Purpose: Physician Assistants (PA) are essential for delivering quality health care in all areas of Medicine. Providing meaningful and educationally sound clinical experiences to PA students is vital for ensuring an adequately trained PA workforce. Despite the need to prepare PA students for clinical practice, we are unaware of published instruments to assess the PA clinical rotation experience. We report the content validation of a new PA clinical rotation evaluation.

Description: The new PA clinical rotation evaluation instrument (PACRE-18) was designed to gather behavior-specific and balanced feedback for PA clinical rotations. In medical education research, construct validity is based on content, internal structure, and relations to other variables validity evidence. Content validity for this assessment was derived from existing literature and input from a panel of education experts with experience in developing evaluation instruments. Specifically, the instrument items were created based on the seven core components of the Stanford Faculty Development Program curriculum including: Establishing the learning climate, Controlling a teaching session, Communication of goals, Promotion of understanding and retention, Evaluation, Feedback, and Promotion of self-directed learning. We also included items for two additional categories: Rotation logistics and Overall assessment. The content of this instrument reflects the Stanford Faculty Development Program 26 (SFDP-26) questionnaire, which is supported by numerous validation studies in graduate medical education. For the current study, the PACRE-18 items were iteratively revised by the study authors who ultimately agreed upon nine categories with 18 items total based on a 5-point Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

Results: The final PACRE-18 instrument was pilot tested on five former PA students and five current PA colleagues. Feedback was gathered on instrument content and usability. Based on this feedback, revisions were made including minor re-wording of items and inclusion of comment box. Additionally, the feasibility of the instrument was deemed satisfactory by all participants.

Conclusions: We report the content validity of the new and feasible PACRE-18 instrument to evaluate PA clinical rotations. Content validity was adapted from published clinical rotation and faculty evaluation instruments in medical school and residency settings. Future research should focus on implementation of the new PACRE-18 instrument to gather criterion and internal structure evidence, including factor analysis, internal consistency, and interrater reliability. With further development, we hope that the PACRE-18 will fulfill a greater need for the meaningful assessment of PA student clinical rotations.

Selected References


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