

EVALUATION OF A PHYSICIAN ASSISTANT STUDENT ADMISSION PLAN THAT  
CONSIDERS RACE NEUTRAL FACTORS

A Research Project by

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I hereby recommend that the research project prepared under my supervision by Daren Badura and Veronica Ramos entitled Evaluation of a Physician Assistant Student Admission Plan that Considers Race Neutral Factors be accepted as partial fulfillment for the degree of Master of Physician Assistant.

Approved:



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## ABSTRACT

Purpose: The purpose of this project was to evaluate race-neutral admissions criteria for PA applicants in order to make an impact on increasing the number of underrepresented minority (URMs) applicants to Wichita State University's PA Program. Methods: This cross-sectional study analyzed admissions policies utilized in 2003, 2004-2005, and 2006 in the PA Department at WSU. This project targeted applicants and matriculates into the WSU PA Program. Specifically, the study measured the relationship of minority applicants to matriculates into the class of 2005 (paper-based applicant criteria heavily weighted toward GPA), classes of 2006 and 2007 (expanded criteria with race-neutral factors, still heavily weighted toward GPA), and class of 2008 (expanded criteria with race-neutral factors, with equalization of GPA with other factors). Results: Overall the classes of 2005 and 2008 had more minority applicants than matriculates. The classes of 2006 and 2007 had more minority matriculates. Conclusion: To date, the WSU-PA Program's admission plan that considered race neutral factors did not have a significant relationship on the number of URMs accepted into the PA Program.

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## INTRODUCTION

Despite the rapid growth of racial and ethnic minority groups in the United States, their representation among the nation's healthcare professionals has grown only modestly at best over the past 25 years, producing a trend in which the proportion of minorities in the population outstrips their representation among health professionals by several folds.<sup>[1]</sup> Of particular interest in this study is the physician assistant (PA) profession, mostly because since its inception the PA profession has been known for its attempts to increase minority representation.

The U.S. Census Bureau estimates that 24.9% of the nation's population is minority<sup>[2]</sup>, but only 16.6% of physician assistants and 10.2 % of physicians practicing patient care in the country are minorities.<sup>[3,4]</sup> This under representation contributes to the lower health status of minority/disadvantaged populations and the presence of medically underserved areas within the United States. These circumstances can be attributed, in part, to three main problem/need areas. Problem one: Poor academic preparation among minorities, especially in science and mathematics. For illustrative purposes, transcript analysis showed that of the 179 underrepresented minority (URM) students enrolled in a mid-western college of health professions pre-health major curriculum, only 42% have had more than one year of algebra in high school, and 69% did not have chemistry prior to college.<sup>[5]</sup> This demonstrates the continuous need to provide preliminary education, tutoring, and on-going academic support services to prepare students to apply to and graduate from health profession programs. It also illustrates the need to establish a presence in the high schools and engender an effective awareness of health careers. Problem two: Lower admission and retention rates among minority/disadvantaged students pursuing the health profession degrees compared to other students in similar fields. This illustrates the continued need for the PA Programs to provide

resources and services to facilitate entry and retain minority and disadvantages students in the program. Problem three: There are few professionals from minority/disadvantaged backgrounds who can serve as role models and who understand the health care needs of minority/disadvantaged populations. Research shows that increased involvement of health professionals from disadvantaged backgrounds who understand different cultural values and needs, can improve the health care for those from similar backgrounds.<sup>[1]</sup>

## PURPOSE OF STUDY AND LITERATURE REVIEW

### *Purpose of Study*

The purpose of this project was to evaluate race-neutral admission criteria for PA applicants to see if such criteria made a major impact on increasing the number of culturally competent/URM applicants to Wichita State University's (WSU) PA Program.

Statistics already show that the percentage of WSU graduates that work in underserved and rural areas exceeds the national average.<sup>[3]</sup> A change in admission processes to increase diversity in the PA Programs will likely lead to more URM applicants, matriculates and graduates. This increase may allow a variety of ethnic backgrounds in the workforce to eliminate healthcare barriers and further increase the percentage of WSU graduates who enter underserved practices.

### *Literature Review*

A review of literature was conducted utilizing the Article First, Eric, Medline, and WorldCat databases. The search was undertaken by using the keywords: affirmative action, medical school admission criteria, diversity in medical schools, physician-patient relations, physician assistant education, race-neutral policies and underrepresented minority admissions.

Minorities are underrepresented in all health care fields in the United States. For instance, dentistry tends to have a constant decrease in URM students. Pharmacy, nursing, and public health have seen a slight increase in URM students enrolled in their programs. Allopathic medicine has seen a decline in URM matriculates from 15.5% in 1994 to 13.8% in 2000.<sup>[6]</sup> Physician Assistant programs have reported gradual increases in minority students over the past fifteen years with the number reaching 19% in 1997-1998.<sup>[7]</sup> This trend continues today.

Ethnicity and language seems to be a communication barrier when it comes to treatment and patient-physician relationships. Many studies demonstrate the relationship a patient has with a clinician of their own race is better than when it is not. A 2005 study by Cooper-Patrick et al, surveyed 1816 adults who were assigned to visit a primary care practice to determine if they felt that their physicians included them in their treatment plan. The patients were a mix of different races that were treated by a physician that may or may not have been of similar ethnicity. Their results suggested that patients with ethnic-concordant providers rated their physician's decision-making style more satisfactory than with patients with race-discordant providers.<sup>[8]</sup> Jorge Garcia et al, looked at patient preferences of their provider based on age, gender, and racial-concordance. The results found that male and female African-Americans and male Latinos felt that ethnicity was important when choosing a primary care provider. Also, Spanish speaking patients preferred Spanish speaking providers due to communication issues.<sup>[9]</sup> This emphasizes the need to increase minorities in health profession programs to create a more diverse healthcare workforce that provides better access to care for minorities, which will ideally increase patient satisfaction and result in better health care.

Educational institutions have used the Supreme Court case *Regents of the University of California v. Bakke*<sup>[10]</sup> to guide admissions policies. The *Bakke* decision allowed the

consideration of race as one of the applicant characteristics in the admissions process.

Institutions have varied interpretations of the *Bakke* case and have used different processes to select minorities into programs. Many have developed separate admissions processes for minorities. The separate policies were used to compensate for the generally lower grade point averages and standardized test scores.<sup>[11]</sup>

There have been several key legal cases that have tried to challenge institutions using race as a consideration in the admissions process. In 1996, the Fifth Circuit of Appeals heard the case of *Hopwood vs. State of Texas*. Four white applicants who were denied admissions to the University of Texas Law School claimed that minority applicants were admitted over the white plaintiffs, who had higher grade-point averages and standardized test scores.<sup>[12]</sup> The Fifth Circuit Court reversed the district court judge's decision and ruled that the University of Texas Law School failed to show the benefits of having its race-conscious admissions policy.<sup>[11]</sup>

More recently, in 2003 the Supreme Court ruled on two cases against the University of Michigan. In the case of *Grutter vs. Bollinger, et al.*, Grutter was not accepted into the University of Michigan Law School and challenged the school's use of race in the admissions process.<sup>[13]</sup> The University of Michigan's admissions process took race and ethnicity into account and gave a "plus" factor, among many other factors. The Supreme Court upheld the University of Michigan Law School's policy of giving a "plus" factor in admissions with the caveat that there is a need for evaluation of the individual applicant's ability to contribute to a diverse student body.<sup>[14]</sup> The second case, *Gratz, et al. vs. Bollinger, et al.*, Gratz was not accepted into the University of Michigan's College of Literature, Science and the Arts.<sup>[15]</sup> Gratz contended that the university gave racial preference in undergraduate admissions which in turn discriminated against her. The Supreme Court rejected the University of Michigan

undergraduate school's affirmative-action program because the underrepresented minorities were given an automatic 20-point bonus on the point scale that ranked all applicants. The URM applicants were not individually evaluated to determine whether the addition of the bonus points were warranted.<sup>[14]</sup>

Although the previous cases discussed did not involve medical schools or allied health schools, admissions policies of these institutions have been affected. Institutions that use race-conscious admissions programs are required to explore whether their programs can accomplish the same goals through race-neutral alternatives. The goal of a race-conscious admission policy is to make sure that there are not just a certain number of URMs accepted but rather a flexible goal that does not allow a change in the quality of the enrolled program. Having a flexible goal is permissible, under the *Bakke* decision, and is beneficial by providing a diverse student body. Race-neutral policies do not have a flexible goal in mind when evaluating applicants into the respective programs. Instead, many institutions have added non-academic factors in the evaluation process and re-distributed the weight given to academic variables to non-cognitive factors.

Race-neutral admissions programs have made a difference at several institutions by increasing the number of minorities admitted into medical and allied health care programs. An example of this is the admissions process study of Texas A&M University Health Science Center College of Medicine. In this study the researchers noted that when GPA and MCAT scores were weighted heavily, there was a decrease in URM students admitted. This study also noted that if the interview was worth 70% and academic performance was worth only 30% more URM applicants would be eligible for acceptance. To address this finding, the researcher modified their admission criteria to include a 100 point scale based on four categories with academic

performance only accounting for 30 points. Other factors evaluated included community service, letter of recommendations, compassion, personal statement, and other such measures. Having less emphasis on GPA and MCAT score increased the number of URM students to 6.3% in 1998 and 7.7% in 1999.<sup>[11]</sup>

Not only are medical schools changing the trend in the decline of minorities, but allied health professions are as well. For example, The State University of New York's (SUNY) College of Health Related Professions organized a committee to analyze admissions criteria of allied health programs to improve their admission's process to increase minority applicants and students. Overall, respondents' replies concluded that college GPA was ranked top priority for admissions criteria followed by reference letters, personal interviews, science GPA, and writing samples. This survey revealed that noncognitive characteristics have an importance in the admissions criteria as well. The qualities most valued by the respondents were communication skills and academic abilities. Respondents agreed that the strongest piece of the admissions process includes GPA, science GPA, point-scoring system, and the interview. Based on the survey results, in conjunction with their literature review, the State University of New York's programs changed their admissions process by instituting a scoring system that included academic achievements, personal characteristics, and noncognitive variables to allow fair opportunity to all candidates. This resulted in an increase in underrepresented males in one program and an increase of minority applicants in the first year that the change was utilized.<sup>[16]</sup>

Baylor University implemented a program to increase diversity, awareness, and the number of minority applicants in their dentistry program. One part of the program was to change the admissions process by including noncognitive factors as a part of the admissions criteria. These factors include proof of economic struggles, place of residence, high school attended, first

generation college student, bilingual, and others. The noncognitive criteria accounted for 56% of applicants scoring. Also, the applicants with a GPA of 2.5 to 3.0 were reviewed on an individual basis to determine if hardships were the cause for a low GPA. Other parts of their program included workshops aimed towards minorities to prepare them for the interview process.

In the Steineche, et al article, numbers such as poverty levels and reading achievement statistics can be used to determine the likelihood of advancing to medical school. However, a concern to this alternative is that there are more Caucasian students than African-American students who come from a low socioeconomic status family in terms of raw numbers. Next, adversity indices have been used to expand the criteria for assessing student achievement. The adversity indices allow for a review of the student's achievement and the circumstances surrounding the achievement. This practice is commonly used in the undergraduate setting where race-conscious admissions policies have been ruled illegal. Finally, community outreach admission strategies have been used to increase diversity in the admissions process. A school's mission statement, if properly written, can facilitate efforts to go out into the community and help the school address diversity in admissions. A statement that includes the school's educational and diversity goals will help strengthen the cause for actively pursuing diversity in its programs. It will also justify their efforts against scrutiny for enhancing diversity. Outreach programs use academic enrichment and student support programs to help students become applicants and future matriculates into medical schools. An obstacle for these programs is the organization and partnerships with public schools and other participants. If the relationship is not important to both parties then problems will arise and may engender a continuing distrust.<sup>[18]</sup>

## METHODS

### *Design*

This experimental study was conducted through the Department of Physician Assistant at Wichita State University. Admission policies utilized in 2003 were compared to new policies implemented in 2004-2005 and 2006, which were based on a comprehensive review of each applicant by evaluating race-neutral quantitative and qualitative characteristics. This study design is cross-sectional in nature comparing the admission policies of 2003, 2004-2005, and 2006.

### *Measurement*

The number of minority and disadvantage applicants and matriculated students were collected based on WSU PA Program policies utilized in 2003, 2004-2005, and 2006. Up until 2003, the Program utilized a paper-based review that evaluated GPA and health care experience as the main criteria. The criteria were heavily weighted toward GPA. Beginning in 2004 the program expanded its admission criteria (but still included GPA and health care experience) and included race-neutral factors (e.g., bilingual status and socioeconomic factors), and a personal interview. Even though more factors were evaluated, the criteria were still heavily weighted toward GPA. In 2006, the Program retained the same admission factors as included in 2004-2005, but equalized GPA with all other factors.

### *Subjects*

This project targeted applicants and matriculates into the WSU PA Program. Specifically, the study measured the relationship of minority matriculates and admissions policies in the class of 2005 (paper-based applicant criteria heavily weighted toward GPA), classes of 2006 and 2007 (expanded criteria with race-neutral factors, still heavily weighted

toward GPA), and class of 2008 (expanded criteria with race-neutral factors, with equalization of GPA with other factors).

### *Data Analysis*

Each study group was subjected to descriptive and parametric statistics. The alpha level was set at 0.05. To assist in managing the data, results of the descriptive statistics were used as an essential first step in understanding the results and moved to the inferential methods used to test the implied hypothesis of the study. The data were entered into an Excel spreadsheet, edited and then imported into SPSS version 13.0 for analysis. Chi-squared was utilized to determine if there was a relationship between minority matriculates and admission policies from each class evaluated.

## RESULTS

### *Demographic Profile*

The study was arranged to collect demographic data such as age, race, overall GPA and type of degree earned from the qualified applicants and matriculates into the WSU PA Classes of 2005 through 2008 (TABLES 1-8). Overall, in the classes of 2005 and 2008 there were more minority applicants than matriculates. In the classes of 2006 and 2007 there were more minority matriculates than applicants. Tables 1-8 outline all of the demographic data available for the study population.

TABLE 1

2005 - 2008 Qualified Applicant Pool Demographics

	2008	2007	2006	2005
Overall GPA	3.46	3.49	3.35	3.46
Prerequisite GPA	3.39	3.48	3.44	3.63
Gender - Female	81	98	66	99
Gender – Male	33	24	22	35
Degree – None	0	0	0	30
Degree - Associate	0	0	0	23
Degree - Bachelor	108	117	85	74
Degree - Graduate	6	5	3	7
	N=114	n=122	n=88	n=134

TABLE 2

2005-2008 Applicants Age

	MEAN	SD	
2008	26.58	6.39	n=114
2007	26.2	5.41	n=122
2006	26.53	6.12	n=88
2005	29	8	n=134

TABLE 3

2005 - 2008 Accepted Classes Demographics

	2008	2007	2006	2005
Overall GPA	3.58	3.56	3.51	3.49
Prerequisite GPA	3.49	3.55	3.51	3.53
Gender – Female	34	33	31	36
Gender – Male	8	9	11	12
Months of Health Care Experience	8.02	7.19	15.14	22.73
Degree – None	0	0	0	9
Degree – Associate	0	0	0	8
Degree – Bachelor	37	40	41	29
Degree – Graduate	5	2	1	2
	n=42	n=42	n=42	n=48

TABLE 4

2005 - 2008 Accepted Classes Age

	Mean	SD	
2008	26.45	6.14	n=42
2007	25.38	4.41	n=42
2006	26.47	5.95	n=42
2005	27.22	6.61	n=48

TABLE 5

## Ethnicity of Applicants (Self-Reported)

Class	2008		2007		2006		2005	
		%		%		%		%
Black (non-Hispanic)	3	2.63%	2	1.64%	0	0.00%	3	2.24%
AI/AN*	1	0.88%	0	0.00%	1	1.14%	0	0.00%
White (non-Hispanic)	98	85.96%	103	84.43%	79	89.77%	105	78.36%
Mexican Am. or Chicano	3	2.63%	4	3.28%	3	3.41%	2	1.49%
Puerto Rican (Mainland)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Puerto Rican**	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other Hispanic	0	0.00%	0	0.00%	0	0.00%	4	2.99%
Chinese	0	0.00%	0	0.00%	0	0.00%	1	0.75%
Filipino	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Hawaiian	0	0.00%	1	0.82%	0	0.00%	0	0.00%
Korean	0	0.00%	2	1.64%	1	1.14%	2	1.49%
Vietnamese	4	3.51%	2	1.64%	2	2.27%	8	5.97%
Japanese	0	0.00%	0	0.00%	1	1.14%	1	0.75%
Indian or Pakistani	0	0.00%	4	3.28%	0	0.00%	3	2.24%
Other Pacific Islander	1	0.88%	0	0.00%	0	0.00%	0	0.00%
Other Asian	1	0.88%	0	0.00%	0	0.00%	2	1.49%
SE Asian (Not Vietnamese)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unidentified	3	2.63%	1	0.82%	0	0.00%	0	0.00%
Unidentified, not listed above	0	0.00%	3	2.46%	1	1.14%	1	0.75%
No Answer	0	0.00%	0	0.00%	0	0.00%	2	1.49%
URM Totals	13	11.40%	9	7.38%	6	6.82%	19	14.18%
Totals numbers	114	100%	122	100%	88	100%	134	100%

\*AI/AN=American Indian/Alaskan Native, \*\*Commonwealth of Puerto Rico

TABLE 6

## Ethnicity Status of Applicants by Class (Self-Reported)

	%	SD	
2008	11.40%	21.76	n=114
2007	7.38%	22.84	n=122
2006	6.82%	17.58	n=88
2005	14.18%	23.22	n=134

TABLE 7

## Ethnicity (Self-Reported) Accepted Classes

Class	2008		2007		2006		2005	
		%		%		%		%
Black (non-Hispanic)	0	0.00%	1	2.38%	0	0.00%	0	0.00%
AI/AN*	0	0.00%	0	0.00%	1	2.38%	0	0.00%
White (non-Hispanic)	40	95.24%	33	78.57%	36	85.71%	40	83.33%
Mexican Am. or Chicano	1	2.38%	4	9.52%	2	4.76%	0	0.00%
Puerto Rican (Mainland)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Puerto Rican**	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other Hispanic	0	0.00%	0	0.00%	0	0.00%	2	4.17%
Chinese	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Filipino	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Hawaiian	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Korean	0	0.00%	1	2.38%	0	0.00%	1	2.08%
Vietnamese	0	0.00%	1	2.38%	1	2.38%	3	6.25%
Japanese	0	0.00%	0	0.00%	1	2.38%	0	0.00%
Indian or Pakistani	0	0.00%	2	4.76%	0	0.00%	0	0.00%
Other Pacific Islander	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other Asian	0	0.00%	0	0.00%	0	0.00%	0	0.00%
SE Asian (Not Vietnamese)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unidentified	1	2.38%	0	0.00%	0	0.00%	0	0.00%
Unidentified, not listed above	0	0.00%	0	0.00%	1	2.38%	1	2.08%
No Answer	0	0.00%	0	0.00%	0	0.00%	1	2.08%
URM Totals	1	2.38%	6	14.29%	4	9.52%	5	10.42%
Totals numbers	42	100%	42	100%	42	100%	48	100%

\*AI/AN=American Indian/Alaskan Native, \*\*Commonwealth of Puerto Rico

TABLE 8

Ethnicity Status of Accepted Students by Class (Self-Reported)

	%	SD	
2008	2.38%	8.93	n=42
2007	14.29%	7.34	n=42
2006	9.52%	8	n=42
2005	10.42%	8.89	n=48

In attempting to answer the research question, the three different admissions policies were compared to one another to determine if there was a relationship in the way policy changed and actual matriculation of URM students (Tables 9-10).

The number of accepted students of the Class of 2005 were compared to the accepted students from the Class of 2006 and 2007 and then to the accepted students of the class of 2008.

TABLE 9

Results of Chi-Square Analysis: Minority Students By Class Year 2005 versus 2008

Students By Race				
Year	White	Nonwhite	Total	$\chi^2$
2005	40	8	48	
2008	40	2	42	3.214*

\*not significant

TABLE 10

Results of Chi-Square Analysis: Minority Students By Class Year 2005 versus 2006 & 2007

Students By Race				
Year	White	Nonwhite	Total	$\chi^2$
2005	40	8	48	
2006 & 2007	69	15	84	0.775*

\*not significant

## DISCUSSION

In summary, so far the WSU-PA Program's admission plan that considered race neutral factors did not have a significant impact on increasing the number of URMs accepted into the program. In fact, when compared to the other two policies analyzed, it decreased the number of URMs accepted. The major difference between the initial two admission policies and the race neutral policy was that amount of weight placed on GPA. The race neutral policy equalized GPA with the other admission criteria, while the previous admission policies heavily weighted GPA.

In considering the overall design and analysis of our study, efforts were made to identify possible threats to validity. In particular there were a limited number of students to evaluate in the study and data did not include individuals that declined a position offered to them by the WSU-PA Program. Accepted applicants may have decided to attend another PA Program or chose not to enter the physician assistant profession. Another limitation to the study was that the WSU-PA program changed from a Bachelors degree to a Masters degree in 2004. The authors believe that the move to a graduate program may have had an impact on the numbers of applicants and matriculates into the program.

### *Summary of Results as Compared to Literature*

The number of URMs that were accepted into the Class of 2008 under the race neutral admission policy was found to be 2.38%. This percentage is markedly lower than the 22% URM enrollment reported in physician assistant programs in 2000.<sup>[19]</sup> The URM enrollments with the two previous admissions policies (2003, 2004-2005) were actually higher than the 2008 admission policy but still well below the national percentage with 10.42% for the Class of 2005 and 11.90% for the combined Classes of 2006 and 2007. When compared to URM enrollments

of other health care programs the enrollments under the 2008 admission policy was also less than the 13.8% found in allopathic medicine, the 9.7% in dentistry and the 13.8% in pharmacy. However, enrollments under the admission policies for the Class of 2005 and the combined Classes of 2006 and 2007 were comparable to the other health care programs previously mentioned. The URM enrollments were higher than what was reported in the dentistry programs by 0.72% and 2.2%, respectively. The pharmacy programs had URM enrollments that were 3.38% and 1.9% above what was calculated for the WSU-PA program.<sup>[6]</sup>

#### *Overall Significance of the Study Findings and Opportunities for Further Research*

The importance in this study is reflected by the fact that this is one of the first studies to analyze race-neutral factors in an admission's plan to determine whether it increases the number of URMs in a PA Program. Results indicate that the 2008 (and to some degree the 2006/2007 admission plans) race-neutral admission's plan did not significantly increase the number of URMs matriculates into the WSU PA Program. In reviewing the study, the results are based on a short-term analysis of the effects of a race-neutral admissions policy. The authors believe that a long-term analysis is needed to determine whether a race-neutral admissions policy is effective in increasing the number of qualified URM applicants and matriculates into the WSU-PA program. Future WSU PA Program activities may include educating area high school students, teachers, and counselors about the PA profession. The goal should be to increase the student's awareness of the profession and give them a viable option for the future.

## CONCLUSION

Because of the growing minority population in the United States, there is a need to increase the diversity among health care providers. There is a preponderance of evidence demonstrating that minority health care providers will serve to their community. Increasing diversity will help eliminate healthcare disparities and provide adequate coverage in rural and underserved communities.

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## APPENDIX A

### WICHITA STATE UNIVERSITY PHYSICIAN ASSISTANT PROGRAM Admission Procedures

#### **Minimal requirements for 1995-2002 applicants to the Program include:**

- a. Two years of college level work (60 credit hours) from an accredited college or university which fulfills the WSU general education requirements.
- b. Course work included general chemistry (10 credit hours), human anatomy and physiology (5 credit hours), microbiology with lab (4 credit hours), organismal biology (5 credit hours) and college algebra (3 credit hours).
- c. Admission to Wichita State University
- d. Completion of application packet.
- e. Names and telephone numbers of three people who can provide a personal reference.
- f. Completion of Applicant Questionnaire.
- g. Military discharge documentation if appropriate.
- h. Overall and pre-requisite course work GPA of 3.0/4.0 for Kansas residents and non-Kansas residents.

*Note: Health care experience is preferred, not required.*

Applicants were accepted from April 15<sup>th</sup> through October 1<sup>st</sup> each year. All qualified applicants received the same consideration, regardless of when the application was received during the application period. An objective evaluation was undertaken on each complete application. The following items were scored:

- |                                      |             |
|--------------------------------------|-------------|
| • State of Residency                 | 0-10 points |
| • Education Level                    | 5-15 points |
| • Overall & Pre-requisite GPA        | 5-20 points |
| • Health care experience on 2 levels | 0-10 points |
| • Personal Statement                 | 1-5 points  |
| • Questionnaire on application       | 0-5 points  |

The top 46 applicants were offered positions and 20 applicants were placed on an alternate list.

APPENDIX B

**WICHITA STATE UNIVERSITY  
PHYSICIAN ASSISTANT PROGRAM  
Admission Procedures**

**Minimal requirements for 2003-2005 applicants to the Program include:**

From each applicant file the following items were reviewed prior to an interview, and assigned points.

	<b>Max Points</b>
a. GPA for degree (Bachelor Degree from an accredited regional campus)	<b>40</b>
b. GPA for science pre-requisites	<b>40</b>
• Chem 111Q      General Chemistry	5 hours
• Chem 112Q      Gen & Inorganic Chemistry	5 hours
• Biol 210        General Biology	4 hours
• Biol 220        Microbiology with Lab	4 hours
• Biol 223        Anatomy/Physiology with Labs	5 hours
• Stat 370        Elementary Statistics	3 hours
• PA 390         Clinical Physiology	3 hours
c. Health care experience	<b>10</b>
d. Application questions	<b>10</b>
• Community size where high school was located	
• Community size of current residence	
• First in family to attend college	
• Medical specialty preference after graduation	
• Community size preference for practice after graduation	
• Significant demonstration of leadership	
• Significant service to underserved communities	
• Fluency in Spanish or Asian languages (other than languages of the Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)	
	<b>Maximum Total Points      100</b>
e. Additional documents reviewed for completion	
• Graduate school application	

Students were ranked according to their score and the top 96 students were selected for an interview. Once interviewed, the final decision on who was accepted was based on the candidate's interview score. The top 42-46 students were offered positions.

APPENDIX C

**WICHITA STATE UNIVERSITY  
PHYSICIAN ASSISTANT PROGRAM  
Admission Procedures**

**Procedures for 2006 (and beyond) applicants to the Program include:**

From each applicant file the following items were reviewed prior to an interview, and assigned points.

	<b>Max Points</b>
a. GPA for degree (Bachelor Degree from an accredited regional campus)	<b>25</b>
b. GPA for science pre-requisites	<b>25</b>
• Chem 211	General Chemistry 5 hours
• Chem 212q	Gen & Inorganic Chemistry 5 hours
• Biol 210	General Biology 4 hours
• Biol 220	Microbiology with Lab 4 hours
• Biol 223	Anatomy/Physiology with Labs 5 hours
• Stat 370	Elementary Statistics 3 hours
• HS 400	Pathophysiology 4 hours
c. Health care experience	<b>25</b>
d. Application questions	<b>25</b>
• Community size where high school was located	
• Community size of current residence	
• First in family to attend college	
• Medical specialty preference after graduation	
• Community size preference for practice after graduation	
• Significant demonstration of leadership	
• Significant service to underserved communities	
• Fluency in Spanish or Asian languages (other than languages of the Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)	
	<b>Maximum Total Points 100</b>
e. Additional documents reviewed for completion	
• Graduate school application	

Students were ranked according to their score and the top 96 students were selected for an interview. Once interviewed, the final decision on who was accepted was based on the candidate's interview score (on interview evaluation form). The top 42 students were offered positions.

## VITA

Name: Daren L. Badura

Date of Birth: March 21, 1975

Place of Birth: Topeka, KS

### Education:

2005-2007 Master- Physician Assistant (M.P.A.)  
Wichita State University, Wichita, KS

1998-2000 Master of Science (M.S.)- College Student Personnel Work  
Kansas State University, Manhattan, KS

1993-1998 Bachelor of Science (B.S.)- Kinesiology  
Business Minor  
Kansas State University, Manhattan, KS

### Professional Experience:

2000-2005 Associate Athletic Trainer  
Kansas State University Intercollegiate Athletics  
Manhattan, KS

2000-2005 Instructor, Human Nutrition and Secondary Education  
Kansas State University  
Manhattan, KS

## VITA

Name: Veronica Ramos

Date of Birth: February 20, 1981

Place of Birth: Wichita, KS

### Education:

2005-2006 Master- Physician Assistant (M.P.A.)  
Wichita State University, Wichita, KS

2002-2005 Bachelor of Liberal Arts and Science (B.L.A.S.)  
Wichita State University, Wichita, KS

### Professional Experience:

2002-2005 Pharmacy Technician  
Salyer Pharmacy  
Wichita, KS