Poster Summary

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Banner: Team-Based PBL: Integrating PAs Into a Required Medical School’s 2nd Year Multidisciplinary Problem Based Learning Course

Objectives: This, now firmly established multi-disciplinary Problem Based Learning (PBL) course was designed to: 1) enrich the PBL experience by having PA and medical students participate as equals on “PBL teams” in the medical school’s multidisciplinary PBL course; 2) familiarize medical and PA students with one another in an ongoing, mutually beneficial, multi-professional problem-solving situation; 3) promote mutual respect between the two types of student clinicians. The mission was to make both groups look forward to working together in the future.

This poster will provide a retrospective analysis of 15 years of course evaluation data (1996-2011) from the 13-session, 26-hour multidisciplinary PBL course; the period since PA students began participating in the course along side of medical students.

Design: PBL was established as a required component of the University of Washington School of Medicine (UWSoM) curriculum in the 1989-1990 academic year. The now joint medical and PA student course provides opportunities for medical and PA students to work together in the clinical decision-making process by encountering on the uncertainty provided by realistic “ill-defined” PBL cases based on actual patients. In each of the 34 PBL groups, 8 to 10 medical students and one or two PA students are expected to determine what is “known” about the patient, engage in purposeful data gathering and interpretation, identify additional information that is needed, and develop learning objectives that provide the basis for the self-directed learning that will occur between PBL sessions.

Setting: This curriculum innovation was conducted for 2nd year medical students at the UWSoM in Seattle, Washington, and for 1st year PA students at the University of Washington MEDEX Program in Seattle and in Yakima, Washington.

Participants: In the beginning, the course involved only 2nd year medical students most of whom at that point in their medical education curriculum have very little clinical experience. In 1995, the course was expanded to include 1st year PA students who, because of an strict entrance requirement, have at least 4,000 hours of clinical experience involving direct patient contact.

Main Outcome Measures: Each year all students rate and comment on the course.

Results: In the latest iteration of the course over 80% of reported students reported that the interdisciplinary nature of the course enhanced their learning. Throughout the years, comments about having PAs on the teams have been very favorable. Some examples: I appreciated the opportunity to work with the PA students; I learned a ton from working with PAs; I enjoyed having the PA students to provide insights we didn’t know; Great that PAs were included, and it’s neat to have PA students and med students working together. These and other results and comments will be summarized trended on the poster in graphs, charts and tables.

Conclusions: Longitudinal views of these course evaluations, demonstrate that this joint, interprofessional offering is a success on many levels. The three objectives and the mission have been
met. For over a decade, no medical student has graduated from medical school without having had an ongoing set of “clinical” experiences with some very talented PA students.