

## *Integrating Diversity into a Physician Assistant Program*

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The purpose of the 3-year (1999–2002) DHHS-HRSA Physician Assistant Training grant funding project was to increase community awareness of the physician assistant (PA) profession as a career option. It was anticipated that by broadening the education and development of PA students and faculty our graduates would better meet the health care needs of a growing, diverse community. The methodology included the integration of community collaboration, recruitment of students, curriculum expansion, student and faculty development, and program evaluation. These strategies resulted in changes to program processes that (1) increased the number of student clinical placement sites serving diverse communities, (2) increased the placement of students at Latino clinics, (3) increased the number of students from diverse backgrounds attending the PA program, and (4) increased community awareness of the PA profession. Other results included increased employment of PA graduates in underserved and rural communities. Additionally, the number of new community service scholarships awarded to first-year students who demonstrated commitment to diversity was initiated. This project benefited PA students and faculty, the PA profession, and diverse communities in the Pacific Northwest.

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### *Introduction*

As culturally diverse populations of the Pacific Northwest increase, it will become essential that physician assistants (PA) are trained to provide ethnically sensitive and competent health care. While this goal is achievable, it is not without challenges that must be overcome in the PA profession, higher

education institutions and communities in the Pacific Northwest.

Increasing the number of PA program applicants and graduates from diverse communities presents one of the many challenges to meeting the health care needs of diverse populations. Nationwide, an average of 20.3% of PA students enrolled over the last 18 years are from ethnic minority communities.<sup>1</sup> When the project began, the PA program at Pacific University had a 6.2% minority representation which increased to 20% with the most recently enrolled class. However, while important, recruitment of minority students alone is not enough. It is also essential for all graduate PAs to have an understanding of cultural differences in order to meet the health needs of diverse communities.

The Pacific University School of PA Studies Diversity Development Project could be used as a model for other programs in higher education. While diversity is often equated with cultural

competence, the two are quite different. Diversity relates to different ethnicities, gender, ages, socio-economic status, religion, etc., while cultural competence is acting with awareness and understanding of diversity. Achieving a level of competence involves learning both at an individual and an organizational level. Many organizations seek to achieve some level of diversity through planning and implementation of awareness activities, but most do not assess the level of individual cultural competence. Researchers and scientists seek to achieve results through developing theories, while others see that learning is the key to sustainable futures for organizations.<sup>2</sup>

The 4 objectives for the Diversity Development Project were to:

- Increase the awareness of the PA profession as a career path for individuals from minority and rural communities in the Pacific Northwest.

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- Expand the information presented to students on cultural issues affecting health care for different ethnic groups.
- Identify clinical placement sites in communities that provide services to a culturally and geographically diverse population.
- Improve the Spanish Language and Culture Seminar course and increase the number of clinical placements at Latino health centers.

Success of the project was to be demonstrated by the following outcome measures:

- Increase in the number of applicants and students accepted to the PA program from minority and rural communities by 10% for the 2001–2002 applicant cycle.
- Comparison of student awareness of cultural issues at entry into the program and at graduation using standardized cultural anthropological markers with a 50% increase for the graduating class of 2002.
- Increase in the number of clinical training sites used by the program, which serve diverse populations by 25% for the 2001–2002 clinical year.
- Successful placement of 10% students at Latino health centers by the 2001–2002 clinical year.

Many health and human service organizations across the country are struggling to respond to the various needs of culturally diverse populations. Diversity includes racial, cultural, linguistic, and sexual dimensions. One response has been to train human service professionals to become more culturally competent (i.e., effective in cross-cultural situations). Measuring

and assessing cultural competence has emerged as a major concern.<sup>3-7</sup>

One response to the increasing diversity of American society has occurred in professional educational programs. Many graduate and professional educational programs have sought ways to evaluate the cultural training they provide aspiring professionals.<sup>8,9</sup> The concern for evaluating worker training to deal with diversity will increase in the 21st century.

Changing biased attitudes and identifying students' deficits in awareness and knowledge towards ethnic minorities are crucial to promoting effective professional work with minority patients. Throughout the 1990s, training programs in psychology, social work, and counseling have attempted to measure the multicultural knowledge, attitudes, and awareness of students and practitioners. Several tests were developed to accomplish this task: the *Cross-Cultural Counseling Inventory—Revised*, the *Multicultural Counseling Awareness Scale—Form B*, the *Multicultural Counseling Inventory*, and the *Multicultural Awareness—Knowledge and Skills Survey*.<sup>10-13</sup> With accurate measuring tools, programs can pinpoint deficit areas and revise curricula accordingly, to meet the multicultural training needs of students.

One tool that has emerged to assess organizational cultural competence is the *Cultural Competence Self-Assessment Questionnaire (CCSAQ)*.<sup>14</sup> The CCSAQ was developed to help organizations: (1) examine their current cross-cultural assets and liabilities, (2) establish a baseline measure of current behavior and awareness, and (3) design interventions aimed at propelling an organization toward greater competence in cross-cultural encounters. The CCSAQ has proven to be very accommodating in that it does not generate a rating or score per se; instead, in non-judgmental fashion it establishes areas in which cross-cultural growth and development needs to occur. This has made the CCSAQ less threatening to respondents and facilitated high return rates and candid responses.<sup>14</sup> For this project, a

modified version of the CCSAQ was used to assess the professional training and educational environment of PA students. The assessment found both cross-cultural strengths and weaknesses in the students.

### Methods

This project recruited applicants from diverse ethnic backgrounds and rural areas to the PA profession, and increased the student and graduate awareness of the cultural issues that affect health care. Hispanic, African-American, Native-American, Asian/Pacific Islander and rural minorities were the focus of the project. A Community Diversity Advisory Committee was formed with selected leaders from diverse ethnic groups representing migrant farm worker health centers, local health plans, PAs, physicians, the Oregon Medical Association, Portland Community College, area universities, the State of Oregon, and the Indian Health Services. Committee members helped to identify health care issues for various disadvantaged populations to be included in the PA curriculum. In addition, they assisted in the identification of culturally rich clinical training sites and assisted with the development of strategies for recruiting applicants from different ethnic groups.

Students and faculty presented the PA profession to various community organizations and potential applicants. These presentations were conducted within the minority and underrepresented communities and focused on increasing the awareness of the PA profession. During the 3-year grant period, we held 41 community meetings/presentations in the first year, 72 in the second year, and 49 during the third year. In addition, meetings were held with individuals interested in the PA profession. Some of these individuals had previously applied to the program but were not accepted. This process helped to evaluate their strengths and identify areas for improvement prior to re-application to the program.

To encourage students with a commitment to diversity, Community Service Scholarships were established by Pacific University for the PA program. These were awarded to first-year students who wrote essays demonstrating their experience serving diverse and underserved communities. These essays were evaluated for the student's understanding of health care issues of disadvantaged communities and their commitment to providing care for underserved patients upon graduation. In 2001, 4 students received scholarship awards of \$2,500 each and in each subsequent year, 4 scholarships will be awarded.

To further increase the awareness of the PA profession as a career and increase the number of applicants and students accepted to the PA program from disadvantaged communities, partnerships were established. This included identifying PAs from diverse backgrounds in the Pacific Northwest who were invited to give presentations, participate with the admissions process, serve on the diversity committee and provide shadow experiences for PA candidates. In 1999, there was one minority PA who participated in the admissions process. By 2001, this number had increased to 4 minority PAs participating in various activities in the PA program.

Other activities to increase the awareness of the PA profession as a health career included student and faculty participation at community health fairs and other community events in neighborhoods that have a significant minority population. In addition, the student PA society developed and implemented a student run health fair held on the Martin Luther King holiday. This health fair has become an annual activity sponsored by the students with faculty and staff support and participation.

The diversity curriculum was developed to include seminars held throughout the curriculum addressing the cultural and health care needs of various disadvantaged communities. The diver-

sity coordinator was responsible for these seminars that included presentations from various community agencies and individuals representing minority communities.

A series of PA support workshops was developed for potential applicants from the minority community who were qualified and interested in applying to the program. Three workshops were held that included seminars on the role of a PA, writing skills and interviewing techniques. The workshops were conducted in spring of 2001 with 14 individuals attending and in 2002 with 18 participants. (See Table 1.)

Within Pacific University, meetings were held with faculty members from the schools of optometry, education, physical therapy, occupational therapy, professional psychology and various administrators including the dean of students and vice president for academic affairs. As a direct result of the PA program's focus on diversity, the university established a university diversity task force and hired a director of community partnerships. In addition, these efforts helped to increase the awareness of the PA profession as a career path among the undergraduate student body as well as faculty and staff on campus.

Meetings were also held with administrators of Latino Health Centers to identify sites willing to precept PA students who spoke Spanish, and sites willing to provide interpreters for students not fluent in Spanish. Diversity training for students was added to the curriculum to increase the knowledge and awareness of health-care needs of the Latino population. The Spanish Language and Culture Seminar course was reviewed/revised by a Latino student from the University of Washington MEDEX PA Program during his faculty development rotation at the Pacific University PA Program with the collaboration of a Latino Pacific University faculty member. Staff from the local Latino Health Clinic participated in the diversity curriculum with presentations addressing the

health needs of migrant and Latino communities.

In 2001, the PA program became one of the lead partners in the development of the Essential Health Clinic, which provides free services to the low income, primarily Latino, patients in Washington County. Volunteer physicians, PAs, PA students and faculty, nurses, interpreters, and office support personnel staff the clinic.

Finally, the CCSAQ was administered 3 times, at the beginning of the first academic year, prior to clinical rotations, and just prior to graduation in the third year. The class of 2001 was given the CCSAQ twice, at the beginning of clinical rotations and prior to graduation. The graduating class of 2002 is the first class to be administered the CCSAQ 3 times during the course of their master's education. The 4 areas analyzed by this assessment include the student's knowledge of communities, resources and linkages, personal involvement, and recognition of staffing as it relates to African American, Asian American, Hispanic, Native American, and other communities.

## *Results*

### **Objective 1**

The outcome measure was to increase the number of applicants and students accepted to a PA program from minority and rural communities by 10% for applicant cycle of 2001–2002. The starting baseline was 5.5% (3/55) of students in the first three classes. During the applicant cycle of 1999–2000, we increased minority representation to 15.6% (2 Latino, 3 Asian/PI of 32 students) in the class of 2002. In the 2000–2001 applicant cycle, the number of minority students was 9.4% (2 Asian/PI of 32 students). This exceeds the goal of a 10% increase from the baseline. For the 2001–2002 year, the class of 2004 has 20% (7/35) from minority or diverse backgrounds (Figure 1). Six of the 2001 workshop applicants (42%) applied to the program (during the 2001–2002 admission cycle) and all

Table 1

Physician Assistant Support Workshop

PA Support Year	Attending	Applying to PA Program	Accepted to Interview	Interviewed	Admitted or Wait Listed	Pacific PA Program	Went to Another Program
<b>Attendance Report</b>							
2001	14	6 (42%)	6 (100%)	6 (100%)	5 (83%)	3 (50%)	1 (7%)
2002	18	7 (39%)	4 (57%)	4 (100%)	4 (100%)	3 (75%)	1 (25%)
<b>Diversity Classification (Minority or Underrepresented Persons)</b>							
2001	4 (21%)	3 (100%)	3 (100%)	3 (100%)	2 (66%)	1 (33%)	1 (33%)
2002	3 (16%)	1 (33%)	0	0	0	0	0

were accepted for interview. Five (83%) of the interviewees were either accepted to the program or placed on the wait list. Three of these were members of minority or underrepresented communities. Due to a miscommunication, invitations to the 2002 PA Support Workshops were sent to a larger group of individuals than intended. As a result, some of the disadvantaged applicants were not able to register for the workshops which resulted in a lower participation of diverse applicants. (See Table 1.)

**Objective 2**

The outcome measure was the comparison of student awareness of cultural issues at entry into the

program and at graduation using CCSAQ. While the ideal would have been to establish a baseline for entering students, the class of 2001 had already started the program prior to the beginning of the diversity development project. As a result, students in this class were only assessed twice, at the beginning of their clinical year and just prior to graduation. The results of these 2 assessments indicated a 47% increase in their awareness of cultural issues between the start of the clinical year and graduation. While this is only a preliminary finding, there appears to be a trend showing that the didactic and clinical experiences provided to the students during the PA program

contribute to the growth in student awareness of cultural issues in health care.

**Objective 3**

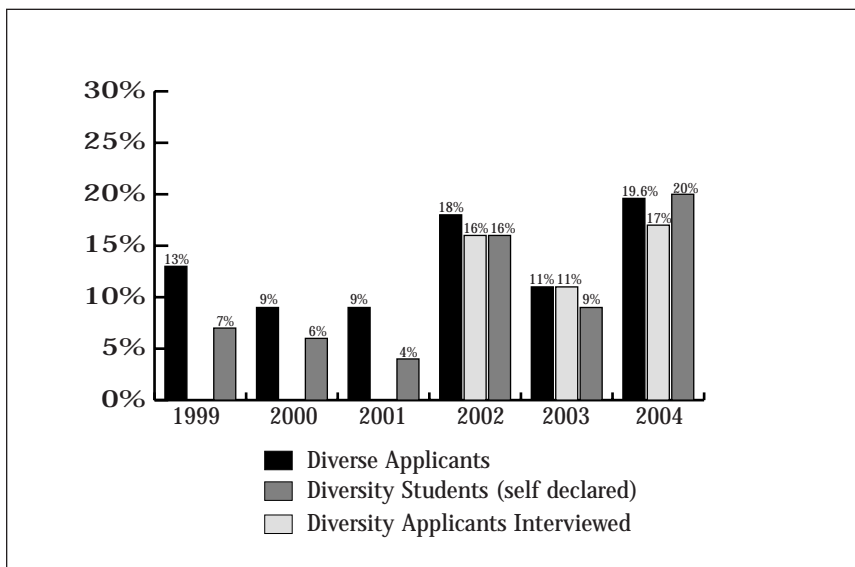
The outcome measure was an increase in the number of clinical training sites used by the program, which serve diverse populations by 25% for the 2001–2002 clinical year. Our accomplishments far exceeded the target for all 3 years. During the 1998–1999 clinical year, our baseline was 8 clinical sites that served diverse populations. Through the efforts of the clinical coordinator and the formation of new partnerships, 8 new sites were located during the 1999–2000 clinical year, bringing the total number to 16 sites or a 100% increase in clinical training sites serving diverse populations. For the 2000–2001 clinical year, 12 more sites were added. In the third year of the diversity development project, 9 additional sites serving diverse populations were identified. We currently have 37 clinical training sites for PA student rotations at sites serving diverse communities and expect to continue identifying additional sites. In addition, all first-year PA students participate as volunteers at the Essential Health Clinic.

**Objective 4**

The outcome measure was the successful placement 100% of students at Spanish-speaking health centers by the 2001–2002 clinical year. We were successful in placing 28% (5/18) of students from the class of 2000 at

Figure 1

Diversity Recruitment for School of Physician Assistant Studies Program



Spanish-speaking health centers. During the next clinical year, we increased the placement of students at such sites to 38% (10/26). The addition of international rotations in Ecuador, Brazil, and Honduras created more clinical rotation opportunities at Spanish-speaking health centers for PA students. Sixty-three percent (19/30) of students from the class of 2002 completed clinical rotations in Spanish-speaking health centers.

### *Discussion*

The Pacific University School of PA Studies is located in a large rural county where the population has increased by over 40% in the last 10 years. Over 11 percent of this population is Hispanic. Increasing the number of applicants and graduate PAs from culturally diverse populations should cause an increase in the number of clinicians who choose to work in health centers that serve disadvantaged populations. Therefore, it is essential to prepare students to provide care for these populations in a changing health care environment through an education that is based in primary care medicine.

The greatest accomplishment of the project is the increased involvement of the program with the community not to mention the increase in students from a culturally diverse background. The Diversity Advisory Committee facilitated the development of partnerships and created a platform for open dialogue and communication between the program and the community. Another key element was to form relationships and solicit help from PAs from diverse backgrounds from the Pacific Northwest. They assisted with the PA support workshops, provided lectures, and became members of the admissions committee. Our involvement with the education of high school and undergraduate students about the PA profession has increased the awareness of the profession for these young people as a possible career path. The self-assessment of PA student's knowledge, involvement, awareness of cultural resources and staffing patterns

has brought a new measurement to the learning process.

The success of the 3-year Diversity Development Project prompted the program to apply for and receive another DHHS-HRSA PA Training grant. The focus of the new project will be to continue and expand upon work completed to date. A program will be developed to recruit PA students from Hawaii to Pacific University, where 18% of all undergraduates are from Hawaii. Another new project will focus on expanding the awareness of the PA profession for high school students from diverse communities. Recruitment of candidates and faculty from diverse communities will continue to be a primary objective.

### *Conclusions*

This project was successful due to the willingness of the faculty and staff to value input from the community resulting in changes in the curriculum and recruitment strategies that demonstrate adaptive learning. The faculty conducted a thorough review of the curriculum to determine where additional diversity concepts should be included. In addition, through the review of the admissions process, the application and interview processes were adapted to increase the emphasis on applicant awareness of the health-care issues for disadvantaged communities. Diversity training for the faculty/staff and admissions committee was completed. These processes were monitored, and policies adjusted as needed. Lessons learned from community outreach, partnerships, and collaboration were at the core of the project's success. It was also beneficial to have consultants with experience in the integration of a diversity curriculum and recruitment strategies from other PA programs to guide our process in the early stages.

Much of what has been accomplished can be attributed to the linkages made within the community through the advisory committee, community partners, and the minority

PAs, along with the expansion of the awareness of the PA profession within the state. The PA program at Pacific University was instrumental in influencing the Race and Ethnic Health Task Force to make recommendations to the governor that influenced legislation expanding the scope of PA practice in Oregon.

Collaboration and partnerships aided the program from an external focus while students, faculty, and staff completed internal assessments. It was interesting to note that when students entered the program their self-assessment of their own diversity knowledge was high but may not have been accurate. After completing the 2 years of didactic studies and clinical rotations, the students became more aware and knowledgeable of other cultures and their self-assessment became more reality based.

As the 3-year project came to a close, it was important to evaluate where we had been, where we were now, and where we wanted to go in the future. While the program had succeeded in improving the awareness of the profession, continued diversity of the students is needed to maintain what has been accomplished. The Diversity Advisory Committee made the following recommendations for the future:

- Recruitment of diverse faculty is crucial
- Expand the recruitment of students committed to working with diverse communities as demonstrated through prior experience with diverse communities and commitment to working with disadvantaged populations after completing PA school
- Develop services to support diverse students during the program
- Develop a systematic long-term approach for recruitment of minority applicants

- Maintain and develop clinical placements in diverse settings
- Stress importance of Spanish language skill development
- Further refine the diversity curriculum

There is still more to learn and more relationships to build. However a high priority should be placed on the continued development of cultural competence for the students, faculty, and staff. In addition, building relationships with PAs from diverse backgrounds should be encouraged and cultivated. The insights learned from this project, as well as the processes implemented, provide a model for other PA programs to develop future professionals who are prepared to meet the needs of a diverse population.

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