



THE GEORGE WASHINGTON UNIVERSITY
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The Challenges and Opportunities of Using Accrediting Agency Standards for International Program Evaluation



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Case Study – Saudi Arabia



In 2009 The Kingdom of Saudi Arabia Ministry of Defense (MOD) partnered with The George Washington University Medical Faculty Associates to develop a physician assistant program to help bridge significant gaps in health care, particularly within the military medical system.

In Fall 2010, the first cohort started the 28th month long Masters program. That class has just entered their last clinical semester and the third cohort just started their first semester.

At the specific request of the MOD the program, within The Prince Sultan Military College of Health Sciences, is based on US PA education models.

Case Study – Saudi Arabia



How does a new PA Program earn support and accreditation for a medical training model unlike any that already exists in country?

Provide a model of accreditation standards against which the Ministry of Higher Education and the Saudi Arabian National Commission on Academic Accreditation and Assessment (NCAAA) would be able to evaluate their own PA program's standards

- + Heavy U.S. influence on medical infrastructure
 - + No need to 're-invent the wheel'
 - + Proven efficacy
- + Guided tour through the unfamiliar training model
 - + U.S. education is an accepted standard in itself

Standards

- + Conducted a formal program evaluation site visit by U.S. Physician Assistant educators
- + Guided by Accreditation Review Commission on Education (ARC-PA) for Physician Assistants standards
 - + U.S. Accrediting body for PA programs
 - + ARC-PA does not accredit PA programs outside of the United States
 - + Not intended to apply to international PA programs

ARC-PA

The goals of the ARC-PA are to:

☐☐ Foster excellence in PA education through the development of uniform national standards for educational effectiveness and workforce preparedness to benefit the health of the public

☐☐☐ Foster excellence in PA programs by requiring continuous self-study and review

☐☐☐ Assure the general public, current and prospective PA students, as well as professional, educational and licensing agencies and organizations that accredited programs have met defined educational standards that prepare PAs for practice

☐☐ Provide information and guidance to individuals, groups, and organizations regarding PA program accreditation status and the accreditation process

Cultural Contextual Awareness

- + Religious Culture
- + Cultural Rules of Conduct/Law
 - + Tribal Culture
 - + Military Culture
 - + Academic Culture
- + Other Possibilities (Fragmented or Transitional Governments, Economic Culture...)

Navigating Authoritative Bodies

Ministry of
Higher
Education

Government or
Royal Officials

College/ University

Accreditation
Commission

Medical Licensing/
oversight board

Military Ranking
Officials

Religious Leadership

Administrative organization/structures may differ greatly
Where does the process start and who is responsible for
what?

Shifting Sands

Stability and continuity in administration

- + Nature of authority in each cultural context may supersede any decision
- + Structure of command / Chain of command
- + Changing environments → changes authority
- + Unclear who makes the final decision, therefore what the final decision is or may be

Institution Responsibilities

- + Need to be clearly defined before program is developed
- + Requires a full understanding of operations, relationships
- + Also requires getting to know the 'skeletons in the closet'

- + The standards require that we define the relationships, responsibilities, and ground rules → decreases the effects of changing variables

Program Personnel and Faculty

- + Recruitment of qualified faculty may be a challenge because there are likely no PAs of national origin
- + U.S. educated faculty may bring clinical and teaching expertise but often lack cultural awareness
- + There may be no established credentials early in profession's development to use as screening criteria
- + May be able to recruit ex-pat nationals who attended U.S. schools

Core Faculty

- + May not possess the educational and experiential qualifications
- + Barriers to implementing a mentorship program for faculty development may include:
 - + Inability to recognize need for training specific to PA education
 - + Lack of reimbursement for faculty development
 - + Insufficient cadre of qualified or interested faculty to train
 - + Unfamiliarity with or under appreciation of this method of faculty development

Faculty Development

- + Requires an academic culture/ attitude
- + Limited investment in settings where faculty are primarily ex-pat or locum tenens
- + Reliance on curriculum pre-packages
- + Inflexible teaching cultures
- + Salaried faculty time limited to classroom teaching
- + No funding for academic development endeavors

Medical Director

Must be an active participant in the program and is supervised by the Program Director

- + Provide curriculum input, liaison with medical community, recruit talent, acquire clinical sites, teach students, and *champion profession*
- + May be awarded as a token status position
 - + Not independent of political, military, or tribal influence
- + Medical elitism
 - + Resistance to guidance and direction by Program Director
 - + Agenda not aligned with program mission

Operations

The program must inform students of program policies and practices.

Student Handbook

- + Complex administrative hierarchies may prevent development
- + Culture of decision making
- + Opting for non-commitment (rules may be required to be flexible to meet cultural needs)

Clear and consistent expectations on conduct and responsibility create professional environment for which the students learn professionalism.

Fair Practices

- + Student Expectations
 - + Difficult to manage in an environment where change is common
 - + Changing calendars/ unannounced holidays
 - + Conflicting high level decision makers (military vs. academic)
- + Beliefs about student's rights and privileges may vary
 - + Generational culture clash
- + Cannot pass judgment, challenge or attempt to alter beliefs that are ingrained in culture
 - + U.S. enculturation must *not* be part of the hidden curriculum

Curriculum

The curriculum design must reflect sequencing that enables students to develop the competencies necessary for current and evolving clinical practice

- + Academic culture and practicality play role
 - + Availability of qualified subject experts
- + Opposition to change
 - + Tendency to stay with the known, may not be open to models such as 'block teaching', problem based learning or small group learning
- + U.S. model of curriculum may be valued or despised by individuals

Curriculum

The curriculum must include instruction related to the development of problem solving and medical decision-making skills

- + Academic culture may not focus attention on, or may focus away from, critical thinking skills
- + Self directed learning and problem solving may be without precedence and not inherent
- + Assessing that this standard is being met must take into account the additional training required to build non-inherent skills

Special Groups

Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements

Program specific, may require adaptation to meet specific needs of student, program, or cultural boundaries.

- + Women's health and knowledge of female physiology and disease may be considered a 'privilege' of physicians only
- + This may set a precedence for PAs as medical providers limiting their knowledge, skill set and scope of practice to far beneath a physician when it comes to female patients.

Instruction

The curriculum must include instruction to prepare students to provide medical care to patients from diverse populations

- + Cultural boundaries can impede respectful and productive inter-professional and patient relationships
- + May include nationality gender, rank, religion, tribe, social position

Supervised Clinical Practice

Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements

- + Pre-conceived notions or past/current experience with clinical education may create barriers to introducing a new model or clinical education
 - + Hands on experience (typically not done by medical students and done in residency)
 - + Timing and duration of clinical experience
 - + Setting of clinical experience (standards of clinical education environment may differ)
 - + Supervision (requires training of preceptors as to how to meet needs of PA students)

Supervised Clinical Practice

Supervised clinical practice experiences should occur with: who are specialty board certified in their area of instruction

- + The same driving forces behind adoption of the PA training and medical provider model can drive sub-standard clinical education experiences
- + Heavy reliance on ex-patriot physicians can translate into insufficient specialists, unclear qualifications for practice, and inconsistent standards of care
- + High turnover rates impedes medical education foundation development within institutions

Student Evaluation

- + Traditional US program measurements of learning can be ineffective
- + Academic culture of the individual student
 - + Reading and study skills (students may not read)
 - + Small group work (unfamiliar or uncomfortable)
 - + Critical thinking (may not have foundations)
- + Culture of education
 - + How students are assessed (frequently tested for grades, not understanding or ability to apply concepts)
 - + How assessment results are used (rarely used for quality improvement or opportunities for remediation)

Are we assessing knowledge or testing the error associated with cultural/language barriers ?

Evaluation by Students

Student feedback on instructors may not be reflective of their actual opinions

- + Unfamiliarity with survey formats
- + Uncomfortable with passing judgment on those in respected positions
- + Fear of insubordination/ disrespect
- + Avoidance of negative/ politeness
- + Tool for manipulation
- + Unfamiliar with concept of anonymous feedback
- + May require different methods to measure student feedback

In Summary

- + Culture influences how standards are determined, interpreted, and met, therefore cultural awareness plays a key role in their development and application.
- + External standards can be adaptable with the understanding that the standard cannot be taken literally, but defined by what it is meant to achieve.
- + Globalization of PA programs is occurring in U.S. programs as the student population becomes more diverse
- + With this understanding, looking at accreditation standards from an international perspective helps us to better understand how they address the needs of a diverse student population.