DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
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WOMACK ARMY MEDICAL CENTER
INTERSERVICE PHYSICIAN ASSISTANT PROGRAM
FIRST ANNUAL EVALUATION REPORT

1. PURPOSE. To provide the first annual report of the Womack Army Medical Center Interservice Physician Assistant Program.

2. APPLICABILITY. This evaluation report applies to all preceptors and students of the Womack Army Medical Center Interservice Physician Assistant Program.

3. REFERENCES.

a. The Program Evaluation Standards: How to Assess Evaluations of Educational Programs by the Joint Committee on Standards for Educational Evaluation, 2nd edition
b. Student Evaluation Plan, IPAP
c. Womack Army Medical Center IPAP website
d. Womack Army Medical Center IPAP Orientation Manual
e. Phase 1 site visit report
f. U.S. News and World Report Top Physician Assistant Programs

4. BACKGROUND. The education program that was evaluated was the Womack Army Medical Center Interservice Physician Assistant Program (WAMC IPAP). The evaluator took great interest in this program because she is currently the clinical coordinator. The program was evaluated for a period of one year. The WAMC IPAP is designed to allow the students to clinically implement what they learned during the didactic phase (Phase 1). Dr. Y. Sammy Choi, WAMC IPAP medical director and MAJ Amelia M. Duran-Stanton, WAMC IPAP clinical coordinator, have been in their current positions for one year. Since then, there have been several improvements and initiatives implemented. The preceptors have received excellent reviews during the site assistance visit of MAJ Jeffrey Oliver from Phase 1 IPAP.

5. EVALUATION CONTEXT. The goal was to provide an annual report regarding WAMC IPAP based on initiatives and lessons learned from February 2011 to March 2012. This document is to provide documentation of those initiatives and to provide an annual report of student and preceptor interviews to continue to improve the program. It is also to provide further recommendations for future improvements.

6. EVALUATION METHOD. The methods for the evaluation was using qualitative measures done mainly through input from current students and primary preceptor meetings, obervations, and review of current administrative and standard operating procedures.

7. KEY FINDINGS. Annual report of feedback from the students to improve the program showed that the preceptors and students are dedicated in ensuring the day-to-day activities and training is continuously improved. We also collectively identified topics that were sustainable, needed improvement and needed to be discontinued. Topics that were discussed one-on-one were the overall inprocessing, evaluations, testing, rotations, preceptors, secondary preceptor recognition, Wednesday meetings, Journal Club, 5th Wednesday, graduation, Phase 1 recommendations for improvement and administrative issues.

a. Student feedback based on documented critiques and annual meeting:

1) Inprocessing: This was challenging, now that the new classes have more time dedicated, this will most likely be resolved but we will continue to monitor.
2) Evaluations: MyEval is a great way to track patients and procedures. They would like a way to track ER hours.
3) Testing: No issues. They appreciate the flexibility to take their test when scheduled appropriately.
4) Rotations: They recommended that OB/GYN be followed by Pediatrics for continuity of care and training. They stated that most of the preceptors did not know the NCCPA Blueprint. They mentioned several preceptors who have been instrumental in the high quality of training they have received. All preceptors have been informed.
5) Wednesday meetings: They appreciate the “Brown Bag Lectures” from subject matter experts.
6) Journal Club: They have noticed improvement in their knowledge in reading articles, they have found “Journal Club” to be informative and helpful. They want to continue to encourage Methodist University and Campbell University participation.
7) 5th Wednesday: They enjoy having this time to be outside of Fort Bragg.
8) Graduation: They appreciate being able to choose the venue and keeping it simple.
9) Phase 1 Recommendations: They recommend a dedicated class on AHLTA for familiarization and learn how to build templates. They felt that Phase 1 prepared them for Phase 2.
10) Additional comments: They felt that many deficiencies have been noted and there are improvements that are being implemented to fix them. They were appreciative of the clinical coordinator giving them the opportunity to provide input and flexibility in Phase 2.
11) The students made specific comments per rotation that were shared with the primary preceptors upon receipt to help continue improving the program. They also identified other staff members that were instrumental in their learning experience.

b. Preceptor feedback to improve the program based on one-on-one meetings:

1) First and foremost, thanked all preceptors for their continued support of WAMC IPAP.
2) The students were correct that most of the primary preceptors were not aware of the NCCPA blueprint. The primary preceptors were provided the blueprint and showed them access to the V drive of all documents regarding WAMC IPAP.
3) Most of the preceptors did not have any problems with the grading, emphasized to them timely submission.
4) Ensured all primary preceptors were aware of their adjunct faculty status and updated their contact information.
5) The primary preceptors were informed of additional feedback from the students and discussed further improvements, identified discrepancies. They were also provided information about current and incoming students, invited them to the graduations and "Hail and Farewell".
6) The primary preceptors provided feedback to improve Phase 1 such as improving note taking skills, formulating differential diagnosis and treatment planning.
7) Invited all primary preceptors to provide new test questions.
8) Discussed the Senior Physician Assistant Pilot Program and thanked all preceptors who have been receptive in having the first participants in their clinic.
9) The hardcopy evaluations are not consistent with the MyEval evaluations. This has been addressed with Phase 1.

8. IMPROVEMENTS. Improvements identified by students, preceptors and senior leaders. The following are the initiatives implemented to improve the program that have been implemented since February 2011.

a. Pre-arrival Checklist that includes portfolio and preparation prior to Phase 2
b. Improved handout that is available on the website
c. Marketing Strategies
    1) Newsletter
    2) WAMC IPAP WAMC portal
    3) WAMC IPAP AKO portal
    4) WAMC IPAP
    5) Community Publications
d. Inprocessing improvement
e. Rotation improvements
    1) EM, IM, FP towards the end of the year
    2) Pediatrics will follow Ob/Gyn for continuity
    3) The evaluations need to be consistent
f. Journal club implementation with themes based on NCCPA blueprint organ system
g. 5th Wednesday implementation (events outside of Fort Bragg to improve camaraderie and esprit de corps)
h. Collaboration with other PA programs
    1) Methodist University
    2) Duke University
    3) Campbell University

i. Higher standards for master presentations (announcement flyer, posters, abstracts, professional forum at Weaver Auditorium or Emerson Conference room while in Army Service Uniform with mentor present)
j. Higher expectations for professional and medical topic presentations
    1) Evaluations should reflect master level presentations
    2) “Think outside the box” by incorporating available resources in Fort Bragg such as the Medical Simulation Training Center
k. Communication with preceptors and Phase 1 Clinical Coordinator regularly and after every graduation for continuous improvement
l. PA week 06-12 October 2011
    1) Duke University
    2) WAMC PA Luncheon
    3) Stead Center Visit
    4) Marketing through Recruiting and booth
    5) WAMC PA Breakfast
    6) WAMC/Methodist Potluck Lunch
m. Mentorship program
    1) Fort Bragg PAs
    2) Future PA students
n. SAPA participation and attendance with several poster presentation abstracts submitted (15 total thus far).
o. One-on-one weekly counseling with all students, formal “professional attributes” progress and final meeting scheduled
p. Exam Master and CME TDY for PANCE preparation
q. Brown Bag lectures monthly provided by WAMC and Fort Bragg subject matter experts
r. Phase 2 Clinical Coordinator Training Program by training other Phase 2 clinical coordinators
s. Senior PA Pilot Program
t. Memorandum regarding guidance on required shadowing hours for IPAP and LTHET
u. Flexibility of testing dates
v. CME credit for presentations
w. IPAP Books update based on primary preceptors’ input, all books ordered through WAMC librarian
x. Hail and Farewell for incoming and outgoing students
y. Graduation
    1) Ensure WAMC command has visibility and input
    2) IPR weekly one week after previous graduation
    3) Post graduation student critiques sent to all primary preceptors
z. Publication encouraged

9. CONCLUSION. The WAMC IPAP has made several improvements and continues to provide high caliber training for our students. There are also several issues that were immediately address and we will be continually seeking feedback from everyone involved in the program. We appreciate the continued support of IPAP Phase 1 and the WAMC chain-of-command.

10. WAY AHEAD. We plan on sustaining all improvements mentioned and to continuously seek input from all dedicated personnel who have a vested interest in the success of our program. We plan on further improving our community involvement and increase outreach programs. We want to share our experiences with other educational programs by promoting research endeavors and showcasing the strategies we have implemented in our program. As we seek to improve the experiences of our students, we are dedicated in ensuring that we continue to provide leadership and mentorship to our graduates.

11. The point of contact for this evaluation is the undersigned at (910) 907-8269 (IPAP office), (910) 907-6533 (Ortho office), or amelia.duranstanton@us.army.mil .

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