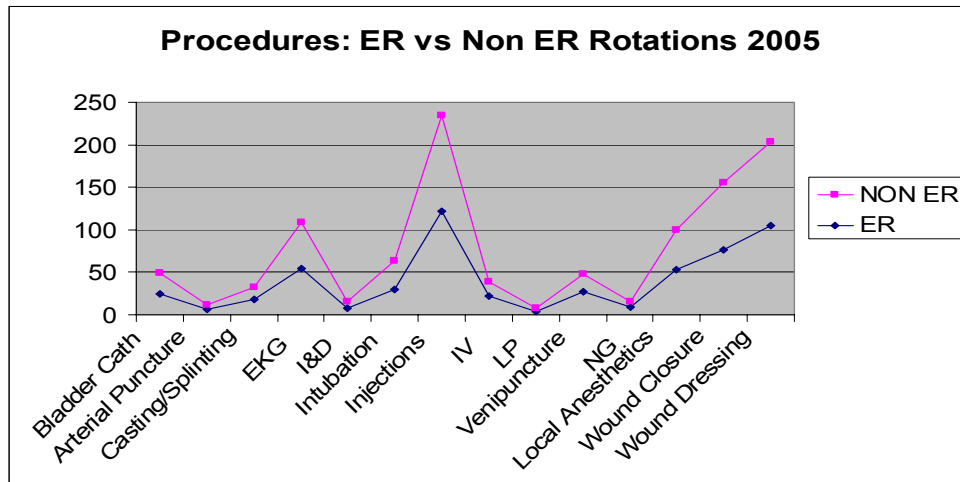
C2. Educational Effectiveness

The tables below contain data that enables the program to critically analyze outcomes and educational effectiveness

1. Student Attrition Rates (year of dismissal)

Attrition Data	Academic Dismissal	Behavioral Dismissal	Personal Reasons
2001	5	0	1
2002	0	0	1
2003	0	2	2
2004	3	0	2
2005	0	0	0

- Students voluntarily withdrawing in < 30 days from matriculation date not counted (#4)



2. Student Deceleration/Remediation

Student evaluation instruments include a pretest at the beginning of either the summer or fall semesters, written cognitive examinations at the end of each module, physical diagnosis practical exams, professional and behavioral evaluations each semester, and oral exams. Students who fail to meet published performance standards are provided with formative feedback by their faculty advisor or the examiner. Students failing to meet the 75% grade threshold on module exams are provided with tailored assignments and are able to remediate their grade, until they meet the grade requirement, for up to three modules per semester. End of semester final exams are cumulative, re-evaluating cognitive material from previous semesters. Students are required to have a 3.0 GPA in order to progress into the clinical year. Clinical year evaluations include standardized exams in OB/GYN, Emergency Medicine, Internal Medicine, Surgery, Pediatrics, Psychiatry, and Family Medicine. Students must successfully complete directed practical examinations during PA Days at the end of each rotation. Summative evaluation of students was revised in 2004 to include testing stations in history taking, physical examination skills, interpretation of diagnostic tests, and patient plan development, as well as a comprehensive exam of student cognitive knowledge. Students are afforded one opportunity to remediate substandard performance in any of these areas inside of 30 days. Students who are unsuccessful during their second attempt are enrolled in a 3-semester-hour, summative-remediation module that is tailored to their individual needs. Deceleration during the didactic year has infrequently occurred.

Student Deceleration	Number	Outcome
1999	(Zero) 0	(Zero) 0
2000	(Zero) 0	(Zero) 0
2001	2	2 academically dismissed
2002	1	Successful/graduated/PANCE pass 1 st attempt
2003	(Zero) 0	(Zero) 0
2004	1	Current student - in good standing
2005	2	(Zero) 0

3. Faculty Attrition Rates

Details regarding faculty attrition are discussed on page 11 under personnel resources. The table below demonstrates faculty attrition rates.

Faculty Attrition	
2000	1 FTE
2001	3 FTE
2002	(Zero) 0
2003	1 FTE
2004	(Zero) 0
2005	(Zero)0

4. Student failure rates on individual courses

Failure rates on individual courses are evaluated by the curriculum committee in an attempt to identify trends. No consistent trends have yet been identified.

Student Failure Rates	Didactic Courses	Clinical Rotations
2000	Zero (0)	Zero (0)
2001	Zero (0)	OB/GYN Rotation-1
2002	Anatomy - 2 Infectious Disease - 2 Oncology -1 Cardio -1 Ophthalmology -1 Urology/STD Module - 2	Zero (0)
2003	Surgery Module - 1 Infectious Disease - 3	
2004	Infectious Disease - 3 Women's Health -1	Internal Medicine Rotation-1

5. Student evaluation of individual courses

Each didactic module is evaluated using online surveys. In 2003, a gating mechanism was placed on the Program's website that assured 100% return on all module surveys by preventing students from moving on to the next web-based module until the survey was complete. The table below demonstrates the mean scores for all items within the module survey. All survey responses use a standard Likert scale of 1-5, with 1 being poor and 5 being excellent. Sample results are presented below. The Program maintains this data for all module evaluations, and it is available for review by the site visit team.

Module	2003	SD	2004	SD	2005	SD
Introductory Module	3.814	0.776	3.902	0.736	Summer N/A	N/A
Infectious-Disease Module	3.841	0.776	3.912	0.807	Summer N/A	N/A
Human-Sexuality Module	4.033	0.766	4.17	0.635	Summer N/A	N/A
Women's Health	4.038	0.712	3.801	0.805	Summer N/A	N/A
Allergy Immunology	4.015	0.762	4.061	0.74	Fall N/A	N/A
Hematology	3.894	0.744	3.979	0.748	Fall N/A	N/A
Endocrinology	4.207	0.613	3.95	0.819	Fall N/A	N/A
Cardiology	3.326	0.0988	4.079	0.698	Fall N/A	N/A
Neurology	3.637	0.874	3.892	0.774	Fall N/A	N/A
Pediatrics	4.014	0.874	3.807	0.752	3.849	0.83
Corrections	3.247	1.14	Not available	Not available	3.26	1.172
Faculty	4.011	0.795	4.333	0.956	4.188	0.795

6. Graduate Surveys

Graduate surveys are completed on an annual basis six months after graduation with an overall response rate of 80%. The graduate survey is dynamically updated into the Program database, allowing the Program to review responses by year and by campus location. The results below represent a composite score for all years of the Program:

Total Graduates - 215	Total respondents - 172	Response Rate 80%
Salary Mean 57,439	Maximum 150,000	Minimum 10,000
Practice Community Size		
<10,000	16	9.3%
10-25,000	24	13.95%
25-50,000	36	20.93%
50-250,000	36	20.93%
250-500,000	10	5.81%
500-1,000,000	15	4.65%
>1,000,000	8	4.65%
Practice in Pennsylvania	84	48.84%
Practice Outside Pennsylvania	71	41.28%
Primary Care Specialties	82	47.67%
Non-Primary Care	74	43.02%
HPSA/MUA/MUC Practice Designation	56	31.85%
Graduate Comments	Available for review by site visit team	

The PA Program specifically requests that students rate how well they felt the Program enabled them to meet Program goals. The results of this data are displayed below. Consistently low scores (<3.5) across diagnostics and therapeutics have led to curricular changes for the upcoming year that will reinforce concepts in small groups. The Curriculum Committee, Academic Coordinator and Emergency Medicine Module Coordinator will develop a plan to address low scores in Emergency Skills. The lower scores demonstrated by the graduates of 2003 are to the result of faculty dynamics that have since been resolved. The questions noted in the table below are in abbreviated form and are prefaced with “How well do you feel the Program prepared you in the following areas.”

	2002	2003	2004
Overall preparedness	3.9	3.195	3.69
History-taking	4.4	4.30	4.54
Physical examination Skills	4.2	3.9	4.33
Diagnostic Studies	3.4	3.03	3.5
Differential Diagnosis	3.7	3.192	3.875
Therapeutics	3.5	3.038	3.52
Health Promotion Disease Prevention	4.0	3.73	4.2
Emergency Skills	3.5	3	3.58
Communication	4.33	4	4.21
Research	3.5	3.65	3.58
Attitude	4.27	3.92	4.375
Ethics	4.16	3.88	4.5

7. Employer Surveys

The ability of the Program to acquire adequate numbers of employer responses to surveys has been limited. The overall response rate for employer surveys has been 17% (215 graduates/37 responses). This is partially due to the failure of graduates to complete the employer identification segment of the graduate survey form and partially due to the failure of employers to respond. Based on available data, the following employer responses are presented.

N=51 (Results based on a 10 point Likert Scale)

Area	Average Score	Std deviation
Preparedness for practice	8.6	1.5
Overall Satisfaction	9.1	1.2
Adequacy of Core Knowledge	8.6	1.5
Adequacy of Core Skills/Abilities	8.7	1.4

Employers were asked to provide feedback on how the curriculum could be improved. Their responses are below:

Comments:

- *Excellent program. No change necessary.
- *We have been pleased and are interviewing a second LHU PA student.
- *Excellent fund of knowledge.
- *More clinical rotations.
- *Very good program.
- *A little more emphasis on chronic care versus acute care medicine.
- *I found Tanya to be remarkably well trained across the entire spectrum of family practice. Commend your program for its excellent in depth curriculum.
- *John is a superb PA his excellent training and preparedness is obvious to all that work with him
- *Well-trained.
- *I can recommend no change in your program. I have worked with many PA's – students, new graduates and accomplished veterans through my years of practice and rarely have I known a PA with as much knowledge & skill.
- *E&M knowledge.

- *She was well prepared for the position and has done a fantastic job. No recommended changes.
- *PA is excellent and well-trained with enthusiasm for learning. Communicates well with me as supervisor.
- *Strokes, anatomy of the brain – anatomy in general.
- *Very satisfied with preparedness and professionalism.
- *Increase training in procedures (i.e. Sutures/lacerations/joint injections/aspirations).
- *More patient care time.
- *I am very pleased with your graduate—he is doing excellent work in my practice.
- *Your grad is a good PA—I'd recommend at least a year of non-surgical specialty experience prior to surgical subspecialty.
- *More comfort and experience with minor procedures and gynecologic procedures.
- *Need better medical record-keeping skills.
- *Best PA I've ever met. Bar none.
- *Quality people, well trained.

8. PANCE Performance

PANCE performance demonstrates consistent results across the past five years, in close alignment with national means. The Program intentionally sacrifices 100% first-time pass rates in favor of a higher percentage of graduates who return to medically underserved regions. Consistently, students who have performed poorly during their initial PANCE attempt have come from rural or medically underserved areas, and are frequently educationally or economically disadvantaged. The Program attempts to identify these students early in their academic careers and implement strategies to improve standardized testing performance.

PANCE	2000	2001	2002	2003	2004
Mean Score	464	445	465	454	482
National Mean	501	494	492	487	496
# tested	28	31	27	36	37
First-Time Unsuccessful	2	3	2	6	4
First-Time Pass Rate	93.1	90.3	93%	83%	90%
Overall Pass rate	96.5	100%	97.5%	97.3	97.5
National First-Time Pass Rate	91%	93%	90%	89%	90%

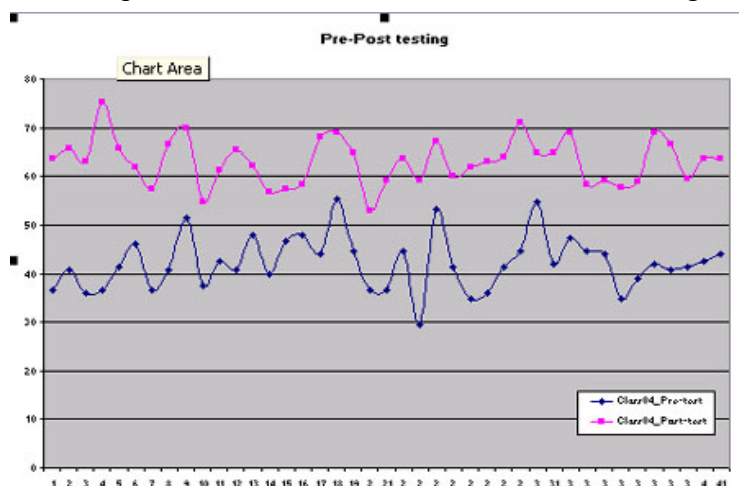
9. Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT)

PACKRAT examination scores, like PANCE scores, have consistently been stable and in alignment with national means. The PA Program has been unable to consistently tie low PACRAT scores as a predictor of how students will perform on PANCE.

Year	LHUP Mean PACKRAT Score	National Mean PACKRAT Score	National Rank
2000	149/225 (66%)	143/225 (63%)	N/A
2001	139 (61%)	149/225 (66%)	N/A
2002	135 (60%)	148/225 (65%)	N/A
2003	134 (59%)	141/225 (62%)	N/A
2004	159 (70%)	150/225 (66%)	11 th /98
2005	145 (64%)	144/225 (64%)	11 th /30

10. Student Evaluation

Written criteria for successful completion of the Program is provided in writing, and reviewed orally, during student orientation on the first day of the Program. Students receive a *PA Program Student Handbook* that is reviewed annually and contains all Program-specific policies. Students are evaluated using standardized computerized exams during each module, and cumulative cognitive exams are administered at the end of each semester. The Program has incorporated a formalized process for item/test analysis and validation that is applied uniformly. Practical examinations are used to assess psychomotor skills; oral exams are used to assess student critical thinking skills and their ability to present material orally. Formative quizzes, student presentations, essay exams, written clinical notes, and written assignments are used to evaluate research skills, the ability to do technical writing, and the comprehension of material presented. Students are pre-tested in the fall semester of the didactic year, and this same exam is repeated prior to graduation to assess increases in cognitive knowledge and critical thinking skills. Results of the pre-Post test are illustrated in the accompanying diagram. Summative examination of each student is completed prior to graduation, consisting of a comprehensive written exam, an exam evaluating students' ability to interpret diagnostic tests,



assessment of communication and interviewing skills, a physical diagnosis practical exam, and an essay component that requires students to develop a comprehensive treatment plan researched from the current literature. Additionally, students are evaluated each semester of the didactic year on professional and behavioral standards. Frequent small group sessions and the monitoring of examination scores enable the Program to identify students at academic risk early and provide them with advisement and tutorial assistance designed to improve performance.

11. Clinical Site Evaluation

Clinical training sites are routinely evaluated by students and faculty. Sites not providing students with adequate clinical exposure are visited and preceptors are re-oriented. Sites that continually are not providing students with adequate hands-on clinical exposure are removed from the database. Student evaluations of clinical sites are available on the program's website for the didactic year students to review. Site visitations are performed on each student once per semester. New preceptors are evaluated by screening their application and CV, or by telephone interview or visitation of the site prior to the student's arrival. Feedback is provided to preceptors by mailing copies of the student's evaluation of the clinical site annually. The

Program also works closely with Area Health Education Centers (AHEC's) for site evaluation and development.

C3. Program Modifications

Since the last ARC site visit in 2000, the Program has identified the following issues and taken the following actions:

Issue	Date Recognized	Responsible Party/Action taken	Date Implemented	Future Evaluation/Action
Insufficient faculty Insufficient admin. staff	2000 ARC site visit	Program Director/Dean/Provost	2001/2004 & ongoing see page 11 of Self-Study	Ongoing monitoring
Bioethics curriculum	2000	Curriculum Committee/Faculty-Core faculty assumed course oversight	2001	Ongoing monitoring of student/graduate surveys
Anatomy Curriculum	2000-2001	Curriculum Committee/Faculty-Core faculty assumed course oversight	2001	Ongoing monitoring of student/graduate surveys
Student feedback regarding off-site cadaver dissection facilities in Clearfield Branch Campus	2001-2002	CLFD Coordinator, Program Director/Dean/Provost- Create on-site dissection area at Clearfield	2003	Ongoing monitoring of student/graduate surveys
Peer and Chair evaluations recognize unfavorable core faculty dynamics	2001-2003	Department Committee/Chair (PD) recommendation for non- renewal of faculty contracts	2001- 2003	Continued evaluation of faculty performance
Student feedback regarding lack of after- hours, high-speed Internet access.	2002-2004	Dean, Provost - Swipe card access to classroom will provide high-speed Internet access	2005	Ongoing monitoring of student/graduate surveys
Program not tracking required clinical exposures	2004	Clinical Coordinator/PD- Tracking mechanism implemented	2004	Evaluation of individual student logs
Inadequate first year clinical sites for Clearfield	2002-2003	Developed ER Experience, Lab/Radiology experience for Clfd Students	2004	Continual monitoring and new site development
University administration questions distance education pedagogy	2004	PD - distribute results of ongoing self assessment and ARC reports	2004/	Ongoing monitoring. Program faculty survey
Student sense of isolation and lack of interaction with main campus faculty at	2002	Increase number of lectures faculty present from remote site, rotate faculty for	2003-ongoing	Continual monitoring of student/graduate surveys

Clearfield site		anatomy/pd/research labs and small group sessions throughout year		
Evaluation of PANCE results/Graduate surveys reveal weakness in diagnostics and therapeutics	2004	Curriculum Committee implements change in small-group instruction	2005	Continued monitoring of graduate surveys and PANCE Results
Poor student evaluations on Appalachian Healthcare and Corrections courses	2003-2004	Course modifications	2005	Continued monitoring
Raising standards for Summer GPA	2004	Curriculum Committee recommendation. Will be forwarded to Univ. Curriculum Committee for approval	2005	Continued monitoring of outcomes

C4. Self-Study Reports

The program has performed self-study reports as required by ARC. Reports have been submitted in each of the past two years regarding the program's experience at the Clearfield branch campus. The current report critically analyzes every aspect of the program and accurately identifies strengths and areas in need of improvement.

Evaluation of Evaluation

The PA Program fully meets this standard.

Strengths

- a. The Program has shown a commitment to continuous self-evaluation and improvement.
- b. The Program database has been designed and is maintained by the Program and provides dynamic web-based reporting of all Program data.
- c. Graduates and employers have found the Program to be effective in preparing them for clinical practice.

Areas Needing Improvement

- a. The Program needs to explore alternatives to the employer survey to acquire meaningful feedback.

Action plan

- a. The Program will conduct an employer focus group over the next year to explore effective mechanisms to attain meaningful feedback.
- b. The Program will continue to monitor trends and implement improvements as required.

Section D: Students

D1. Health

Student healthcare services are available at the Lock Haven University Main Campus. Health records for both Clearfield and LHUP Main Campus PA students are maintained within the student health services medical records. Students at the Main Campus pay a healthcare services fee that enables them to receive free acute care for minor medical problems. Students at Clearfield do not pay this fee since a separate student health service is not available for any students on this campus. Lists of medical resources are made available to students in Clearfield that accept a wide variety of insurances.

All Lock Haven University PA students are required to demonstrate proof of insurance at matriculation and again upon entering into the clinical year of the Program. Immunizations, or adequate serum titer, are required for measles, mumps, rubella, varicella, diphtheria, tetanus, and hepatitis B. Students are required to submit documentation of a physical examination prior to matriculation that certifies them to be free from infectious or other diseases that may pose a threat to patients. Tuberculin skin tests are required before matriculation and again prior to beginning the clinical year.

D2. Guidance

All potential students are provided with an information packet that includes details regarding the Program’s technical standards. Upon matriculation, students receive a student handbook and all academic policies and procedures, and technical standards are explained and provided again in writing. Within the handbook is a voluntary disclosure form designed to insure the students’ anonymity should they desire to declare any disability that would render them unable to meet Program requirements. Students are provided with the office address and phone number of the Office of Student Services and encouraged to seek testing, advising, or counseling that may facilitate their success within the Program. Additionally, all faculty members maintain open-door policies and meet with their advisees on a regular basis to provide counseling or tutorial services as required. Students who are placed on academic probation are placed in a formal remediation group that meets weekly to provide academic assistance.

D3. Student Identification

Students are provided with photo identification cards that identify the student clearly, stating in 16 point lettering, as required by state law, “Physician Assistant Student.” Students are required to wear these name tags, along with short white jackets bearing the PA Program Logo, during any clinical activity while enrolled in the Program.

Evaluation of Students

The LHUP PA Program fully meets this standard

Strengths

The program has taken appropriate steps to insure the confidentiality, safety and welfare of both students and the patients that they serve. In addition, the program has provided students with timely and consistent guidance to help them navigate both University and PA Program Policies and Procedures. The PA Program has in place policies to assure that PA students are clearly identified and differentiated from other members of the healthcare team.

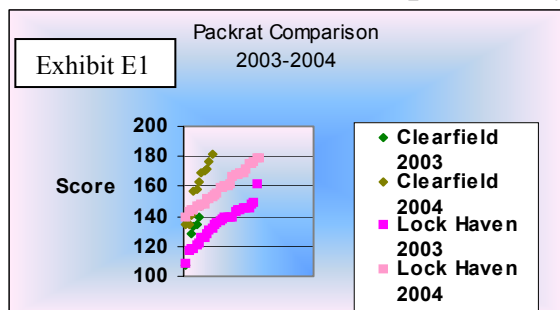
Areas Needing Improvement

Continued evaluation of the University and program’s policies regarding student advising, health, safety of the patients they serve, and appropriate identification of PA students as part of the healthcare team. While the program fails to recognize any recurrent deficiencies in this area, we will monitor student surveys in an attempt to improve these policies.

Action plan

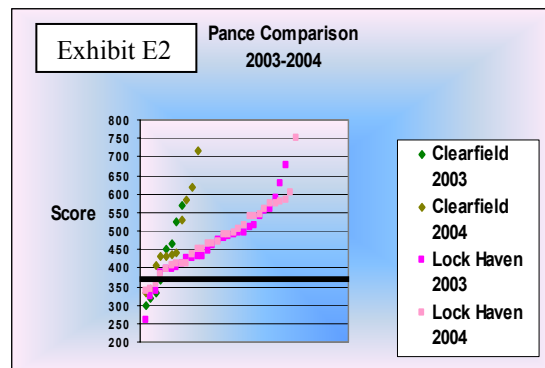
Annual review of University and PA Program policies

Section E: Educational Equivalency



Students enrolled in the Lock Haven University PA Program’s branch campus in Clearfield Pennsylvania receive the exact same instruction as

their peers in the main campus cohort of students. Branch



campus resident faculties are responsible for teaching the same labs, physical diagnosis groups, and small group instruction, using the same outlines and learning objectives as the faculty on main campus. Lecture content is delivered in a fully interactive fashion using ITV technology synchronously between the two campuses. All learning objectives and evaluation tools are identical. Outcomes reported to ARC each of the last two years have demonstrated no statistical difference in outcomes between the two groups. The Program's outside consultant reviewed this issue during a visit in 2004 and concurred with these findings. Exhibits E1&E2 demonstrate outcomes comparing the Lock Haven and Clearfield groups for both PACKRAT and PANCE Examinations. Statistical analysis of these results, reported to ARC in 2003 and 2004, demonstrated no difference between the groups. Results of these outcomes show that students at the Clearfield location had equivalent scores as compared to students at the Lock Haven Main Campus. Analysis of these trends suggests that Clearfield students become more independent learners at the remote location. (A number of issues have arisen in surveys that prompted the Program to implement the changes described in the modifications chart found on page 39 of this document.) Students at both locations use identical clinical training sites; have the same learning objectives, policies, and procedures; and site evaluation strategies for the clinical phase of training. The only concern of the Self-Study team was a discrepancy on the availability of after hours Internet connectivity and library hours between the two facilities. The University has committed to a 24-hour-a-day high-speed Internet access resource for the students at the Clearfield location. This access will be supplied with hard volume resources and a limited periodical supply to provide students with the required connectivity and access to University resources.

Evaluation of Educational Equivalency

The LHUP PA Program fully meets this standard

Strengths

The LHUP PA Program has embarked upon an innovative approach to the delivery of PA Education to remote sites. While this initiative has not come without challenges, the program has been responsive to the concerns of students and has successfully demonstrated equivalent outcomes for students at both locations. The program fully believes that distance education promotes independent learning and represents an effective model to deliver PA education. Furthermore, the skills acquired in this environment are adaptable to telemedicine and other technologic advances on the horizon within the healthcare field.

Areas Needing Improvement

Continued monitoring of student and graduate outcomes on an ongoing and annual basis will assist the program in the continued development of distance education delivery.

Section G: Maintaining Accreditation

The LHUP PA Program has met all the requirements set forth in ARC-PA standard Section G. Specifically, the Program has notified ARC-PA in July 2000 of a change in program directorship and the plan to expand the Program to a branch campus in Clearfield, Pennsylvania, and has submitted annual reports to the commission in each of the past two years regarding student outcomes for those enrolled at the Clearfield location.

Evaluation of Maintaining Accreditation

The PA Program fully meets this standard.

Strengths

The program has notified ARC in a timely fashion of all changes in the program that necessitate notification. It has sought ARC approval for new initiatives and reported, as requested, the outcomes of these initiatives.

Areas Needing Improvement

The University and the PA Program are committed to the accreditation process as a measure of quality in healthcare education. To that end, they are committed to assuring that ARC is informed of all new initiatives and timely submission of Self-Study and other required reports.

Action plan

Continued submission of program outcomes and changes as required by ARC-PA

LHUP PA Program Self-Study Summary

The Lock Haven University Physician Assistant Program is in full compliance with the ARC-PA Standards and has anticipated changes that may be forthcoming with new standard revisions.

Program strengths:

- Strong parent-institutional support (A1.4)
- Experienced core Program faculty who
 - have over 130 years of combined clinical experience
 - demonstrate a commitment to serving as role models for future PA's by committing to continuous personal and professional improvement, assuming leadership positions academically and professionally, and continued clinical practice (A2.17)
- Innovative use of educational technology (A4.8)
- Emphasis on mission, rooted in primary care and committed to preparing PA's for service in medically underserved populations within Pennsylvania (A2.1)
- Emphasis on medical informatics, evidence based medicine and preparing students to access current medical information using technology (B5.9-10)
- Excellent students who have demonstrated leadership on the PSPA BOD and within SAAAPA
- Dynamic student and Program assessment-virtually all data regarding the Program is accessible from the Internet (C2.1)
- Commitment to continuous self-improvement (C1.1)
- Feedback to clinical preceptors (B1.5)

Areas needing improvement

Weakness	Standard	Plan	Person Responsible	Target Implementation Date	Evaluation
Physical Space	A4.1	New Health Sciences Building	PD/Dean/President	January 2007	Student Evaluations Faculty Evaluations
After hour resources for Clearfield Branch Campus	E2.2	Access to PA Classroom 24/7	Provost	Summer 2005	Student Evaluations
Curriculum issues related to diagnostics, therapeutics and emergency skills	B5.4 B5.1c B5.7	<ul style="list-style-type: none">• Implement additional diagnostics and therapeutics into CBL• Review and Augment Emergency Skills Curriculum	<ul style="list-style-type: none">• Academic Coordinator• Module Coordinator/ Academic Coordinator	2005	Student Evaluations Grad Surveys
Employer feedback	C2.2F	Develop employer focus groups	PD	2005	Employer Surveys
Tie cognitive assessment items to terminal objectives	C5.3	Insert Terminal objective explanations and codes into LXR Test bank and utilize student feedback feature as a formative tool	Academic Coordinator	2005	Student Surveys NCCPA-PANCE results Graduate Surveys

Appendix A-Continuous Self Assessment

Topic	Data Source	Interval	Analyze	Action	Standard
Sponsorship	University accreditation, College responsibilities	annual	PD/Dean	Dean/Provost	A1
Core Faculty	Student evals, Peer evals Department Chair evals	Student/peer evals q semester until tenure then Q 5 years Chair evals annual until tenure then Q 5 years	PD	Dean/Provost/ President	A2.1A2.7
Program Director	Same as faculty	Annual until tenure then Q 5 years	Dean	Dean/Provost/ President	A2.8-A2.1 I
Medical Director	Student, faculty evals, Program outcomes	annual	PD	Dean	A2.12- A2. 14
Professional Development	Univ., Program budget. University Professional Development Committee	annual	PD	Dean	A2.15
Administrative Staff	Faculty, student, grad feedback, job performance evals	annual	Admin. supervisor with input from PD	H.R.	A2.23- A2.24
Financial Resources	Univ., Program budget, APAP benchmarks*	annual	PD	Dean	A3
Physical Resources	Inventory of class, office, lab space, equipment, instructional and tech resources	annual	PD	Dean	A4.1A4.5 A4.7-A4.9
Academic Resources	Inventory of library, texts, journals, on-line resources	annual	Medical Librarian (Cathy Weglarz)	PD, Dean	A4.7
Operations, Fair Practices	published materials site, publications, policies, student & faculty records	annual	Admissions, Graduate Council, HR	PD	A5.1- AS. 15

Admissions Policies and Procedures	Publications, Web, admissions data, app & student demographics*	annual	Executive Admissions Committee	PD	A5.16-AS. 17
Instructional Process, Didactic Courses	Student evals, performance, grad & employer surveys, grad outcomes*, curriculum content*	Q semester & annual	Academic Coordinator /Program curriculum Committee	Curriculum Committee/Grad Council/ University Curriculum Committee/ President	B1-B5 B7
Supervised Clinical Practice	Student evals, performance, student logs, grad & employer surveys, rotation content*	Q semester & annual	Faculty/ Clinical Coordinator	Curriculum Committee	B6
Clinical and Didactic Course Failure Rates	Student performance	Q semester & annual	Academic Coordinator	PD	C2.2c
Student Attrition, deceleration, remediation	Student performance, APAP benchmarks*	annual	Academic Coordinator	PD	C2.2a
Faculty attrition	Faculty attrition data*	annual	PD	PD/Dean	C2.2b
Student evaluations	Summarized student evaluations of didactic courses & clinical rotations	Q semester	Academic & Clinical Coordinator	Curriculum Committee	C2.2d
Graduate surveys	Graduate survey of employment and curriculum eval.	6 mo. after grad, then annual	Academic Coordinator	Curriculum Committee	C2.2e
Employer surveys	Employer's perceptions of graduates	6 mo. after hire	PD	Curriculum Committee	C2.2f
PANCE results	PANCE data	annual	PD	Curriculum Committee	C2.2g
Student Evaluation	Formative & summative evals	Q semester	Academic/ Clinical Coordinator	Curriculum Committee	CS
Clinical Site Evaluation	Logs, student evals, site quality	Q semester	Clinical Coordinator	Curriculum Committee	C6
Student Health	Health req, CDC immunization guidelines	annual	PD	Dean	D1
Guidance	Student & grad evals, student	annual	PD	PD	D2

	performance				
Student ID	Student compliance with ID requirements	annual	Academic & Clinical Coordinator	PD	D3

Appendix B-Budget

Operating Expenses	01/02	02/03	03/04
Advertising	3,707	1,578	1,146
Memberships	2,600	2,575	3,065
Printing/Postage/Freight	9,135	7,865	8,549
Subscription - Not Library	1,536	1,367	125
Telephone	0	3,165	2,773
Travel	12,654	14,414	13,902
Special Services	1,500	2,100	3,888
Supplies	26,704	16,897	29,574
Computers/Peripherals Software	36,919	8,951	4,422
Equipment	18,868	13,062	4,063
Furniture	1,482	60	6,045
Library	3,379	0	0
Total	118,484	72,034	77,552
Grand Total	684,995	749,462	876,173

Appendix C-Faculty Offices

Faculty/Staff member	Location	Square footage	Equipment present
Walt Eisenhower	Annex 106	184 sq ft	<ul style="list-style-type: none"> Laptop Computer & Docking Station with dual monitors Desk/Chairs HP Printer Phone Personal Filing cabinets Book cases Small conference table & chairs
Candace Gibson	Annex 105	186 sq ft	<ul style="list-style-type: none"> Tower PC with flat screen monitor Tower PC/200gb storage drive & software carousel HP Printer 2 Desks/Chairs Book cases Phone Preceptor filing cabinet
Lori Beers	Annex 105	201 sq ft	<ul style="list-style-type: none"> Tower PC with flat screen monitor Student computer and scanner HP Printer Desk/Chair Book cases Phone Fax line Locked Current 1st & 2nd year student files Storage closet Supply cabinet
John Fabian	Annex 118	514 sq ft	<ul style="list-style-type: none"> Tower PC with dual flat screen monitor Desk/Chair Wireless Access Point HP Printer Phone
Anna Mae Smith	Annex 304	161 sq ft	<ul style="list-style-type: none"> Storage closet Tower PC with flat screen monitor HP Printer Book cases Phone
John Leffert	Annex 306	130 sq ft	<ul style="list-style-type: none"> Storage closet Tower PC with flat screen monitor Desk/Chair Storage Closet Space & vertical file storage space for graduate records HP Printer Book cases Phone
Doug Ladika	Annex 309	206 sq ft	<ul style="list-style-type: none"> Storage closet Lap Top PC with second flat screen monitor Desk/Chair Storage closet x 2 HP Printer Book cases Phone
Greg Famiglio	Annex 202	98 sq ft	<ul style="list-style-type: none"> Storage closet Tower PC with flat screen monitor HP Printer Book cases Phone Storage closet
Pat Ivory	Clearfield 118	177 sq ft	<ul style="list-style-type: none"> Laptop Computer & Docking Station with dual monitors Video Conferencing equipment HP Printer Phone Fax/Copier Personal Filing cabinets Book cases
Conference Room	Annex 209	201 sq ft	<ul style="list-style-type: none"> Ethernet connectivity V-Tell-Video Conferencing Equipment Phone Line Storage Closet Conference Table Chairs

Classroom Facilities

Location	Purpose	Sq Footage	Equipment
Clearfield	Dedicated Classroom	598 sq ft	<ul style="list-style-type: none"> • Poycom Distance Ed Equipment • 42" flat screen rear monitor/TV • 72" Smart Board • Fax/Copy Machine • Laser Printer • Sink • Storage Cabinets/Locked storage • Dedicated computer • Flat Screen Instructor monitor • High Speed Internet Access to each student • "Bench" tables/ chairs • Microphones to desktop • Sink/Kitchen area • Microwave small refrigerator
Clearfield Lab		144 sq ft dedicated lab area lab facility...216 sq feet shared nursing bed area Shared Medication administration room Adjacent classroom with seating and chalkboard	<ul style="list-style-type: none"> • # 2 Lithotomy Tables • Wall-mounted BP cuffs • Chalk Board
Lock Haven Classroom		870 sq feet	<ul style="list-style-type: none"> • Dedicated Tower Computer • 2 flat screen monitors • Smart board • Phone • Copy/fax machine • 36" rear monitor •
Cadaver Lab		180 square feet dissection area	Enclosed cadaver tank

