PRESENT:  C. Creech, M. Deibis, M. Finney, D. Fry (Guest), T. Hemphill, D. Lair, A. Lutzker (Guest), B. Maki, Schilling, S. Selig, S. Turner (Interim Associate Provost), J. Witt

ABSENT:  None

1. Minutes from September 11, 2017 were approved with no changes.

2. MA in Social Sciences (MASS) Self Study Report for 6 Year Program Review
   - Program Director Lutzker joined the meeting to discuss the program review with the Board.
   - The Board discussed program viability options/suggestions including:
     - Consider converting the program to an online program in order to expand the recruitment area.
     - Examine more closely the student feedback from the 2016 Graduate Student Survey or solicit feedback from current students to determine if changes can be made to the program and/or curriculum based on student feedback.
     - Consider the possibility of using stackable credentials for the program.
     - Determine if additional marketing plans or EAB market research study can be utilized to increase enrollment.
     - Consider utilizing low residencies or a blended program in order to expand the recruitment area.
     - Review enrollment trends of elective courses of current students to determine which courses students are choosing the most. Dr. Lutzker advised that faculty turnover can impact the availability of elective courses.

3. Proposal for Master of Science, Physician Assistant (MSPA) Program
   - Dean Fry joined the meeting to discuss the MSPA Proposal with the Board. She provided written responses to the list of questions that had been identified at the previous meeting, including responses to the SON input that the Board had previously received. During the meeting she addressed many of these responses verbally; however, a copy of the written responses is attached to the minutes as an addendum.
   - Much of the discussion was focused on the plan to identify clinical sites that won’t compete with NP clinical sites.
     - It is expected that Michigan Medicine will be the primary location for clinical placements; UMF-SON does not have many internships with Michigan Medicine.
     - There was a concern expressed that PA rotations will saturate clinical site schedules and create competition for clinical sites. Dean Fry advised that SHPS will ask clinical sites to create additional slots for PA students instead of
negatively impacting current slots that the clinical sites may already have for NP students.

- The Board supported the idea that SHPS and SON are encouraged to collaborate and cooperate with each other regarding clinical placements of PA and NP students. Direct communication between the two schools is imperative. The development of a Memorandum of Understanding (MOU) is also encouraged.
  - There was an idea that a neutral body could be created to coordinate clinical placements and contracts if direct conversations are not successful. The Center for Educator Preparation at UM-Flint coordinates educator placements for SEHS and CAS.
  - It was noted that the SON has advised that they intend to refer the MSPA proposal to the curriculum coordination committee for review. There was brief discussion regarding the comparison of curricula for the two programs. Dean Fry has advised that the proposed MSPA curriculum does include a 2 credit hour IPE course.
  - The Board voted (5-Yes, 1-No, 1-Abstain) to approve the MSPA Program with these requirements:
    - There is an expectation that there will be direct communication between SHPS and SON regarding the placement of students in clinical sites. The expectation is that SHPS will not displace existing Nurse Practitioners in clinical sites.
    - An impact study should be submitted to the Board after year 1 of the MSPA program to evaluate the positive and/or negative impact of the MSPA program and should include information regarding space requirements and clinical placements.
    - The Provost should be actively involved in the oversight and review of the impact study.

4. Matters Arising
   - There were no matters arising.

Next meeting: 10/09/17 @ 2:00pm in the Graduate Programs Conference Room
NOTE: Responses from Dean Fry are listed below in red.

From: Deibis, Mary  
Sent: Wednesday, September 13, 2017 12:30 PM  
To: Fry, Donna <donnafry@umflint.edu>  
Cc: Turner, Stephen ( CSEP ) <swturner@umflint.edu>; Carlson, Sarah <sacarls@umflint.edu>  
Subject: RE: 9/25/17 Graduate Board Meeting

Hi Dean Fry,

I am contacting you on behalf of the Graduate Board. In Monday’s meeting, the Board conducted the first reading of the MSPA Proposal. A good discussion occurred, and the Board would like to confirm that they would like to invite you to the next meeting to discuss the proposal in more detail. The meeting is scheduled for Monday, September 25th at 2:00pm in the Graduate Programs Conference Room. Please confirm that you will be able to attend the meeting.

Please also be prepared to respond to the following items that were part of Monday’s discussion:

- Explanation of variation of total program length of 24 months versus 27 months.

Many of the newer programs in PA are of 27 months duration. This variation is not uncommon in accredited health programs. Programs adjust their curricula at different times depending on where they are in the accrediting process. In addition, the length may depend on what courses are included in the pre-requisite course list and those that are incorporated into the program. Incorporating some of the courses into the curriculum gives the program greater control over the curricular content which is often viewed as a positive.

- Plan to secure space for PA program.

I have submitted a space request through the university space request process. I specifically requested space within the WSW building. I have been in discussion about space with the Provost and VC for Administration and both have assured me that they will make space accommodations for this program.

- How will space be shared with SON?

Dr. Creech previously asked if the NP program could use the PA lab space. This seems like a reasonable request assuming the course schedule does not conflict with the PA course schedule. Since the DNP program runs mostly on Fridays and Saturdays, I feel that an arrangement can be made to accommodate this request. I could also see the DNP and PA program purchasing some equipment together to reduce costs for both schools.
• Will a letter of support be obtained from SON?

I consulted with the Provost on this and he has informed me that this is not necessary.

• Plan to secure start-up funds.

I have been in discussion with the Development Office regarding start-up funds. We are working on a plan of approach for this that includes approaching key potential donors and seeking grant support. There are some funds available within SHPS and I have received a commitment from central administration to provide support as well (with the commitment to repay the funds as the tuition begins to come in – the repayment of start-up funds was built into the budget with final repayment in FY25).

• Discuss the plan to identify clinical sites that won’t compete with NP clinical sites.

We will be seeking heavy support from Michigan Medicine for clinical sites. It is my understanding that UMF SON does not have a lot of internships with Michigan Medicine. Michigan Medicine currently employs over 300 PAs who are very eager to supervise PA rotations in a wide variety of clinical settings. I have also received interest from many physicians within Michigan Medicine who are eager to support clinical rotations for PAs. When I spoke with the Human Resource directors at the local hospital systems, they were very supportive of having a PA program at UMF and asked what we need to start this program. I responded that we would need clinical rotations and would not want to jeopardize the existing NP clinical rotations. We will be seeking clinical rotations throughout the state of Michigan. I have already been in discussion with the CEO of the Michigan Association of Physician Assistants who is very willing to advise us on how to recruit more rotation supervisors. The nature of clinical rotations for PAs and NPs is different. PAs have full time clinical rotations whereas NPs typically have rotations where they go in for a limited number of hours per week.

During the meeting on Monday, the Graduate Board received the attached response from the SON. While the Board received the information during the meeting, the Board did not discuss it. I’ve included it here for you so you have an opportunity to review it before the next meeting.

Regarding the SON comments that were provided to me as an attachment to this original email message:

1) SON has referenced several joint NP/PA programs over the course of the past 5 years. A few years ago they were promoting a model like that at UC-Davis where they have a PA program within the SON and most courses are taught with NPs and PAs together. I spoke with the UC-Davis PA Program Director this month and his comments boiled down to: The PA program had 100% first time pass rate when they were in the School of Medicine and now that they are in the School of Nursing they have less than a 70% first time pass rate. When asked about whether it is feasible/advisable to co-teach PA and NP courses he commented that he thought this worked well with IPE courses across multiple professions, but was
not successful with other courses. I also spoke with the PA Director at Hofstra University and she indicated that their PA and NP programs are in a school together but operate independent of each other. They have no shared courses and she could not think of a course in which that would work well. They do have some IPE experiences interspersed in their coursework with multiple disciplines and that works well. Where they have faculty in either program with specialized knowledge, they may do a lecture in the other program. They manage their clinical rotations independently of each other but do meet to discuss them periodically.

2) When I attended the ARC-PA accreditation workshop I asked if other schools were accepting many applicants who were nurses. They consistently said they had very few nurses in their programs. Many NP programs like ours are offered online making them highly attractive to practicing nurses so that they may maintain their nursing position. PA programs are full-time on campus programs making it difficult to maintain a clinical work schedule. In addition, most BSN graduates would not have all of the pre-requisite science courses, thus making a NP program more attractive to them than having to return to school to complete basic science courses before applying to a PA program. Students who have a BS degree and wish to be either a PA or NP can certainly be advised of the PA program option and the BSN – DNP option. With the number of PA applications through PA-CAS being so high (up to 10X the number of open slots), it is good to advise students on multiple means to obtain their educational and career goals.

3) In discussion with some PA program directors it is clear to me that the curricula for the PA and NP programs are different. PA students enter their graduate education with a strong science background and minimal clinical background. NP students enter their graduate curriculum with a strong clinical background and a limited science background. Structuring curricula for these two vastly different starting points is key to the success of the students. As with other health professions, SHPS encourages development of IPE experiences within courses and development of IPE courses as the various curricula allow. A 2 credit hour IPE course was included in the proposed MSPA curriculum.

4) Once the PA Director and Medical Director are hired, I will ask them to meet with faculty from the various health care programs within SHPS and SON to discuss possible curricular collaborations. To do so before they are hired would be presumptive on my part as I do not have the requisite knowledge of the details of where collaboration is feasible and where it is not since I am not a PA.

5) Marge commented that the projected start date was reference as 2015 and 2020. I modified an older table with a 2015 start date and missed that edit. Sorry for this mistake. The program will start in June 2020. Attached is an updated proposal with that correction made.

6) Marge mentioned that the proposal indicates that 20% of the placements will be in Ann Arbor meaning that 80% will be located in the local area. This was not stated
anywhere in the proposal. I am not sure where she came up with this number. We intend to have a significant portion of our rotations through Michigan Medicine.

7) Connie suggested that SHPS be required to sign an agreement to not use any NP clinical sites. This is an unreasonable request. I have heard from several sites that they are willing to add clinical rotations once we get a PA program. I do believe it is reasonable for the clinical coordinators from the NP and PA program to meet periodically to discuss rotation sites so that they can be coordinated.

Please don’t hesitate to contact me if you have additional questions.

Thank you,
Mary

Mary Deibis