

## Program-Level Assessment: Annual Report

Program: **Physician Assistant**

Department: **Clinical Health Sciences**

Degree or Certificate Level: **Master of Medical Science**

College/School: **Doisy college of Health Sciences**

Date (Month/Year): **8/2021**

Primary Assessment Contact: **Caroline Chang**

In what year was the data upon which this report is based collected? **2020**

In what year was the program's assessment plan most recently reviewed/updated? **2020**

### 1. Student Learning Outcomes

Which of the program's student learning outcomes were assessed in this annual assessment cycle?

Learning Outcome (LO) 1 - Students will be able to communicate with patients for effective clinical encounters.

LO 3 - Students will be able to demonstrate respect for patients and other medical professionals as a component of professionalism in medical practice.

LO 5 - Students will understand how to apply the Jesuit value of 'Cura Personalis' when treating patients.

### 2. Assessment Methods: Artifacts of Student Learning

Which artifacts of student learning were used to determine if students achieved the outcome(s)? Please identify the course(s) in which these artifacts were collected. Clarify if any such courses were offered a) online, b) at the Madrid campus, or c) at any other off-campus location.

#### SLO 1

**1-1-PAED 5250 Renal/5240 Endocrine;** Didactic Objective Structured Clinical Evaluation (OSCE) Focused Patient History  
Student artifacts were from an in-person course.

**1-2- PAED 6000 Graduate Seminar;** Clinical OSCE Patient Education Component  
Student artifacts were from an in-person course.

#### SLO 3

**3-1- PAED 5070 Principles of the Medical Interview ;** OSCE, professionalism component  
Student artifacts were from an in-person course.

**3-2- Professionalism component of preceptor-completed clinical evaluation**  
Student artifacts were from in-person courses, across the clinical phase of the program.

#### SLO 5

**5-1- PAED 5070 Principles of the Medical Interview;** OSCE, aspect of Cura Personalis  
Student artifacts were from an in-person course.

**5-2- Jesuit value component of preceptor-completed clinical evaluation**  
Student artifacts were from in-person courses, across the clinical phase of the program.

No Madrid student artifacts were included for any learning outcomes.

### 3. Assessment Methods: Evaluation Process

What process was used to evaluate the artifacts of student learning, and by whom? Please identify the tools(s) (e.g., a rubric) used in the process and include them in/with this report.

### **SLO 1**

**1-1-PAED 5250 Renal/5240 Endocrine;** Didactic Objective Structured Clinical Evaluation (OSCE) Focused Patient History  
This OSCE, which is combined for both courses, is a comprehensive assessment of knowledge synthesis and application over the didactic phase of the program. It requires that each student take a patient history, perform a physical exam pertinent to the medical situation, and synthesize this information into a patient assessment and management plan. This student assessment takes place in these courses on a yearly basis. Obtaining the patient history is an essential communication skill for PA students, in that it requires the students to not only know what questions to ask based on the complaint the patient presented with, but it also requires the students to relay the questions in words/phrases that a patient without medical training can understand, in order for the student to receive the information from the patient to use throughout the remainder of the OSCE. The students are graded by PA faculty members on their ability to ask the correct patient history questions according to a pre-set check-off sheet, as well as their ability to communicate in “patient-friendly” terminology. The course directors for PAED 5240 and PAED 5250 review these scores and then apply the student performance to the corresponding rubric “SLO 1-1” below. The Program Director reviews the results. The benchmark for this tool is that an average of 85% of students will attain “application” on the corresponding rubric, with the knowledge that these particular skills will be further developed during the clinical phase (phase II) of the curriculum.

### **1-2- PAED 6000 Graduate Seminar;** Clinical OSCE Patient Education Component

This particular OSCE is a component in our program of the comprehensive evaluation of each student, which is completed before they graduate. This evaluation tool also aligns with our accreditation standards. It assessed multiple different skills across all of the organ systems that the students have learned about throughout the curriculum. The students are given a simulated patient (SP) with a given diagnosis and must educate this patient according to standardized questions the patient asks the student about his/her diagnosis and management thereof. A single PA faculty member serves as the proctor for each skill assessed and completes a specified rubric for each student. Scored rubrics were compiled by the course director for PAED 6000 and reviewed by the Program Director. This assessment tool rubric is listed below as “PLO 1-2.” The benchmark for this tool is that an average of 85% of students will attain “mastery” on the corresponding rubric.

### **SLO 3**

#### **3-1- PAED 5070 Principles of the Medical Interview;** OSCE, professionalism component

This is the very first OSCE our students complete in the program and is scheduled during the first semester of the didactic phase. At this point in the curriculum, the students have not learned much medicine yet. Therefore, this OSCE is focused mainly on the students’ ability to interact with an SP, as assessed by their ability to ask appropriate medical questions and demonstrate professionalism skills during a simulated patient encounter. While the majority of the OSCE score is comprised by the students’ ability to ask the correct medical questions, the student are also scored on specific professionalism items including history and physical exam organization, time management during the encounter, communicating with the SP using patient-friendly terms, and displaying a professional, “clinic-ready” appearance (which is outlined specifically in our student handbook). The student is then given a professionalism score, which is a component of the overall OSCE score. Each student is graded by PA faculty members and is scored on a pre-set check-off sheet that includes these specific professionalism questions/items. The course director for PAED 5070 reviews these scores and then applies the student performance to the corresponding rubric “SLO 3-1” below. The Program Director reviews the results. The benchmark for this tool is that an average of 85% of students will attain “comprehension” on the corresponding rubric, with the intent that the students’ professionalism skills will continue to develop throughout the entire curriculum.

#### **3-2- Professionalism component of preceptor-completed clinical evaluation**

During the clinical phase of our program, students complete 9 clinical clerkships, in which they see patients under the supervision of a clinical preceptor. The students are evaluated each clerkship by the preceptor, both mid-way and at the end of the clerkship. This evaluation includes multiple aspects of medical knowledge and skill, as well as multiple levels of professionalism. The preceptor evaluation questions include, but are not limited to, the students’ ability to

effectively collaborate with colleagues from different healthcare disciplines, as well as their ability to display sensitivity to diversity. The responses are collected electronically by the PA faculty on the clinical team, are reviewed for each individual student by the clinical team and the PA faculty member serving as the course director for each clinical clerkship, and then are reviewed an additional time in aggregate by the Program Director. This process is repeated for each student on each clerkship throughout the clinical phase. This assessment tool rubric is listed below as “PLO 3-2.” The benchmark for this tool is that an average of 85% of students will score 4 on a 4.0 Likert scale, indicating “mastery” with data specifically obtained for this measurement tool from the final 3 clerkships prior to program completion.

## **SLO 5**

### **5-1- PAED 5070 Principles of the Medical Interview; OSCE, aspect of Cura Personalis**

As mentioned in SLO 3-1 above, this is the first OSCE our students complete in the program, which is scheduled for the first semester in the curriculum. The Jesuit principle of “Cura Personalis” is the foundation from which we teach our students to approach patient care. While medical is also vital to producing competent physician assistants, “Cura Personalis” provides guiding principles of “how” to care for and interact with patients, viewing them as complex individuals, each with unique personal and medical needs. In addition to the items outlined above in SLU 3-1, the students are also scored on their ability to display empathy toward the SP during the OSCE, as a measure of Cura Personalis. Each student is graded by PA faculty members and is scored on a pre-set check-off sheet that includes this specific question. The course director for PAED 5070 reviews these scores and then applies the student performance to the corresponding rubric “SLO 5-1” below. The Program Director reviews the results. The benchmark for this tool is that an average of 85% of students will attain “comprehension” on the corresponding rubric, with the intent that the students’ display of Cura Personalis will continue to develop throughout the didactic and clinical phases of the curriculum.

### **5-2- Jesuit value component of preceptor-completed clinical evaluation**

As mentioned in SLU 3-2, during the clinical phase of our program, students complete 9 clinical clerkships, in which they see patients under the supervision of a clinical preceptor. The students are evaluated each clerkship by the preceptor both mid-way and at the end of the clerkship. This evaluation includes multiple aspects of medical knowledge and skill, as well as multiple levels of professionalism. Within this professionalism evaluation are questions pertaining to “Cura Personalis,” which is a fundamental concept in our program that guides the manner in which we approach teaching medicine and how to approach other in the medical field to our students. The preceptor evaluation questions include, but are not limited to, the students’ ability to demonstrate respect, compassion, and integrity toward all patients and other health care professionals, as a measure of Cura Personalis. The responses are collected electronically by the PA faculty on the clinical team, are reviewed for each individual student by the clinical team and PA faculty serving as the course director for each clinical clerkship, then reviewed an additional time in aggregate by the Program Director. This process is repeated for each student on each clerkship throughout the clinical phase. The benchmark for this tool is that an average of 85% of students will score 4 on a 4.0 Likert scale, indicating “mastery,” with data specifically obtained for this measurement tool from the final 3 clerkships prior to program completion.

## **4. Data/Results**

What were the results of the assessment of the learning outcome(s)? Please be specific. Does achievement differ by teaching modality (e.g., online vs. face-to-face) or on-ground location (e.g., STL campus, Madrid campus, other off-campus site)?

### **NOTE:**

The program target identified in the assessment plan, which is the minimum percentage of students able to achieve each PLO at the designated ranking, was established at the College standard rate of 85% or better by the former Dean of the Doisy College of Health Sciences.

### **SLO 1**

**1-1-PAED 5250 Renal/5240 Endocrine;** Didactic Objective Structured Clinical Evaluation (OSCE) Focused Patient History 40/45 (88.89%) of students scored “application” or higher on the corresponding rubric. Our benchmark for this SLO was met.

**1-2- PAED 6000 Graduate Seminar;** Clinical OSCE Patient Education Component

35/40 (90%) of students scored “mastery” on the corresponding rubric. Our benchmark for this SLO was met.

### **SLO 3**

**3-1- PAED 5070 Principles of the Medical Interview ;** OSCE, professionalism component

46/46 (100%) of students scored “comprehension” on the corresponding rubric. Our benchmark for this SLO was met.

**3-2- Professionalism component of preceptor-completed clinical evaluation**

163/181 (98.66%) of student evaluations scored 4.0 on a 4.0 Likert scale by clinical preceptors for students being able to effectively collaborate with medical professionals from different disciplines and to display sensitivity to diversity. Our benchmark for this SLO was met.

### **SLO 5**

**5-1- PAED 5070 Principles of the Medical Interview;** OSCE, aspect of Cura Personalis

45/46 (90.06%) of students received full credit on questions about the students’ ability to display respect, empathy, and reassurance toward patients, as a measure of Cura Personalis. Our benchmark for this SLO was met.

**5-2- Jesuit value component of preceptor-completed clinical evaluation**

182/196 (92.86%) of student evaluations scored 4.0 on a 4.0 Likert scale by clinical preceptors for students demonstrating respect, compassion, and integrity toward patients, as a measure of Cura Personalis. Our benchmark for this SLO was met.

## **5. Findings: Interpretations & Conclusions**

What have you learned from these results? What does the data tell you?

### **SLO 1**

Patient communication skills are a strength of our program.

### **SLO 3**

Professionalism, as evidence by students’ interactions with standardized patients during the didactic phase and interactions with patients and other healthcare colleagues during the clinical phase, is a strength of our program.

### **SLO 5**

Our students are able to embody and display Cura Personalis to a significant degree when caring for patients in both simulated and clinical settings.

## **6. Closing the Loop: Dissemination and Use of Current Assessment Findings**

**A.** When and how did your program faculty share and discuss these results and findings from this cycle of assessment?

The SLO data results were shared and discussed among faculty during a regularly scheduled program meeting on 7/21/21. We meet bi-monthly and have one section on each meeting agenda dedicated to program assessment. We reviewed the SLOs being reported on this year, reviewed the measurement tools, and then reviewed the raw data and data analysis as a group.

**B.** How specifically have you decided to use these findings to improve teaching and learning in your program? For example, perhaps you've initiated one or more of the following:

Changes to the Curriculum or Pedagogies

- Course content
- Teaching techniques
- Improvements in technology
- Prerequisites
- Course sequence
- New courses
- Deletion of courses
- Changes in frequency or scheduling of course offerings

Changes to the Assessment Plan

- Student learning outcomes
- Artifacts of student learning
- Evaluation process
- Evaluation tools (e.g., rubrics)
- Data collection methods
- Frequency of data collection

Please describe the actions you are taking as a result of these findings.

The data does not suggest that changes are warranted in the specific aspects assessed during this cycle. However, we do plan to continue to teach and emphasize strong communication skills, professionalism, and Cura Personalis to our students. These are fundamental aspects not only to patient care, but also to our program. As faculty, we also strive to emulate these skills in our interactions with our students.

If no changes are being made, please explain why.

Our data does not suggest changes are needed.

## **7. Closing the Loop: Review of Previous Assessment Findings and Changes**

**A.** What is at least one change your program has implemented in recent years as a result of assessment data?

1) In previous assessment cycles our program was using several measurement tools that were based on qualitative, indirect data. While we do value qualitative data, the previous heavy use of qualitative data made the assessment process more subjective and more difficult to assess where changes needed to be made in a meaningful way. We changed our measurement tools and data to reflect all objective data.

2) In reassessing this current cycle of SLOs, in reviewing our program competencies, and based on feedback from the Office of Assessment on our previous academic year cycle of SLO assessment, we as a program have come to question whether the didactic measurement tool for our SLO #2 is a valid for this particular measurement tool. The SLO assesses students' ability to display critical thinking skills as applied to medicine. This item for this measurement tool is during the first semester of the curriculum when the students have learned minimal medicine. Our plan is to use a different measurement tool that still occurs early on in the didactic phase of the curriculum but at a point that allows for the students' critical thinking skills to be applied to patient care, and therefore better assessment. This change is reflected in the updated version of the Assessment Plan.

3) The benchmark for SLO #2, assessment tool 2 should be increased to "mastery," which is more reflective of our expectations of students during the clinical phase of the program.

**B.** How has this change/have these changes been assessed?

1) The changes have been assessed through this SLO assessment process.

2) This change will be assessed during next year's report.

3) This change will be assessed during next year's report.

**C.** What were the findings of the assessment?

1) This is the first year we have assessed SLOs 1, 3, and 5 using these revised measurement tools. It was much more clear how to draw conclusions from the data and apply back to our program curriculum.

- 2) Findings have not yet been assessed.
- 3) Yet to be assessed with the benchmark increase.

**D. How do you plan to (continue to) use this information moving forward?**

We will continue to use direct data for our program assessment process and assessment of SLOs.

**IMPORTANT: Please submit any assessment tools and/or revised/updated assessment plans along with this report.**

**Appendix:**

Student Learning Outcome	Comprehension – Students will ...	Application – Students will ...	Mastery – Students will ...
<b>SLO #1</b> - Students will be able to communicate with patients for effective clinical encounters.	Outline a basic patient history.	Obtain a focused patient history.	Counsel a patient on his/her management plan for a given diagnosis.

**SLO 1-1**

Name of Tool	Comprehension	Application	Mastery
PAED 5250 Renal & PAED 5240 Endocrine Combined OSCE Focused Patient History	Students will obtain the patient chief complaint and medical, family, and social history information	Students will obtain all in the comprehension category plus 70% of the focused history of present illness (HPI) information.	Students will obtain all in the comprehension category plus 90% of the focused HPI information.

**SLO 1-2**

Name of Tool	Comprehension	Application	Mastery
Clinical OSCE Patient Education Component	Students will score $\geq 9/16$ items correct on this OSCE skill assessed.	Students will score $\geq 11.5/16$ items correct on this OSCE skill assessed.	Students will score $\geq 13/16$ items correct on this OSCE skill assessed.

Student Learning Outcome	Comprehension – Students will ...	Application – Students will ...	Mastery – Students will ...
<b>SLO #3</b> - Students will be able to demonstrate respect for patients and other medical professionals as a component of professionalism in medical practice.	Demonstrate a basic understanding of respect for patients in medical practice.	Apply concepts respect for patients and other medical professionals in medical practice.	Routinely exemplify respect for patients and other medical professionals in medical practice.

**SLO 3-1**

Name of Tool	Comprehension	Application	Mastery
--------------	---------------	-------------	---------

PAED 5070 Principles of the Medical Interview; OSCE, professionalism component	Students will score 6/7 professionalism points, as graded by their proctor.	Students will score 7/7 professionalism points, as graded by their proctor.	Students will score 7/7 professionalism points, as graded by their proctor plus all positive qualitative comments from their standardized patient.
--	---	---	--

Student Learning Outcome	Comprehension – Students will ...	Application – Students will ...	Mastery – Students will ...
<b>SLO #5</b> - Students will understand how to apply the Jesuit value of 'Cura Personalis' when treating patients.	Demonstrate knowledge of the Jesuit value 'Cura Personalis' when treating patients.	Apply the Jesuit value 'Cura Personalis' while treating patients.	Exemplify the Jesuit value 'Cura Personalis' while treating patients.

**SLO 5-1**

Name of Tool	Comprehension	Application	Mastery
PAED 5070 Principles of the Medical Interview; OSCE, questions regarding students' ability to demonstrate empathy and reassurance toward patients as a measure of Cura Personalis	Students will demonstrate empathy toward patients, as graded by their proctor.	Students will demonstrate empathy and reassurance toward patients, as graded by their proctor.	Students will demonstrate empathy and reassurance toward patients, and maintain a positive rapport with the patient, as graded by their proctor.