Evaluation of a physician assistant student admission plan that considers race neutral factors

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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, and 2005 in the PA Department at WSU. This project targeted applicants and matriculates into the WSU PA Program. Specifically, the study measured the relationship between minority matriculates and different admission policies for 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 than applicants. Conclusion: To date, 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 PA Program.

1. 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.[1] 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 purpose of this project was to evaluate race-neutral admission criteria for PA applicants in order to make 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.[2] A change in admission processes to increase diversity in the PA Programs will likely lead to more URM applicants, matriculates and graduates.

Research has shown that having a race-neutral admissions process will continue to increase the number of minorities admitted into medical schools. 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 race-neutral 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.[3]

2. Experiment, Results, Discussion, and Significance

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 and 2005, which were based on a comprehensive review of each applicant by evaluating race-neutral quantitative and
This study design was cross-sectional in nature comparing the admission policies of 2003, 2004, and 2005.

**Measurement**

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.

**Results**

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 URMss. 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 (Tables 1-2).

**Discussion**

In summary, the WSU-PA Program’s admission plan that considered race neutral factors did not have a significant impact on increasing the number of URMss accepted into the program. In fact, when compared to the other two policies analyzed, it decreased the number of URMss accepted.

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.

**Significance**

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 URMss 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.

**3. 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. However, for this study, more matriculate data is needed from upcoming admission cycles to determine the effectiveness of this race-neutral admission policy.