

January 2009

Master of Clinical Health Services and Extended Master of Clinical Health Services - University of Washington

Introduction

The University of Washington (UW) seeks approval to establish a Master of Clinical Health Services (MCHS) degree program and an Extended Master of Clinical Health Services (EMCHS) degree program. The MCHS program would train entry-level physician assistants (PAs),¹ based on a curriculum expanded from UW's existing Bachelor of Clinical Health Services (BCHS) program. The EMCHS program would serve certified PAs who seek a master's degree to make themselves more marketable in the changing healthcare environment.

The MCHS program would be offered on campus in Seattle and Spokane, and the EMCHS program would be offered primarily on line, except for three weeks on campus in Seattle. The BCHS program, currently offered on campus in Seattle, Yakima, and Spokane, would continue to be offered in Yakima and would be extended to Anchorage, Alaska. All three programs include a decentralized clinical component offered at various clinical locations, including rural and under-served areas.

Both the MCHS and EMCHS programs would be housed in the MEDEX² Northwest unit of the Department of Medical Education and Biomedical Informatics within the School of Medicine. The MCHS program would enroll 75 headcount (122 FTE) students in summer 2009 and would achieve full enrollment of 150 headcount (270 FTE) by 2010. The EMCHS program would enroll 30 headcount (27.8 FTE) students in summer 2009 and achieve full enrollment of 40 headcount (33.6 FTE) by 2010. At full enrollment, the MCHS program

¹ PAs practice medicine under the supervision of physicians and surgeons. They should not be confused with medical assistants, who perform routine clinical and clerical tasks. PAs are formally trained to provide diagnostic, therapeutic, and preventive health care services. Working as health care team members, they take medical histories; order and interpret laboratory tests and x-rays; and examine, diagnose, and treat patients. In some establishments, a PA is responsible for managerial duties such as ordering medical supplies or equipment and supervising technicians and assistants. Although PAs work under the supervision of a physician, they may be the principal care providers in rural or inner city clinics where a physician is present for only one or two days each week. (Adapted from US Bureau of Labor Statistics description)

² The word MEDEX was coined by the program's founder, Dr. Richard Smith, who combined the first letters of two words: the French *médecin* (for "physician") and "extension" into "MEDEX." Historically, the word MEDEX in upper case was used to denote the training program, and medex using lower case referred to individual practitioners. The profession has since settled on the term "physician assistant" for its practitioners, but the UW program retains the MEDEX name.

would graduate 75 students per year, and the EMCHS program would graduate 40 students per year. MCHS graduates would be prepared for national certification and state licensure as physician assistants. EMCHS graduates, who are already practicing physician assistants, would gain additional skills to allow them to add investigative functions and certain leadership and policy functions³ to their current clinical role in our changing healthcare system. Although both proposed master's programs would give graduates more flexible employment choices throughout their careers than the exclusively clinical roles common for baccalaureate degree holders, the EMCHS program would provide more leadership and policy training than the MCHS program.

Relationship to Institutional Role and Mission and the Strategic Master Plan for Higher Education in Washington

The University of Washington's primary mission is the preservation, advancement, and dissemination of knowledge; and a primary mission of the School of Medicine is to meet the health care needs of our region, especially by recognizing the importance of primary care and providing service to underserved populations. The proposed programs would support both missions by training physician assistants and expanding their skill sets at the entry and practice levels to make them adaptable in new roles and settings and enhance their ability to respond to gaps in our healthcare system.

The proposed program also would support the *Strategic Master Plan for Higher Education* by expanding access to postsecondary degrees in a field which will help drive greater economic prosperity, innovation, and opportunity. In particular, it supports a Master Plan policy goal to "Expand bachelors and advanced degree programs in science, technology, engineering, mathematics, and health sciences. . . ."⁴

Diversity

In addition to participating in university-wide diversity initiatives, the department would:

- Engage in outreach activities to specific rural and urban medically underserved communities, military bases, migrant and community health centers, and Indian Health Service facilities;
- Deploy students back into medically underserved communities during the clinical phase of training;
- Emphasize the eradication of disparities in health care delivery in all phases of the curriculum;

³ For example, graduates would be able to use their investigative skills as a tool to help them play a role in managing clinical quality. Graduates would also be equipped to participate in leadership teams composed of decision makers who each have an area of expertise such as finance, legal, health workforce utilization, state policy, federal policy, reimbursement policy, etc.

⁴ 2008 Strategic Master Plan for Higher Education in Washington, page 27.

- Work with other universities that have counseling groups similar to UW's Collaborative Access Network on Diversity (CANDO);
- Increase MEDEX participation in UW's high school summer enrichment program known as U-DOC;
- Expand on MEDEX's history of reaching out to applicants by utilizing community resources such as the African Americans in Healthcare organization, as well as reaching out to other workforce or professional organizations serving underrepresented groups;
- Enhance the pipeline by working directly with military educational advisers to identify pathways for appropriate bachelor's degrees for military applicants;
- Build on existing links with MEDEX graduates; and
- Specific to the EMCHS program: recruit from MEDEX graduates, a population with a high level of diversity.

Program Need

The *State and Regional Needs Assessment* notes, "All fields are becoming more complex and require workers prepared with higher levels of education than in the past." It goes on to recommend increases in graduate-level preparation for individuals in several professions, including health care. Currently, no institution in Washington offers a PA graduate degree, and only UW offers an undergraduate program. Thus, the proposed programs would not unnecessarily duplicate existing programs in the state.

The proposed programs would benefit students by giving them investigative, analytic thinking, and writing skills beyond those that they would attain in a baccalaureate program, plus a clearer awareness of leadership, policy and administrative issues. This should make master's PA graduates more adaptable in new roles and settings than baccalaureate PA graduates. In short, a graduate degree should give students more flexible employment choices throughout their careers in a changing healthcare industry.

A January 2008 e-mail survey of 162 MEDEX students indicated a high level of student interest in a master's program. Of the 108 who responded, 86 percent were interested or very interested in such a program, 97 percent of whom said they would like to begin a master's program within two to five years of becoming a PA. This survey supports the idea that there is substantial student need for the EMCHS program. In addition, when MEDEX first announced tentative plans to convert its entry-level program to a master's level, many graduates phoned or emailed the program to ask about master's opportunities. This suggests that there is student need for an EMCHS among prior BCHS graduates as well as current undergraduate students.

To assess student need for the MCHS program, its planners conducted a survey in December 2008 which asked all 173 current MEDEX students whether they would prefer to be enrolled in a master's program instead of the undergraduate program. A majority of the 93 respondents, 53 percent, indicated that they would prefer to attend a master's-level PA

program. Although the majority is small, it is important to keep in mind that only 40 percent of the respondents already hold bachelor's degrees and would therefore be eligible to enter a master's program. Of these, 72 percent would prefer to attend a master's program. Of the responders who did not already hold a bachelor's degree, 43 percent said that they would have earned one if it had been required to enter the program, and 34 percent said that if a bachelor's degree had been required to apply to MEDEX, they would not have been able to attend PA school at all. These statistics suggest that there is student need for both graduate and undergraduate entry-level PA pathways.

Compared to the evidence for student need presented above, evidence of employer need for master's PA programs is relatively weak. This is at least partly due to the difficulty in isolating the employer need for PAs holding master's degrees from the employer need for PAs in general. At the national level, the US Bureau of Labor Statistics states that employment of physician assistants is expected to grow 27% between 2006-2016, which is "much faster than average." At the state level, the Employment Security Department statistics indicate that the average annual growth rate from 2011-2016 for PAs is higher than the statewide average (1.6 percent versus 1.2 percent), but the projected number of job openings is small (61 average annual total openings, of which 33 are due to growth). However, many PAs get job offers during their clinical training phase, so those positions do not get listed as vacancies on the open market. Unfortunately, it is not clear how many national or state openings, if any, require or prefer master's degrees.

Furthermore, if employers value master's degrees more than bachelor's degrees, most are not showing it by compensating employees accordingly. A recent study in the *Journal of Physician Assistant Education* failed to find a relationship between income and degree level for new graduates of PA programs.⁵ On the other hand, at least one employer appears to value master's degrees more than bachelor's degrees. The Veteran's Administration has announced that it will make a master's degree a job entry requirement for PAs beginning in 2015. It is possible that other employers may follow the Veteran's Administration's lead. The proposed programs would respond to community need by responding to a nationwide trend in PA training and by responding to the recommendations of the PA accrediting commission and the primary national PA organizations. Historically, PA training has been competency based, and the national accreditation standards for PA programs focused on ensuring that students receive specific course content, rather than any specific academic degree. However, the PA profession has been moving toward a master's degree since 1998, when the PA Education Association (PAEA) formed a Degree Task Force, which advocated the transition to master's degrees for all PA programs. Subsequently, there has been a degree level debate within the PA academic community, during which MEDEX vocally opposed Master's degrees, fearing that they would create barriers for students from rural, military, and disadvantaged backgrounds.

As this degree debate went on, the field experienced a rapid expansion in PA programs, from 56 in 1991 to 142 in 2008, with most new programs offering master's degrees. For years, MEDEX refused to follow this trend, to the point where MEDEX is now in the minority since only 22% of PA programs nationwide do not currently offer graduate degrees.

⁵ Snyder J, Zorn J, Nord A. Examination of New Graduate Income and Degree Obtained from Physician Assistant Programs 1998-2006. *Journal of Physician Assistant Education*. 2008;19(3):8-12.

However, one long-standing aim of MEDEX is to equip graduates with the tools, skills, and means to be highly competitive in the marketplace. As other PA programs nationwide have moved to a master's level and as nurse practitioners (who may compete with PAs for some jobs) have moved to higher degree levels, MEDEX has decided to offer master's degree PA programs.

Although the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has not yet required a specific degree at the end of PA school, the agency now formally "encourages sponsoring institutions to recognize the evolution of the profession as one that requires a graduate level of curricular intensity" and to "acknowledge it with an appropriate degree." The primary national PA organizations have also adopted formal statements that a master's degree is the appropriate terminal degree for PAs and PA educators.

Program Description – Master of Clinical Health Services

The MCHS program aims to prepare second-career students⁶ for licensure and entry-level clinical practice, and to do so with additional content and more rigor than a bachelor's PA program would involve. The MCHS target audience includes former military medics and other second-career students, often from remote areas. Students would attend day and evening classes at the Seattle or Spokane Riverpoint campuses for five full-time quarters of didactic instruction, followed by four full-time quarters of clinical instruction in various communities around the Northwest and West.⁷ The MCHS program would normally take nine quarters, including three summer quarters, to complete.

To be admitted to the MCHS program, students must have:

- A baccalaureate degree from a regionally accredited US institution (or equivalent foreign institution);
- A grade point average of 3.0 for the most recent two years of full-time equivalent coursework (90 quarter credits);
- Completed 10 quarter (6 semester) credits in human Anatomy and Physiology at 2.7 or higher;
- Completed 15 quarter (9 semester) credits in other medically related sciences (e.g., biology, microbiology, chemistry, etc.) at 2.7 or higher;
- Two years of hands-on clinical or allied health experience (e.g., nursing, paramedic, military corpsman, community health aide, surgical technology, athletic training, etc.); and
- Knowledge of and commitment to the PA role.
- International applicants must also take the TOEFL to demonstrate English proficiency.

⁶ Meaning students with prior hands-on healthcare experience

⁷ Both the MCHS and EMCHS programs would serve students and offer clinical training in the WWAMI region served by the UW School of Medicine, plus Nevada, Oregon and Utah. WWAMI consists of Washington, Wyoming, Alaska, Montana, and Idaho. MEDEX maintains a database of over 400 clinical sites.

While the BCHS and the MCHS would cover essentially the same clinical topics, the academic rigor in terms of research, analytic thinking, and writing would be significantly greater for MCHS students. MCHS students would take 162 credits, including 75 didactic, 76 clinical and 11 capstone project credits. The first five quarters would involve didactic classroom instruction in Seattle or Spokane, as well as hands-on workshops and patient simulations. The final four quarters would be devoted to clinical training at several of the more than 400 clinical training sites available in the region.⁸ The program would culminate in a capstone project.

The curriculum would build on the existing BCHS program curriculum by adding new courses and by adding work to existing 400-level courses, which have been redesigned and recoded at the 500 level. The additional work in existing courses would range from students participating in moderated on-line discussion to submitting an evidence-based research paper, depending on the course. Additionally, the professional role development course would be specifically expanded to include more in-depth coverage of policy and leadership topics. In addition to changes in existing courses, the MCHS program would include 21 credits of new courses:

- Focused Study (5 credits) - a small group seminar that allows students to select from the following areas of special interest: rural healthcare and the medically underserved, healthcare administration and public health, academic medicine and specialty practice; and global health.
- Investigative Skills (5 credits) – includes assessing source material critically, identifying appropriate analytical and statistical models, applying models to data sets, interpreting results, and research ethics.
- Capstone Project (11 credits) – students select a topic within their focused study area, design a project, obtain human subjects approval where necessary, implement the project, and report project results via a 10-page paper and a 10-15 minute oral presentation, including a conference-style poster presentation. Since the MCHS and EMCHS are both professional degrees, the capstone project would not be a thesis.

Like the BCHS program, the MCHS program would be accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), so MCHS and BCHS courses would have similar content in terms of clinical topics.⁹ In contrast to the BCHS program, the MCHS program would have higher-level assignments through course work focusing on analysis, critical thinking, writing, and research skills.

MCHS courses would be taught primarily by full-time faculty, most of whom would be lecturers or senior lecturers, and about 60% of whom would hold a master's degree or higher.¹⁰

⁸ Students would be encouraged to return to their home communities or local area for their clinical training.

⁹ MEDEX has already received ARC-PA approval to offer the MCHS, pending HECB approval. The next ARC-PA site visit is scheduled for 2011.

¹⁰ School of Medicine faculty are typically “wot,” meaning “without tenure. Most PA faculty have traditionally been hired at the rank of lecturer or senior lecturer. Faculty who concentrate on publication rather than teaching may attain assistant or associate professor rank, but those ranks are without tenure in the School of Medicine. At the onset of the MCHS, nine of the 24 didactic faculty would not hold master's or higher degrees. Of these, four

The program would aim for students to achieve the following learning outcomes:

- Be prepared for clinical practice as culturally competent physician assistants in compliance with the Standards of the Accreditation Review Commission on Education for the Physician Assistant;
- Be able to use analytical and critical thinking skills to optimize patient care in a wide range of clinical settings;
- Be prepared for career trajectories as leaders and “change agents” in clinics, healthcare systems, organizations, agencies, and the community;
- Have investigative skills that will be demonstrated by the production of a capstone project, which applies these tools to a question or project relevant to clinical practice or the delivery of health care in the northwest region;
- Have new life-long learning patterns that will extend beyond traditional clinical practice settings; and
- Be aware of new “cultures” such as the health research community, policy environments, and complex medical education settings.

These student-learning outcomes would be measured using a variety of assessment tools including quizzes, exams, research papers, essays, performance exams (during which students must demonstrate maneuvers such as conducting a physical examination on a model patient), simulated patient experiences, chart review, clinical supervision and evaluation by preceptors, and clinical phase site visits by advising faculty. Students would be assessed within their individual courses, based on learning outcomes identified for those courses. In addition to course work, there would be a national board certification practice test plus a capstone essay and oral presentation including a poster presentation.

The proposed program would employ multiple program assessment approaches including:

- Weekly student evaluations during the didactic phase;
- Student, preceptor, and site visitor evaluations during the clinical phase;
- End-of-quarter course evaluations;
- Written and oral exit surveys during graduation week;
- National board exam and board-preparatory exam results;
- Graduate surveys;
- Surveys of physicians supervising graduates;
- Monthly faculty meetings; and
- Discussion during annual faculty retreat.

who are nearing retirement age would be “grandfathered” in acknowledgement of their experience and expertise: one has begun a master’s program, two will begin master’s programs in 2009, one would either begin a graduate program or be replaced by a faculty member holding a master’s degree, and one 40 percent-time lecturer would be expected to enroll in a graduate program if her faculty role expands. For the clinical phase, instruction would be provided primarily by practicing physicians, PAs, and some nurse practitioners, all of whom would be volunteers.

Data from all of the above approaches would be used to make improvements to individual courses and the overall program, and would be disseminated to students, applicants and other stakeholders in suitable formats.

Program Description – Extended Master of Clinical Health Services

The EMCHS program aims to prepare currently practicing physician assistants for the healthcare world of the future by giving them knowledge and investigative tools useful to “change agents” and leaders. In addition to specific on-line course content in research, leadership, and health policy skills, the extended degree would give graduates clinical experience in focused areas such as healthcare administration and public health.

The EMCHS target audience consists primarily of MEDEX graduates, including 556 BCHS holders, but also includes practicing PAs who graduated from other programs. Although students would attend in-person at the Seattle Campus for two weeks during the first quarter and one week during the final quarter, the bulk of the curriculum would be delivered on-line and at clinical sites. The program, which is a cohort program, would normally take 5 quarters, including two summer quarters, to complete. At the end of the program, students would return to the Seattle campus for a week of final evaluation and graduation activities.

To be admitted to the EMCHS program, students must:

- Hold a baccalaureate degree from a regionally accredited US institution (or equivalent foreign institution);
- Have a grade point average of 3.0 for the most recent two years of full-time equivalent coursework (90 quarter credits); and
- Have current National Commission on Certification of Physician Assistants (NCCPA) certification.
- International applicants must also take the TOEFL to demonstrate English proficiency.

Students in the EMCHS program would take 42 credits, including 22 didactic, 9 clinical and 11 capstone project credits. The curriculum consists entirely of new courses and would not repeat educational components that were part of the BCHS program. The didactic portion of the program would include leadership skills (4 credits); healthcare policy (4 credits); investigative skills (5 credits); focused study (5 credits), and the PA profession (4 credits). The program would culminate in a capstone project (11 credits.)

The EMCHS courses would be taught primarily by full-time faculty, about half of whom would be professors or research scientists holding a Ph.D. or MD, and about half of whom would be lecturers or senior lecturers holding a master’s degree or higher.

The program would aim for students to achieve the following learning outcomes:

- Expand current clinical practice expertise through the acquisition of new knowledge and procedural skills;
- Be prepared to be leaders and “change-agents” in clinics, health care systems, organizations, agencies, and the community;
- Be able to apply analytical and critical thinking skills in current practice environments;
- Have investigative skills that will be demonstrated by the production of a capstone project, which applies these tools to a question or project relevant to clinical practice or the delivery of healthcare in the northwest region; and
- Have new life-long learning patterns that will extend beyond traditional clinical practice settings.

These student-learning outcomes would be measured using a variety of assessment tools including papers, structured group projects, exams, patient logs (for the clinical courses), quarterly progress reports for the capstone project, and final written and oral project presentations. Each course would have a participation component incorporated into its grading structure, since graduate seminar courses are richer when all students contribute to the group process. Students would be assessed within their individual courses, based on learning outcomes identified for those courses. In addition to course work, there would be a capstone essay and oral presentation including a poster presentation.

The proposed program would employ multiple program assessment approaches including:

- On-line evaluation tools;
- Individual seminar evaluations;
- Exit surveys;
- Faculty peer review;
- External evaluations (after the first and second years at a minimum) from the School of Medicine and other UW health professions schools; and
- External evaluation (after the first and second years at a minimum) from at least one nationally recognized expert in PA education.

The last two bullets are included because, unlike the MCHS program, there is no specialized accreditation available for the EMCHS program. Data from all of the above approaches would be used to make improvements to individual courses and the overall program, and would be disseminated to students, applicants and other stakeholders in suitable formats.

Program Costs

The MCHS program would attain full enrollment of 270 FTE students in Year Two. To implement the program, MEDEX has budgeted 12 FTE for administrative staff and 13 FTE for faculty. As a self-sustaining program, MEDEX would require leased facilities and

additional equipment; and the budget includes those infrastructure items. The Year Two total cost of instruction¹¹ would be \$3,610,165, or \$13,371 per FTE. According to the *HECB 2005-06 Education Cost Study (July 2007)*, the total cost of instruction per average annual graduate health student FTE at UW Seattle is \$31,705, and ranges from \$8,831 at EWU to \$37,252 at UW Bothell.

Total Year Two MCHS revenue, would be \$4,192,604. The MCHS program would be primarily self-supporting through tuition and fees,¹² and would cost each student about \$60,000, which is about \$17,000 higher than what UW BCHS students currently pay. To see what peers were charging, program planners conducted an informal review of several peer-level PA programs around the country and found that tuition and fees ranged from \$17,000 (in-state tuition, public institution) to over \$75,000 (private institution.) The nearest geographic neighbor programs charged \$50,000-\$60,000.

Like the MCHS program, the EMCHS program would also attain full enrollment in Year Two; however, it would be much smaller, enrolling 33.6 FTE students. To implement the program, MEDEX has budgeted 1.3 FTE for administrative staff and 2.58 FTE for faculty. The EMCHS program would use technology and services provided by UW Educational Outreach (UWEO); and the program budget is based on the UWEO formula and fee structure. The Year Two total cost of instruction would be \$716,695, or \$21,330 per FTE. The EMCHS program would be entirely self-supporting through tuition and fees, and total year two EMCHS revenue would be \$729,585.

External Review

Dr. Daniel L. McNeill, Professor and Director, Health Sciences Center, University of Oklahoma and Dr. Richard Rahr, Professor and Chair, Physician Assistant Studies, University of Texas Medical Branch, reviewed the program. It is worth noting that Dr. McNeill has had experience converting the University of Oklahoma Physician Associate Program from a Bachelor of Science to a Master of Health Science degree program in 1996.

Both reviewers supported the proposed programs. Dr. McNeill expressed confidence that “. . . the University, faculty, and students will find tremendous benefit in the transition.” Similarly, Dr. Rahr said, “I am in total support and encourage the approval of both the MCHS and the EMCHS degrees.”

Dr. McNeill, noted the University of Washington’s long history of exceptional leadership, excellent national reputation for quality and innovation, and demonstrated ability to graduate competent PA clinicians. However, he questioned whether it was appropriate to offer the degrees through the Graduate School, in view of the programs’ non-thesis format. Program planners responded that the UW Graduate School offers a clearly stated option for non-thesis professional graduate degrees, which they felt was a perfect fit for the MCHS and EMCHS programs.

¹¹ Total cost = total budgeted cost including institutional overhead.

¹² However, MCHS program total revenue does include \$140,804 per year worth of state support for facility rent and other decentralized training costs.

Dr. McNeill also raised the possibility of allowing entry to applicants who do not hold an undergraduate degree. Program planners responded that such a practice might undermine the value of a UW graduate degree. Finally, Dr. McNeill suggested that the additional coursework to distinguish the master's level from the undergraduate program might be excessive or superfluous. Program planners responded that MEDEX had an obligation to uphold UW's standards of academic rigor and that MEDEX faculty have reviewed various aspects of the curriculum and believe that they have arrived at a reasonable and defensible distinction between the undergraduate and graduate degree programs.

Dr. Rahr, on the other hand, did not express any concerns or give any recommendations for changing any aspect of the programs. Several times during his review, Dr. Rahr noted the quality of the program's faculty and leadership, stating, for example, "The Program Director, faculty, and staff are the very best with a national reputation as being leaders, innovators, and overall solid performers." He also noted the rigor and comprehensiveness of the EMCHS program and stated that both the MCHS and EMCHS fit nicely into the current and future trends of the PA and health professions. In addition, he stated his belief that the two programs have innovative and creative designs that fit the needs of the Pacific Northwest.

Staff Analysis

The proposed programs would support the university's mission by training physician assistants and expanding their skill sets at the entry and practice levels to make them adaptable in new roles and settings and enhance their ability to respond to gaps in our healthcare system. Furthermore, they would support a *Strategic Master Plan* policy goal component of expanding advanced degree programs in science, technology, engineering, mathematics, and health sciences.

Student need for both programs is evident from survey responses of students enrolled in the existing undergraduate program. Students would gain investigative, analytic thinking, and writing skills beyond those that they would attain in a baccalaureate program, plus a clearer awareness of leadership, policy, and administrative issues. This should benefit both students and employers by making master's PA graduates more adaptable in new roles and settings than baccalaureate PA graduates. However, the evidence for specific employer need for PAs with graduate degrees is limited, and does not suggest that employers are willing to increase compensation for PAs with graduate degrees.

Both programs would respond to community need by responding to a national trend towards higher level PA degrees and by responding to the recommendations of the PA accrediting commission and the primary national PA organizations. Neither program would duplicate existing programs; and proposed budgets indicate that program costs would be reasonable.

Dr. Rahr spoke glowingly of the programs' faculty and leadership. Staff, however, was initially concerned that a number of MEDEX faculty would lack experience mentoring graduate students through a capstone project. Program planners responded that MEDEX would emulate a common practice for assembling master's level committees by requiring that less experienced faculty or faculty who have not yet completed graduate degrees would be paired with senior, experienced faculty for the purposes of capstone advising. Those providing leadership for the capstone project coursework would have prior experience mentoring graduate students.

For each program, planners provided sufficient evidence that students would study a curriculum with tasks and assignments at a higher cognitive level than a bachelor's program would demand. In fact, one reviewer implied that the programs were too rigorous, and staff commends program planners for defending the programs' rigor. Student assessment would employ multiple measures, including a capstone project. Program assessment would employ multiple measures as well.

Staff Recommendation

After careful review of the proposals and supporting materials, staff recommends approval of:

1. The Master of Clinical Health Services, to be offered in Seattle and Spokane, with a clinical component at various clinical sites; and
2. The Extended Master of Clinical Health Services, to be offered on-line and in Seattle, with a clinical component at various clinical sites.

The HECB's Education Committee discussed the proposals during its January 8, 2009 meeting and recommended approval by the full board.

RESOLUTION 09-02

WHEREAS, The University of Washington proposes to offer a Master of Clinical Health Services in Seattle and Spokane, with a clinical component at various clinical sites; and

WHEREAS, The University of Washington also proposes to offer an Extended Master of Clinical Health Services on-line and in Seattle, with a clinical component at various clinical sites; and

WHEREAS, The programs would support the unique role and mission of the institution by training physician assistants and expanding their skill sets at the entry and practice levels to make them adaptable in new roles and settings and enhance their ability to respond to gaps in our healthcare system; and

WHEREAS, The programs would support the *Strategic Master Plan* by expanding advanced degree programs in health sciences; and

WHEREAS, The programs would respond to student and community need without unnecessarily duplicating existing programs; and

WHEREAS, The programs' students would study curricula with tasks and assignments at an appropriate cognitive level, taught by faculty whose teaching and leadership in the field is well known and respected;

THEREFORE, BE IT RESOLVED, that the Higher Education Coordinating Board approves the Master of Clinical Health Services and the Extended Master of Clinical Health Services at the University of Washington effective January 23, 2009.

Adopted:

January 23, 2009

Attest:

Jesus Hernandez, Chair

Roberta Greene, Secretary