

Creating Rhode Island's First PA Program

GEORGE BOTTOMLEY, DVM, PA-C

Rhode Island's first physician assistant (PA) program at Johnson & Wales University graduated its inaugural class of physician assistant students on May 21, 2016. These twenty-three students and students in the Class of 2017 (all of whom in both classes passed the Physician Assistant National Certification Examination on their first try) raised the profile of the physician assistant profession in the State of Rhode Island. Over half of these new PAs took positions in Rhode Island. The following describes how the vision of Johnson & Wales University became a reality.

Johnson & Wales University (JWU) was founded in 1914 in Providence, Rhode Island. Today the Providence Campus is the largest of the four Johnson & Wales University campuses, with more than 8,500 students from all 50 states and more than 60 countries. The university's mission statement defines its purpose – *Johnson & Wales University...an exceptional education that inspires professional success and lifelong personal and intellectual growth*. All of JWU's degree programs embrace a professional and practice-based model of student learning. The idea of offering an M.S. in Physician Assistant Studies reflected the university's history and mission.

JWU has deep experience in delivering professional programs, including degree programs focused on health and wellness in culinary nutrition, dietetics, and applied nutrition. The success of these programs led administrators to explore other potential programs in the health professions. In 2009, JWU leadership began to explore such programming in the health care area and for the reasons discussed below, attention on physician assistant studies quickly became a focus. JWU then engaged the services of an experienced consultant in PA education to consider facility, faculty, clinical training needs, and to become familiar with the Accreditation Review Commission for Physician Assistant Education (ARC-PA) standards and processes (<http://www.arc-pa.org/>).²

Existing physician assistant programs in New England were located in the Greater Boston area, Connecticut, or Maine. At the time, Rhode Island was one of only two states in the United States without a PA program. Administrators believed the program would have market viability. The concentration of health care providers in Southern New England, and Rhode Island in particular, provided ample clinical training sites for JWU students. This perception was confirmed during preliminary clinical site development

work. A Physician Assistant Advisory Committee visited local hospital systems to explore interest in supporting the program and the potential availability of clinical training in the area. In addition, university officials held meetings with the Hospital Association of Rhode Island, the group that coordinates clinical sites for the state's nursing programs, to explore clinical training possibilities.

Creating a PA program in Rhode Island had the additional benefit of reducing the financial burden of PA education for Rhode Islanders and encouraging program graduates to stay in the area to practice. If students could continue to live at home with parents or their families, the stability of their living situation and resulting savings could reduce their debt burden, thus allowing graduates to potentially choose a practice area in primary care that is traditionally a lower paying opportunity. Demand for additional licensed physician assistants was – and remains – strong. The U.S. Bureau of Labor Statistics (BLS) data at the time showed an estimated 30% increase in need through 2020. Current BLS data projects that PA employment is projected to grow 37% from 2016 to 2026.¹ A market research study completed for JWU by the Educational Advisory Board (EAB), a well-known higher education research organization, also projected that demand for PAs in Southern New England would increase by 8.8 percent from 2010 to 2012. At the time, there was (and still is) an acute need for primary care practitioners in Rhode Island.

The Provost's Council and the University Dean's Committee both enthusiastically supported the development of a high-quality program in this area in 2010. The notification of intent to apply for Accreditation-Provisional was completed and approved by the University Provost and President. Subsequently, an application for Accreditation-Provisional was submitted and the ARC-PA set the date of June 6-7, 2013 for the site visit. A seven-year financial model was developed for the program by the Assistant to the Provost. In October 2012, JWU purchased a two-story, 18,000 square-foot brick building at 157 Clifford Street as the future home of the program. I was hired to lead the program through the process of curriculum design and the three-step accreditation process, as well as to manage its full launch and ongoing operations. As a native Newporter and URI graduate, I had a long-standing interest in developing a PA program in Rhode Island. PAs from the RI Academy of Physician Assistants

and the Rhode Island Medical Society – of which all RI PAs are also members – wholeheartedly supported the initiative and proved instrumental in galvanizing support from the healthcare community. Meetings occurred with leaders from every Rhode Island hospital group, large group practice, and community health center; with insurance and pharmaceutical industry representatives; with the RI Department of Health and Board of Licensure; with RI congressional representatives; and with representatives from every college and university in RI.

JWU developed articulation agreements with Providence College (PC) and the University of Rhode Island (URI) that guarantee an interview if the student meets specific undergraduate course and experiential (direct patient care) hours. These requirements are above the minimum course and GPA requirements which allow a student to qualify for consideration through our usual process. We worked with URI and PC pre-professional health advisors to develop these requirements; knowing the rigor of the courses URI and PC students take gives us confidence that they will succeed in our program.

New models of health care delivery, such as the patient-centered medical home, call for a team-based approach from providers, so it makes sense that the education of those professionals include elements of that teamwork. To advance that principle, on March 27, 2013, JWU's Center for Physician Assistant Studies and Brown University's Alpert Medical School signed a memorandum of understanding to explore possible collaborations. The leadership of the Alpert Medical School recognized the impact that physician assistants have as part of the interprofessional health care team. "The new model of health care is patient-focused, IT-driven, and team-based," said Dr. Edward Wing, then-dean of medicine and biological sciences at Brown. "Alpert Medical School is fortunate to partner with JWU to explore interdisciplinary training opportunities with its physician assistant program. This new collaboration makes good sense as we work toward expanding the entire health care workforce."³ Construction work on the building began in fall 2012; the new Center for Physician Assistant Studies was completed in early 2014.

The mission of the Physician Assistant Studies program at JWU is to educate students to become collaborative practitioners with the respect, empathy and trust inherent to patient-centered, humanistic health care. This statement emphasized the team-based, interprofessional, patient-centered approach so vital to high quality healthcare. The JWU PA program forged a relationship with the Arnold P. Gold Foundation to bring their experience in the humanistic aspects of patient care to our program. The mission statement informs everything about the program, from the architectural design of the Center that intentionally emphasizes community, to the structure of the curriculum that de-emphasizes competition and emphasizes patient-centeredness

and provider self-care, to the recruitment of faculty and staff and the qualities of students we accept into the program. During the development of the program, the curriculum designers used the Physician Assistant Competencies developed by the American Academy of Physician Assistants.⁴ In addition to the ARC-PA Standards, JWU also employed the Physician Assistant National Certification Examination (PANCE) blueprint, and prior experience to determine the necessary depth and breadth of the curriculum.⁵

The JWU PA curriculum is a comprehensive course of study designed to prepare students for entry into clinical practice. The didactic portion consists of 51 weeks (60.5 credit hours) of rigorous instruction and study in all areas of medicine as a means to prepare students for the 49 weeks and 43.5 credits of clinical training they will receive during the second year of the program. This is consistent with the national average of 52.7 weeks and 63.8 credit hours for the didactic phase and 51.1 weeks and 44.5 credit hours for the clinical phase.⁶ Students apply through a centralized application service. Minimum requirements include a completed undergraduate degree with a minimum undergrad cumulative GPA and BCP (biology, chemistry, physics) GPA of 3.0. Required courses are in anatomy, physiology, biology, chemistry (all with labs), English, math, and the behavioral sciences. Students must have a minimum of 250 hours of direct patient care as well as experience in shadowing a PA. GREs are required. Since the start of the program, students chosen for interviews have GPAs and patient care hours significantly above the minimums.

Physician assistant programs are based on a medical model and all new and developing programs are required to award a master's level degree. The Summer semester of the didactic phase provides basic science foundation for the Fall and Spring modules. Summer courses are coordinated such that when a body system is being taught in the anatomy lecture and cadaver lab (Applied Anatomy), the same system is being taught in the history and physical examination course (Patient Care). Basic modules are also taught in microbiology, immunology, cell physiology, genetics, and pharmacology.

The following semesters contain the clinical preparatory sciences courses in Clinical Medicine, Pharmacotherapeutics, Diagnostics Skills, and Patient Care. These courses run longitudinally in the Fall and Spring but are presented in module format, starting with the clinical medicine, pharmacotherapeutics, diagnostic skills, and patient care associated with the HEENT system and progressing through cardiology, pulmonology, and so on. Students are immersed in a body system for one, two, three, or more weeks, tested on the content and move on to the next module. Toward the end of the didactic year, students revisit each system in the context of a specific population in their women's medicine, pediatric, geriatric, general surgery, and emergency medicine modules. Topics in behavioral medicine, public health to

emphasize the social determinants of health, evidence-based research, ethics, and professional practice are included in a year-long course on Professional and Health Policy Issues. Approximately sixty percent of the lecturing is done by PA faculty, all of whom are certified and continue to work clinically. The balance is taught by adjunct faculty, largely from the RI medical community and many of whom are also Brown affiliates.

JWU's rich history in the areas of nutrition and the culinary arts provides students with a unique "Cooking for Health & Wellness" course as part of the didactic year curriculum. Students are taught everything from knife skills to the choice of ingredients, to the hands-on preparation of healthy meals in the kitchens of our Cuisinart Center for the Culinary Arts. This course is also coordinated with their module: during the endocrine module, for example, students learn about food substitutions and preparation of meals for the diabetic patient.

The clinical year begins with Introduction to Clinical Practice that provides students with hands-on experience in skills that include splinting and casting, suturing, immunizations, venipuncture, and instruction at the Lifespan Simulation Laboratory. The clinical year consists of nine five-week rotations across all primary care disciplines (family medicine, internal medicine, and pediatrics), in addition to surgery, emergency medicine, behavioral medicine and women's health. This provides students with direct experience in varied disciplines of medicine, in a variety of settings to include inpatient, outpatient, emergency department and surgical environments, as well as opportunities to interact with patients across the life span in acute, emergency, chronic and preventative encounters. In addition, each student is required to complete a master's paper and presentation that combines scholarly activity with clinical practice by encouraging students to use evidence-based medicine to investigate a clinical question. Students have hands-on experiences in the above-listed settings. They work with MDs, PAs, NPs, and others on the team and under the supervision of the preceptor perform patient evaluation/diagnosis, develop treatment plans, counsel patients, etc. In the clinical year, following each clinical rotation students take a specific standardized examination developed by the national PA Education Association for each area...family practice, internal medicine, emergency medicine, etc. Preceptors also complete an evaluation for each student. Prior to graduation, each student completes a Master's Project which includes an objective structured clinical examination (OSCE) using the standardized patient program at Brown, takes a summative examination, and prepares a presentation based on a clinical question and using evidence-based medicine principles learned during the program. Graduation from an accredited program qualifies them to sit for the PA National Certification Examination developed by the National Commission for the Certification of PAs. Thereafter to maintain

certification, all PAs must accrue 100 hours of CME every 2 years and take a re-certification examination every ten years.

From the start, the Rhode Island Academy of Physician Assistants (RIAPA) and the Rhode Island Medical Society (RIMS) leaders and membership were overwhelmingly supportive advocates; representatives participated in ARC-PA site visits, served as lecturers and clinical preceptors, and participated as members of our Admissions Committee. Clinical preceptors and employers of our graduates tell us they like our students because they are "smart and kind." Today, over half of the students who have graduated from our program currently practice in Rhode Island.

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Author

George Bottomley, DVM, PA-C, is Program Director at the Center for Physician Assistant Studies at Johnson and Wales University.

Correspondence

George Bottomley, DVM, PA-C
 Program Director
 Center for Physician Assistant Studies
 Johnson and Wales University
 8 Abbott Park Place
 Providence, RI 02903
 401-598-4960
George.Bottomley@jwu.edu