Annual International Conference and 10th Anniversary Celebration Programme

“Celebrating the Past, Embracing the Future”

Conference Venue:

The University of Kentucky,
Lexington, Kentucky, USA
21st – 24th September 2017
<table>
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<th>Event</th>
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<tr>
<td>8.00am – 10.30 am</td>
<td>IAPAE Board Strategic Planning Day – College of Health Sciences, CTW205A</td>
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<tr>
<td>10.30am –11.00am</td>
<td>Morning Coffee</td>
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<tr>
<td>11.00 – 12.30</td>
<td>Board Meeting</td>
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<tr>
<td>12.30 - 1.30pm</td>
<td>Lunch</td>
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<tr>
<td>3.00pm – 3.30pm</td>
<td>Afternoon Tea</td>
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<tr>
<td>3.30pm –5.30pm</td>
<td>IAPAE Board 2017 – 2019 Operational Planning</td>
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**OPENING RECEPTION**

**Thursday 21st September 2017**

The Board of IAPAE cordially invite all conference attendees to join us for a welcome reception at the University of Kentucky’s beautiful Boone Center, which is situated at 500 Rose Street, Lexington, KY 40506-0014.

This is an excellent opportunity to meet up with old friends, make new friends and begin the celebration of the 10 years since IAPAE was officially launched.

Bring your memories of past conferences, bring your stories of how things have changed over the past 10 years and enjoy good company in the lovely setting of the Boone Center.

**Thursday 21st September 2017**

6.30pm – 7.00pm Registration Desk Opens

7.00pm – 9.00pm

**Opening Reception Buffet**

Welcome by Professor David Fahringer Chair of IAPAE

Venue: The Boone Center University of Kentucky

“Celebrating the Past, Embracing the Future”
Conference Keynote Speakers 2017

Lucy W. Kibe, DrPH, MS, MHS, PA-C, Lynchburg VA, USA.

Dr. Kibe has served in various capacities as a practicing certified Physician Assistant, Physician Assistant educator, healthcare leader, and philanthropist both in USA and in Kenya.

Her clinical practice career has been exclusively at community health centers that serve low-income, minority and marginalized patients. She is currently a family practice Physician Assistant and the Chief Medical Quality Officer at a Federally Qualified Health Center in Virginia, USA.

She was previously the Director of Doctoral Education at Lynchburg College where she was involved in designing an innovative doctorate degree program for Physician Assistants.

She is also the director of AmKeny Partnership, a volunteer-run organization that provides opportunities for Kenyans and Americans to provide medical and philanthropic assistance through medical camps in Kenya. Dr. Kibe is passionate about medical education, healthcare for the underserved, healthcare leadership, and global health.
Prof. Yoswa M Dambisya is a Medical Graduate of Makerere University, Uganda and a Clinical Pharmacologist (Chinese University of Hong Kong). He is the Director General of the East, Central and Southern Africa Health Community (ECSA-HC). Prior to joining ECSA-HC, he was a Senior Professor in the Pharmacy Programme, Faculty of Health Sciences, University of Limpopo, South Africa, and a Visiting Professor at Management & Science University, Malaysia.

He also previously worked at the University of Transkei medical school in South Africa, the National University of Singapore and Ahmadu Bello University in Nigeria. His research interests include health systems, education of health professionals, pain, natural products and rational drug utilization.

As Director General, ECSA Health Community, Dr Dambisya is the CEO and head of the nine-member state inter-governmental organisation. He is charged with providing overall leadership and guidance to the various technical programme areas and projects towards the realisation of the mandate of the organisation which is fostering regional cooperation for better health outcomes in the region. Dr Dambisya has an abiding interest in Equity in Health, Equitable Access to Health Care, and sound Health Systems for the effective delivery of health services, in the spirit of Leaving No One Behind.

A key role he is engaged in is supporting the training of health professionals through the various health professional colleges under the aegis of the ECSA College of Health Sciences.
Dr. Lisa Mustone Alexander, BA, PA-C, MPH, EdD.

Dr. Lisa Mustone Alexander is a veteran PA educator, having served on the George Washington University’s Program faculty from 1982-1997. During that time, she served as the Program Director as well as a Clinical Coordinator.

As the Assistant Dean for Community-Based Partnerships, she oversees the School's clinical outreach activities and is the Principal Investigator on numerous federal and City funded contracts.

As the Interim Director and Department Chair, Dr. Alexander brings a strong background in PA education, primary care, health services and workforce research, and national policy related to PA practice and utilization.

In 2010, she served on the joint AAPA/PAEA PA Workforce task force. In addition to her numerous responsibilities in the School, she is a supervising clinician in the Student HEALing clinic, a volunteer activity staffed by MD and PA students. She is a Board member of the PA Foundation and former member of the PA Education Association Board of Directors.

In 2011, Dr. Alexander received the Margaret B. and Cyril A. Schulman Distinguished Service Award and in 2009, was the faculty recipient of the Leonard Tow Humanism in Medicine Award.

Lisa, is currently PAEA President Elect, it is an honour to have her address us.
### Friday 22\textsuperscript{nd} September 2017

<table>
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<tr>
<th>Time</th>
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| 8.00am – 9.00 am | Registration, Tea and Coffee available.  
Main Auditorium, UK Albert Chandler Hospital, Pavilion A,  
University of Kentucky, South Limestone, Lexington. |
| 9.00am - | *PARADE OF NATIONS* |
| 9.10am – 9.15am | Welcome:  
Professor David Fahringer, President & Chair of IAPAE |
| 9.15am – 9.20am | Welcome to University of Kentucky:  
Provost Timothy S. Tracy PhD. |
| 9.20am – 9.30am | Welcome to the College of Health Sciences:  
Dean Dr. Scott Lephart |
| 9.30am | Introduction of Keynote speaker: Professor David Fahringer |
| 9.30am- 10.15am | Lucy W. Kibe,  
MS, MHS, DrPH, MS, MHS, PA-C,  
Lynchburg VA, USA.  

*The Development of the Next Generation PA Academic Community.*

| 10.15am – 10.45am:  
Morning Coffee and Conference Group Photo  
*Staircase in Hospital Lobby near Piano* |
| 10.45am – 11.15am | Session 1: Discussion of First Keynote Presentation  
Session Chair: Professor David Fahringer |
11.15 – 12.00pm  
Short papers x 3 (15 mins each)  
**Session Chair:** Professor Dana Sayre-Stanhope.

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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<tr>
<td>11.15 am</td>
<td>University of Kentucky Area Health Education Center’s Voluntary Faculty Program</td>
<td>Carlos Marin and Emily Chambers, University of Kentucky, Lexington, Kentucky. USA</td>
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<td>11.30 am</td>
<td>Strengthening South Africa’s HIV/AIDS response by aligning clinical associate education programmes with national prevention and treatment guidelines – A curriculum map review.</td>
<td>Scott Smalley – University of Witwatersrand, Johannesburg, South Africa.</td>
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<td>11.45 am</td>
<td>Integrating Oral Health with Primary Care: Teaching Resources for Physician Assistant Educators.</td>
<td>Karen O. Skaff – University of Kentucky, Lexington, Kentucky. USA</td>
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**12.00pm – 1.00pm**  
Organized Tours of the UK Albert Chandler Hospital  

**12.00 pm – 1.00 pm**  
[PLEASE NOTE CHANGE FROM MORNING VENUE  
Afternoon session in College of Health Sciences Room CTW 014]  

**Poster Presentations and Exhibitors Displays**  
CTW 126, Commons  
1.00pm – 2.00pm  
Lunch, Networking opportunity

**2.00pm**  
Introduction of Keynote speaker: Mr David Lusale, Chair Elect IAPAE Board  
College of Health Sciences Building, CTW014  

**2.00pm – 2.45pm**  
Prof. Yoswa M. Dambisya  
Arusha, Tanzania  
“The Global Professional Term”

**2.45pm – 3.30pm:**  
Afternoon Tea and Poster Presentations and Exhibitors Displays  
Commons, CTW 126

**3.30pm – 4.15pm**  
Session 2:Discussion of Second Keynote Speaker  
**Session Chair:** Mr David Lusale
4.15pm – 5.00pm
Short Paper 3 x 15 mins
Session Chair: Mr Sanele Ngcobo

4.15 pm Archives of Physician Assistants’ Best Practices in Ghana.
Dr. Ben Aflakpui, Ghana. Director of PA Programs, College of Health and Well-Being, Kintampo and College of Health, Yamfo Ghana. International Coordinator of PAs in Ghana, Africa.

4.30 pm Professional Competencies Through Knowledge Acquisition and Skills Development
Susan Mururi – Mount Kenya University, Nairobi, Kenya.

4.45 pm How Stress Affects Dietary Choices of Students at UK
Whitney Kost, PA Student, University of Kentucky, Lexington, Kentucky. USA

5:00pm – 5:20pm
Day 1: Conference closing statement and evening arrangements
Professor Phil Begg, Immediate Past President IAPAE Board

7.00pm – 9.00pm

CONFERENCE GALA DINNER:
The Boone Center, University of Kentucky.

Dress Code: National Traditional Dress or Semi-Formal

Greetings from PA organizations and countries

Shuttles will be available from Campbell House to venue from 6.30pm and will drop delegates back at hotel from 9.00pm
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<tr>
<td>9.30am – 10.15am</td>
<td>Dr. Lisa Alexander, BA, PA-C, MPH, EdD.</td>
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<td>President Elect: Physician Assistant Education Association</td>
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<td>“Learning from the past, together leading international education into the future”</td>
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<td>10.15am – 11.00am</td>
<td>Morning Coffee and Poster session and Exhibitors Displays</td>
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<td>Commons, CTW 126</td>
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<tr>
<td>11.00am – 11.45 am</td>
<td>Session 3: Discussion of Third Keynote Speaker</td>
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<td>Session Chair: Professor Phil Begg</td>
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11.45 – 12.30pm
Short papers x 3 (15 mins each)

**Session Chair:** Scott Smalley IAPAE Board

11.45 am  Effects of a mobile applications service on adherence of patients newly initiated on antiretroviral treatment in Tshwane  
Sanele Ngcobo, University of Pretoria, Pretoria, South Africa

12.00 pm  The statistical relationship between Formative and Summative Examinations and The National Certification Examination for Physician Assistants: The results of the five year longitudinal study.  
Scott Massey, Central Michigan University Slippery Rock University. USA

12.15 pm  Strands made in training of Clinical Officers in Kenya 1928 2017  

12.30pm – 2.00pm:  
Lunch, Networking opportunity, Poster session and Exhibitor Displays  
Commons, CTW 126

2.00pm – 2.45pm  
Short Papers  
Short papers3 x (15 mins each)

**Session Chair:** Professor David Fahringer

2.00 pm  Physician Assistant Education in an aging world  
Gerry Gairola and David Fahringer, University of Kentucky, Lexington, Kentucky. USA

2.15 pm  The NCCPA’s History in Promoting International PA Development  
Ruth Ballweg, National Commission on Certification of Physician Assistants, USA.

2.30 pm  The Hopes and Risks of Exponential Growth in PA Programmes in the United Kingdom  
Phil Begg, University of Birmingham PA Programme, Birmingham United Kingdom.

2.45pm – 3.15pm:  
Afternoon Tea  
Poster session and Exhibitor Displays  
(Commons, CTW 126)
3.15pm – 4.30pm
Workshops (4 Parallel sessions)

1. International Resources – Sharing and developing core learning.
   Dr Somu Chatterjee University of Kentucky, USA (CTW 014 – capacity 60)
2. Case Based Learning (CBL), A case study approach to PA learning, a practical session.
   Professor Phil Begg, University of Birmingham England. (CTW 411 – capacity 66)
3. Developing eye care programs with low resources.
   Professor Sam Powdrill, University of Kentucky. USA (CTW 415 – capacity 20)
4. Teaching Clinical Skills in Entry-level Physician Assistants.
   Oleva Mullins PA-C, MPAS, University of Kentucky, USA. (CTW 405 – capacity 20)

4.30pm – 5:30pm

Celebrating 10 years of IAPAE
“Celebrating the PAst, Embracing the Future”

A celebration of the journey so far, and thanking those who have walked this journey with us 2008 – 2017
From Savannah GA, to Lexington KY
Led by Professor Phil Begg and members of the IAPAE Board

Award of IAPAE Outstanding Contribution:
Mrs Jennifer Beems Jarmin –
Presented in absentia by Professor Dana Sayre-Stanhope

The 2018 Conference venue and host nation will be announced:
And the venue for the 11th annual conference in 2018 is.................................?

5:30pm
IAPAE Annual Business meeting
Session Chair: David Lusale, New IAPAE President.

6.30
Official Close of 2017 10th Anniversary IAPAE Conference
Certificates of Attendance Available for Pickup outside of CTW 014

Time to explore Lexington.
### Sunday 24th September 2017

**IAPAE Sub-Committee meetings and networking**  
*Campbell House Curio Hotel by Hilton*

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| 8.30am – 11:30am | Delegate Farewell Breakfast and Networking (Informal)  
College of Health Sciences  
University of Kentucky |

Delegates are invited to participate in the following sub-committees, with some specific objectives:

1. Setting a work plan for the 2017/18 year  
2. Electing/appointing a committee lead to work with the appropriate BIAPAE Board member to deliver on the agreed objectives  
3. Commit to a delivery plan and outputs throughout the 2017/18 year  
4. Report back formally at the IAPAE Board meetings and the annual conference in 2018

**Sub-committee meetings:**

- Education  
- Research  
- Membership  
- Communications  
- “Think Tank”
THANK YOU FROM THE IAPAE BOARD

The Board of IAPAE would like to thank you for attending this year’s 10th Anniversary conference, we hope that you enjoyed the conference, were inspired and helped inspire others and that you will plan in your diaries the 11th IAPAE conference next year.

The Board would like to thank the staff and faculty of the PA Programme at the University of Kentucky for their huge commitment and hard work in making the conference a great success, under the outstanding leadership of Professor David Fahringer.

We would also like to extend our thanks to the President and Provost of the University of Kentucky and the Dean of the College of Health Sciences for their extraordinary hospitality.

We would like to thank the IT facilities at the University for helping with the website organisation and payment processes, and support throughout the conference. Thanks to the beautiful Boone Center for the celebration venue.

We are indebted to our sponsor exhibitors CME Resources, Exam Master, and Hydralyte we are grateful for your support and commitment.

Thanks also to our partner conference hotels, The Inn on Broadway and The Campbell House Curio Hotel by Hilton.

Finally, we would like to thank all of the contributors for their presentations and posters, the standard continues to rise, the debates continue to generate excellent conversations and real change. In particular we extend our thanks to our 3 outstanding Keynote speakers. These presentations inspire and help move forward this honourable profession across the globe, and ultimately make a difference to the lives of countless people.

Thank you for the first 10 years, we are looking forward to the next 10 years.

David Lusale, David Fahringer, Dana Sayre Stanhope, Phil Begg, Scott Smalley and Sanele Ngcobo
Your Board of IAPAE 2017/18

www.iapae.com

iapae.info@gmail.com
Role of Honour

Founding Trustees:

- Professor Philip Begg – United Kingdom
- Professor Dana Sayre – Stanhope, United States of America
- Professor Nick Ross – United Kingdom (Retired 2013)
- Professor David Fahringer – United States of America

Past Presidents and Chairmen:

2008 – 2011  Founding President: Prof. Dana Sayre-Stanhope (USA)
2011 – 2013  President: Dr Emanuel Teye Adjase (Ghana), Chair: Prof. Dana Sayre – Stanhope (USA)
2013 – 2014  President: Daphne Cohen (Netherlands), Chair: Prof. Dana Sayre – Stanhope (USA)
2014 – 2015  President: Nadia Miniclier Cobb (USA), Chair: Prof. Phil Begg (UK)
2015 – 2016  President and Chair: Prof. Phil Begg (UK)
2016 – 2017  President and Chair: Prof. David Fahringer (USA)

Past Conference Locations:

2008 – Savannah, Georgia. USA. (Inaugural conference)
2010 - Glasgow, Scotland, United Kingdom.
2011 – Montreal, Canada.
2012 – Johannesburg, South Africa, Africa
2013 – Birmingham, England, United Kingdom.
2014 – Philadelphia, Pennsylvania, USA.
2016 – Birmingham, England, United Kingdom.
2017 – Lexington, Kentucky, USA. (10th Year Anniversary Conference)

Lifetime Achievement Recipients:

Honorary Life Member:

2013 – Professor Nick Ross (UK) – Outstanding service and Founding Trustee

Outstanding Contribution Recipients:

2014 – Professor Mike Dryer (USA) – Commitment to the development of IAPAE.
Short Paper Abstracts

Friday 22nd Sept 2017

11.15 am

University of Kentucky Area Health Education Center’s Voluntary Faculty Program
Carlos Marin and Emily Chambers, University of Kentucky, Lexington, Kentucky. USA

Community health professionals who dedicate their time as a University of Kentucky appointed Voluntary Faculty are, in part, preparing students to deliver health care to Kentucky. These providers are a crucial part of shaping UK health profession student’s knowledge, skill, values and identities as a health care provider, regardless of discipline. The University of Kentucky Voluntary Faculty Program is designed to meet the needs of these Voluntary Faculty through opportunities for continued professional growth and integration into the teaching process.

Rotations with off-campus Voluntary Faculty help shape students’ attitudes toward the practice of their profession and enable students to gain real-life perspective of clinical practice. Students gain hands-on experience, interact with providers who practice in community settings, and realize independence and confidence in their abilities. Students also benefit from living and working in a small or rural community setting. Student assessments of the off-site experience often contain comments reflecting on the impact of these experiences and highlight the patience and dedication of the Voluntary Faculty. In many instances, the role of voluntary faculty as mentors, role models and teachers influences students’ decisions to return to underserved areas of Kentucky to live and work.

Presenters will provide historical information about both the national AHEC and local state AHEC programs. Further history and an overview will be provided on specifically the University of Kentucky Area Health Education Center’s Voluntary Faculty program to include appointment cycle, recruiting and retention, development and engagement, etc. Time will be spent also examining the challenge of the UK AHEC Voluntary Faculty Program.

Finally, presenters will discuss advantages of utilizing Voluntary Faculty through off campus rotations. If possible, depending on availability, a current University of Kentucky health profession student will provide a live testimonial.

By the end of the presentation presenters will have described, from a global perspective, overall benefits of a voluntary faculty program in addition to the benefits of utilizing international preceptors. Bottom line, Voluntary Faculty are an invaluable resource for the University of Kentucky.
Strengthening South Africa’s HIV/AIDS response by aligning clinical associate education programmes with national prevention and treatment guidelines – A curriculum map review
Scott Smalley, Faculty of Health Sciences, University of Witwatersrand
Johannesburg, South Africa

Background and Objectives

A critical lack of trained clinicians, especially in rural areas, undermines South Africa’s HIV response. Existing training for health workers does not always include targeted, up-to-date lessons on HIV prevention and treatment, hindering care. With South Africa having the highest burden of HIV positive patients, health care response is essential. The National Department of Health (NDOH) established the Clinical Associates (ClinAs) cadre to fill human resource gaps, enable task sharing, increase efficiency and maintain a high standard of care. ClinAs complete a 3-year training programme at universities, with significant training at clinical sites. Over 700 ClinAs have now been deployed to under-resourced sites nationwide. This study conducted an HIV Curriculum Map review to evaluate how well existing programmes are preparing ClinA students to provide HIV-related services.

Method

The American International Health Alliance (AIHA) provided technical assistance to the three South African universities that train ClinAs, supporting development of competency-based curricula that incorporate national guidelines and best practices in HIV prevention and treatment. AIHA and the universities conducted a curriculum map review workshop, developing a ClinA competency framework in August 2016.

Results

Each university developed HIV-specific course content across all years of ClinA training. The competency framework yielded an HIV curriculum map with milestones, assessment criteria, competency levels and compared this to the 2015 national HIV guidelines as well as the 11 exit outcomes and Clinical associate national exam. The study revealed that ClinA curricula at all the universities have been strengthened in line with the NDOH’s 2015 National Guidelines for HIV response. But areas of improvement in objectives, competency levels and assessment are needed.

Conclusion

ClinA training curricula, updated with current HIV/AIDS training modules and aligned with national guidelines, are well-suited for rapidly training mid-level medical workers fully capable of managing HIV-related prevention and treatment services. ClinA programmes should be scaled up, with specific inclusions in curricula, to help address South Africa’s dire need for qualified health professionals, particularly in areas with high HIV burden. Efforts to deploy this cadre to underserved parts of the country should be ramped up.
For far too long, the perception that oral health is separate or less important from general health has been ingrained in American culture. It is time to change the perceptions of the public, policymakers and health providers. Moreover, it is important to heighten awareness and stimulate innovative strategies to integrate oral health with primary care in education and in practice.

Changing prevailing assumptions and knowing the signs and symptoms of oral cancers, early childhood caries and the connections between oral conditions and overall health begins with our teaching methods.

The U.S. Surgeon General’s First-ever Oral Health Report, states that, “Too little time is devoted to oral health and disease in the education of non-dental professionals (2000). Unfortunately, physicians in primary care do not always initiate conversations with patients about their oral health in the context of their overall well-being unless it is their “chief complaint”. Further, if physicians and other will play a major role in improving understanding and access to care, then others such as physician assistants will have an opportunity – perhaps responsibility – to contribute significantly toward improved health practice.

Training non-dental providers to conduct oral screenings as part of routine physical exams and appropriate referrals is essential. Promoting interdisciplinary training of medical, dental and other health personnel about how risk factors common to oral health, and especially in young children in preventing early childhood caries (ECC) is basic.

Since 2002, we have integrated oral health information into the PA program and more recently, included physician preceptors and nurse practitioners as partners in basic oral health initiatives to be discussed in the presentation. In a survey conducted of physicians and physician assistants (2013, Skaff and Wrightson), we learned that while non-dental provider may feel unprepared to perform an oral exam and may not recognize oral signs and symptoms of disease, the vast majority felt the need and interest in updated information and clinical training.

One area of emphasis will include tips for physician assistants such as, “what to Tell Mom” about paediatric oral health, which may address the chronic caries crisis in the U.S. and abroad. This type of knowledge and skill set may be incorporated into the curriculum, perhaps in the clinical methods course (or equivalent) and Labs (skills sessions), using some of the many educational materials, modules, bibliographies and videos available free and on-line to physician assistant educators.

The aim of this paper presentation will be to engage and guide faculty in the content and delivery of this critical aspect of physician assistant education.
The Physician Assistant is a middle level cadre in health service workforce with a level of training apt and appropriate for the basic and essential health care needs of the people of Ghana. Though with less emphasis on high levels of technical sophistication, the Physician Assistants Training Programme turns out grandaunts with high level of expertise and skills less expensive in scope of operations, economic in cost and yet efficient in quality. Blending the components of curative Clinical) preventive, promotional (public health) and administrative services, the Physician Assistant is nonetheless a very versatile health human resource and epitomizes efficiency in human resources crises. The Physician Assistant provides services in Rural Health settings, Urban Health Centres and sometimes augments staffing levels when shortage in higher professional cadres is marked as in District Hospitals and Polyclinics. Nevertheless, the cadre has responsibility for the health of 70% of the Ghanaian population. The Physician Assistant has a lead role in operations of the Sub District Health systems, the functional unit of the Health Care Delivery and Health policy dissemination. The Physician Assistant is ultimately the pillar from which the Ghana Health Service derives its strength. Given the gap between the essential health needs of the Ghanaian and the availability of higher level professionals, the Physician Assistants Program plays a mitigating role in the provision of Health Care and may continue to do so for a long time with the unending crisis in higher level of manpower.

It is quite evident and goes without gain saying that the vast majority of the population needs just the basic essential Health Care needs the Physician Assistant provides with those needing higher levels of sophisticated professional care in the minority. The need to fine tune and broaden the scope of operation of this workforce by way of capacity building is paramount and could be a very cost effective attempt at addressing the crisis in technical manpower.

The Author made his point when he stated clearly that “if you do not know where you are coming from, you will find it difficult to determine where you are going”. We have often met people who are no longer interested in their past but hoped to arrive at a glorious future. This Presentation has a word of advice for such people; the beginning and end of the Medical Assistants and now Physician Assistants are just the two sides of the same coin.
Master of clinical medicine is designed to further develop medical professionals’ knowledge and skills so that they can be able to provide high quality health services. The Master of Clinical Medicine program draws on scientific principles and undertakes research for evidence based health services knowledge.

The program engages in a range of options (Blindness Preventive Medicine, Forensic Medicine, Accident and Emergency Medicine, Family Health, Oncology and Palliative Care, Child Health, among others). The program is guided by well-established curricula and seasoned lecturers. The practical aspects are blended with solid theory, balancing and integrating both laboratory and attachment rotations in the areas of operations for skills/ hands on development. A range of learning strategies, including theoretical concepts associated with science, offers reassuring real-world experience. Health is “a state of positive interaction between family members and health care givers capable of enabling each members of the family to enjoy optimum physical, mental, social spiritual and economic well-being.

The WHO acknowledges the Health care givers as the physician most capable of providing the above. However the health service delivery system in Kenya and in other countries acknowledges Clinical Officers as among the most appropriate health professionals to respond to health issues as the first contact persons. The Clinical Officer cadre in Kenyan functions as the patient’s means of entry into the health care system attending to over 75% of the Kenyan population.

This is a unique position that forms a bond between the patient and Health System. Hence the importance of scaling the height of education and attend for capacity development through continuous medical education.
How Stress Affects Dietary Choices of Students at UK

Whitney Kost, PA Student, University of Kentucky, Lexington, Kentucky, USA

Research Question: How do University of Kentucky (UK) college student’s majors impact their stress levels, and ultimately their dietary choices in response to their stress levels?

Aims: The aim of this study was to determine the impact of stress from specific majors, and how these various levels of stress affect the dietary choices among UK college students.

Hypothesis: It is predicted that college students at UK who study a major with a science background (i.e. biology, nursing, nutrition, etc.) will cope with stress by consuming extra calories, in comparison to college students with any other non-science related major.

Abstract:

Background: Food impacts our health, and our health impacts our daily living. Stress and the impact it has on the human diet is remotely new. It is known that diet can affect stress and ultimately health, but little is known regarding college students specifically.

Methods: Data was collected from 193 college students at UK. Their ages ranged from 18 to 23 (average age 20.8), and 164 females and 29 males completed the survey. Self-reporting paper surveys were distributed randomly to students with various majors (both science and non-science based). The survey recorded the amount of stress, as well as their appetite response (increase or decrease). The surveys were taken at no specific time in the semester (not during, dead week, midterms, finals, etc.).

Results: The data concluded that of the students with a science major, 69.48% do experience stress, while 27.87% do not. Students with a non-science major, 3.10% do experience stress, while 2.07% do not. This was represented with a p-value of 0.463. Also, students with stress said they strongly agree (13.98%) and agree (73.05%) their appetite increases. Students without stress said they strongly agree (3.62%) and agree (9.32%) their appetite increases. This was represented with a p-value of 0.161. In both cases, there is weak evidence against the null hypothesis, so it fails to be rejected.

Conclusion: The results suggested that the p-value was not significant, so there was not a statistically difference between type of major and stress. Additionally, a large percentage of students reporting stress agree to their appetite increasing during times of stress. The increased appetite can be correlated to stress level, and stress level can be due to type of major. A larger variety of majors need to be considered for future research.
Saturday 23rd September 2017

11.30 am

Effects of a mobile applications service on adherence of patients newly initiated on antiretroviral treatment in Tshwane

Sanele Ngcobo
Lecturer, Clinical Associate Programme, University of Pretoria, South Africa

South Africa (SA) has the largest HIV epidemic in the world, with an estimated 7 million people living with HIV in 2015.² SA also has the largest antiretroviral treatment (ART) programme globally, with more than 3.4 million people on ART [Ref]. Optimal adherence to ART in patients with HIV improves health outcomes and prevents drug resistance.³ A systematic review by Mills and colleagues obtained a pooled estimate of adequate adherence in sub-Saharan Africa patients of 77% (95% confidence interval, 68–85%) based on a total of 12,116 patients. Current ART regimens require 70–90% adherence in order to be effective.⁴ In addition to sub-optimal adherence, large treatment programmes are plagued by high numbers of patients lost to care. In fact, recent studies have shown that fewer than 62% of patients remain on ARTs 6 years after treatment initiation.⁵

New models of health care are needed to improve treatment adherence and patient retention. Community-oriented Primary Care (COPC) has been successful in countries such as Brazil and Spain and is currently piloted in Tshwane district, with Clinical Associates (ClinAs) and Community Health Workers (CHWs) integral to its function.⁶, ⁷ ClinAs are very well suited to assist with adherence due to their hands-on knowledge of and frequent interaction with patients. This study will assess whether ART adherence can be improved with the use of a patient-orientated mobile application service (app), containing relevant and topical HIV and ART information, adherence messaging and direct ClinA contact. The hypothesis is that the improved access to information and continuous engagement of patients will improve adherence.

This study will follow a prospective, analytical design and will be divided into three phases: 1) Development of MyHealthMyLife app through stakeholder and patient consultation; 2) Implementation (pilot and implementation phase) of MyHealthMyLife app and; 3) Evaluation of the app in terms of usability as well as impact on retention in care, adherence and virological suppression after one year of ART. Two clinics from the same socio-geographic area with existing ClinAs will be randomised to either receive the app or continue with standard care. The aim will be to enrol 100 patients newly initiated on ART at each of the clinics and follow them prospectively for 1 year.
The Statistical relationship between Formative and Summative Examinations and the National Certification Examination for Physician Assistants
Scott Massey, Central Michigan University Slippery Rock University. USA

Purpose: This five-year longitudinal study was conducted to validate the relationship between formative and summative examinations and PANCE scores. This study was conducted to test the hypothesis that PA programs throughout the United States could use comprehensive examinations that mirrored the Physician Assistant National Certifying Exam (PANCE) to predict future performance on PANCE. The research study included program generated summative examinations, the Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) to determine if the scores on these aforementioned assessment tools would demonstrate statistically significant correlation with subsequent performance on the PANCE.

Results: The scores of the study participants were gathered from 7 participating PA programs between 2010 and 2015 to determine correlational strength between the instruments and the PANCE. The SUMM I, SUMM II, and PACKRAT scores (N = 566) were combined in a regression model to generate a predicted PANCE score. The strength of correlation between the predicted PANCE score and actual PANCE score demonstrated an R value of 0.77. The strength of correlation between the SUMM I (360 question exam) and actual PANCE score demonstrated an R value of 0.57. The strength of correlation between the SUMM II (700 question exam) and actual PANCE score demonstrated an R value of 0.59. The strength of correlation between the PACKRAT (225 question exam) and actual PANCE score demonstrated an R value of 0.68.

Discussion: This longitudinal correlational study suggests that the use of simulation examinations generated by the author, along with the nationally standardized PACKRAT can provide an accurate glimpse about future performance on the national certification exam (PANCE). Most importantly, the use of this assessment process can identify students early in the 2nd year who may demonstrate a potential risk of failure on the PANCE. This has enabled, this researcher to develop an intervention system to administer study skill remediation including enhancing test taking skills that has been successful in at risk students successfully passing the PANCE. The use of a stratification system based upon past performance on the PANCE correlated with historical performance on the SUMMATIVE I, SUMMATIVE II and the PACKRAT examination provides additional insights based upon students who have performed at various levels scoring between 200 – 800 on the PANCE (Pass=350). This retrospective information is provided to students at strategic points in the clinical year to reinforce the necessity of more diligent study. This process was piloted between 2006 and 2010. The aforementioned procedure, including the remediation process was replicated at a total of 7 PA programs with similar results.

The results of this five-year study, which included a total of 7 PA programs demonstrates that the use of summative and formative examinations can be combined with an intervention system to potentially prevent future failures on the PANCE. This study could have implications for PA programs outside the United States that are seeking to develop comprehensive examinations to prepare graduates for licensure examinations required to practice.
ACADEMIC ADVANCEMENT PROGRESS FOR CLINICAL OFFICERS IN KENYA
D.K NJERU Egerton University Kenya.

The Clinical Officer profession in Kenya can trace its beginnings back to 1928, making it one of the world’s oldest programs of Clinical Officers. The practice of clinical medicine in Kenya is regulated by a government regulatory body called; “Clinical Officers Council” The council is charged with training, registration and licensing of graduates.

Training
The Council inspects institutions intending to mount training of Clinical Officers. The Council has an inspection checklist for the institutions and is outlined in the Rules and Regulations of the Council. The Council approves and reviews curricula and competency manuals for Clinical Officers and undertakes regular inspection of training institutions to ensure maintenance of quality. The Council conducts indexing of all students undertaking Clinical Medicine in accredited training institutions. The Council administers the registration examination before one year internship commences.

Registration
The Council registers all students trained in approved training institutions and assesses students trained out of the country, as well as nationally trained students. To ensure a standard of quality among new Clinical Officers, any person who intends to be registered under the Act must complete a registration exam.

Licensing
The Council gives a practicing license to a qualified Clinical officer to practice both in public and private sector. Practicing license is renewable after 2 years whilst clinical officers in private practice renew their private practicing licenses annually. The renewal of the practicing license takes in to consideration CPD points and observation of professional standards and ethics.
2.00 pm

PHYSICIAN ASSISTANT EDUCATION IN AN AGING WORLD

Gerry Gairola and David Fahringer, University of Kentucky, Lexington, Kentucky. USA

Objectives:

At the conclusion of this session, participants will be able to:

1. Identify strategies for developing geriatric clinical curricula for physician associate students using a combination of clinical experiences and didactic assignments.
2. Identify resources useful in the development of geriatric clinical curricula for physician associate students.
3. Assess the opportunities and challenges in developing geriatric clinical curricula within their own physician associate programs.

Session Description:

The growth in the elderly population worldwide has increasingly led to calls for geriatrics and gerontology to be incorporated in the education of health science students. A 2008 report by the United States Institute of Medicine identifies physician assistants as one of the health professions that have a requirement for the inclusion of geriatrics education within their accreditation essentials. However, the report also points out that the essentials only require exposure to geriatrics with no minimum level of education specified. While physician associate programs may be interested in incorporating more geriatrics into their clinical curricula, they are often faced with the challenge that there are few board certified geriatricians available to precept students. In fact there has been a decline in the numbers of board-certified geriatricians in the United States with approximately 7,000 geriatricians currently in practice. The presenters will describe how the University of Kentucky Physician Assistant Program used a combination of didactic and clinical resources to develop a geriatric rotation for program students. Materials used in the geriatric rotation will be shared with the participants, including the course syllabus, objectives, textbook, learning contracts, student manuals and journals.

References:


The NCCPA’s History in Promoting International PA Development

Ruth Ballweg, Director of International Development NCCPA

Research Question:

Using the Principle of “Adapt, Not Adopt” how has the National Commission on Certification of Physician Assistants assisted in supporting the international development of the Physician Assistant/Physician Associate Model.

Aim: Describe 10 years of international activities and consider future roles and projects.

Hypothesis:

Background: Under the leadership of the author of this paper, with the support and approval of the CEO and NCCPA Commissioners, has consistently engaged in a wide range of activities to promote the adaptability and flexibility of the PA model in multiple countries.

Methods:

- Intelligence Gathering, Data Collection
- Development of networks and personal contacts.
- Sponsorship, Support and Participation in conferences and specific meetings.
- Country-Specific Visits and Projects
- Technical Support
- Publications

Results: Increased visibility of the PA profession with respect to potential regulatory processes.

Conclusion:

Defining success by:

1. Role development/physician support;
2. PA educational program development;
3. Creation and implementation of regulatory processes (accreditation, registration/licensure, certification);
4. Recognition and reimbursement.
The Hopes and Risks of Exponential Growth in PA Programmes in the UK

Phil Begg and Jim Parle University of Birmingham PA Programme, Birmingham England.
Matt Aiello, Health Education England, NHS, UK

The UK, developed its very first PA programme at the University of Wolverhampton in 2004, around the time the Universities of Hertfordshire and St. Georges (Kingston University) were establishing their first cohorts. He first decade of development led to an increase followed by a decrease that stabilised at 9 programmes by 2015.

In the past 2 years there has been an exponential growth in PA programmes in the United Kingdom, that means that at the beginning of the 2017/18 academic year (September 2017) there are likely to be between 29 and 33 PA programmes running in the UK.

A joint study between the University of Birmingham and Health Education England has set out the number of programmes running and the number of students registered on these programmes. The purpose of the paper is to acknowledge and celebrate the success story that is the exponential growth in programmes and balance this with the workforce planning that the UK healthcare system is required to do each year, and to attempt to ensure that there is a matching process that does not result in graduate unemployment.

This story of great success could easily become a story of tragedy if there is no joined up planning between educational institutions, employers and Health Education England who directly commission some programmes.
Poster Abstracts

Poster 1.

Physicians Perceive Physician Assistants to be Competent Healthcare Providers in Kentucky

Somu Chatterjee, Director of Clinical Education University of Kentucky

Utilization of certified Physician Assistants (PA-Cs) has increased throughout the healthcare systems in the United States. The purpose of this study is to determine if physicians consider certified PAs to be competent healthcare providers. In 2014-2015, randomly chosen ‘active’ physicians listed in the Kentucky Board of Medical Licensure were surveyed on their perceptions of competencies of certified PAs. Five competency domains (Medical Knowledge, Interpersonal and Communication Skills, Patient Care, Professionalism, Practice-based Learning and Improvement and Systems-based Practice), were surveyed using a Likert scale. For the first time, there is objective evidence of physicians’ level of acceptability of the competencies of PAs and skill sets. This study will help guide effective utilization of the PA-Cs throughout the health care system and help guide PA education.

Poster 2.

The Importance of an Ophthalmology Referral After a Diabetic Retinopathy Diagnosis Determined in a Primary Care Setting.

Brooke Wilson, Kelsi Barnes, Monika McCowan, Brett Smith, Ryne Least.
University of Kentucky, Lexington, Kentucky. USA

Saint Claire Regional Medical Center Family Care Clinics (SCRMCFC) are performing diabetic retinopathy screenings on all patients who are diabetic without a screening within the last year. The aim of the screening is to acknowledge retinal changes within the eye and refer the patient to an ophthalmologist in order to prevent further development or treat diabetic retinopathy. This quality improvement (QI) project is a continuation of previous researchers, with the aim of improving patient notification and referrals after a positive pathology is recognized. Through previous data collected, 35% of patients with positive pathology were not notified of the findings or referred to an ophthalmologist. The goal for improving patient notification and referral is to decrease the percent of patients not notified of positive pathology from 35% to 15% in 2 months. In order to do this, a manual log by the nursing staff of SCRMCFC was implemented. The manual log allowed visible tracking of patient’s screening and results with the ability to see if the patient was notified or not. QI results revealed a 100% yield of patients screened, manually logged, positive pathology noted, notification of the patient, and referral made. Data collected over the two months was minimal, with only 2 patients having positive pathology. Though this is low, in the future it is expected that the manual log will continue to hold staff responsible for patient notification of positive pathology and referral to an ophthalmologist.
The purpose of this quality improvement project was to improve workflow and decrease waste within the Internal Medicine Clinic at UK Healthcare. Initially through extensive investigation it was found that allowing clinicians open rooming within the clinic would prove the most beneficial, but in accordance to time, efficiency and money the process chosen to improve upon was a standardized of protocol for rooming patients. The American Medical Association’s protocol was adopted and changed slightly to fit the clinic’s needs. Through what is a called a small cycle of change, this protocol was adopted by a clinician and CST team over a 3 week period. Although there are many constraints in this study, mainly time, the results of this small cycle of change were found to be positive. Care was found to be safer, timely, effective, efficient and patient centred.

As the healthcare system continues to change there are an ever-increasing number of obstacles. Two of the most difficult but also some of the most important obstacles are patient satisfaction and work flow. The goal for this project is to find easy, efficient, and cost effective ways to improve both of these processes.

In order to improve upon the patient and workflow of the clinic, we began by mapping out the process from when a patient calls the clinic to make an appointment to when the patient checks out. Throughout the process we spoke with staff members that ranged from administrative personnel to nursing staff and providers. We were even fortunate enough to speak with several patients. This allowed us insight into several different perspectives of the process and possible causes of what hinder the process. After gathering as much information about the process of the clinic, the team was able to then move into focusing problem areas within the clinic and rate the opportunities for improvement based on many different parameters. Once this was done the problem with the most feasible solution was selected and then the process of mapping out the details to possible solutions began.

With a number of opportunities selected they were ranked in order of application ability and for the purposes of this project the solution that had the lowest cost with easiest implantation ability was chosen. Once this was done the team then began to research how to implement the solution. As this was being done the project was presented to members of the management team for the clinic to gain their insight and input, and it was then decided to present the material at a staff meeting.

At the beginning of this project the hope was to find a solution to help improve patient satisfaction along with workflow for the internal medicine clinic. It was very quickly realized that there are a number of ways to approach the improvement of workflow and patient satisfaction. Although at some point many of the possible opportunities may be approached, this project only decided to approach one topic and solution to implement. The improvement process is not a quick one and it will take many small changes over time with the support of the entire staff in order to see real change. This project was the start of one improvement process.
**Poster 4.**

**Fluctuations in Stress in Graduate Health Science Students; A Two year longitudinal study**

Dr Scott Massey, Central Michigan University. USA

**Purpose:** Psychological adjustment can impact individuals at various points during the formative years of his or her educational process. Health science programs can be highly stressful and potentially negatively impact physical and psychological health. The purpose of this study was to explore the fluctuations in health science students stress level during the two years of their graduate program.

**Methods:** Study participants included students enrolled in four graduate Health Sciences programs: Doctor of Physical Therapy (DPT), Occupational Therapy (OT), Speech-Language Pathology (SLP) and Physician Assistant (PA). Students completed survey packets during the following time points: (1) first week of Semester 1 of graduate program, (2) last two weeks of Semester 1, (3) mid-semester of Semester 2, (4) mid-semester of semester 3 and (5) mid semester of semester 4.

**Results:** A total of 107 students were recruited for the study and 79 completed the scale at all five points in time. The majors were as follows: Doctor of Physical Therapy 32.9% (DPT; n= 26), Occupational Therapy 18.9% (OT; n=15), Physician Assistant 18.9% (PA; n=15) and Speech Language Pathology 29.3% (SLP; n=23) Somatization scores: The means of the somatization scores over time were as follows: time 1 = 49.3, time 2 = 54 time 3 = 51, time 4 =53, and time 5=50. Obsessive Compulsive Scores: The mean obsessive compulsive scores over time were as follows: time 1= 56, time 2= 63, time 3=59, time 4=63 and time 5=59. The obsessive compulsive scores were the highest rated of all subscales scores through the whole time period and time 2 and 3 were greater than a standard deviation above the mean for a normative sample. Depression Scores: The mean depression scores over time were as follows: time 1 = 52, time 2 = 56, time 3 = 54, time 4=55 and time 5 = 53. Anxiety Scores: The mean anxiety scores over time were as follows: time 1 = 53, time 2 = 57, time 3 = 54, time 4 = 56 and time 5 = 53. Phobia Scores: The mean phobia scores over time were as follows: time 1 = 50, time 2 = 51, time 3 = 50, time 4 = 52 and time 5 = 50.

**Discussion:** There are notable fluctuations of anxiety in health science students and while the sum scores seem to decrease over time, others, such as the obsessive compulsive score remained higher throughout the 2 years of student experience. It is still uncertain what negative impact even low levels of anxiety, can have on students. The results of this pilot study provide further insight about the levels of stress in both years of the graduate program. It is necessary to assist students in developing effective stress management techniques to help moderate the negative consequences of stress to prepare for the didactic phase of the program, as well as the clinical phase.
Poster 5.

How Stress Affects the Dietary Choices of Students at The University of Kentucky

Whitney Kost, Dietetics and Human Nutrition Department, College of Agriculture and School of Human Environmental Sciences, University of Kentucky.

RESEARCH QUESTION: How do University of Kentucky (UK) college student's majors impact their stress levels, and ultimately their dietary choices in response to their stress levels?

AIM: The aim of this study is to determine the impact of stress from specific majors, and how these various levels of stress affect the dietary choices among UK college students.

HYPOTHESIS: I predict that college students at UK who study a major with a science background (i.e. biology, nursing, nutrition, etc.) will cope with stress by consuming extra calories, in comparison to college students with any other non-science related major.

Background: Food impacts our health, and our health impacts our daily living. Stress and the impact it has on the human diet is remotely new. It is known that diet can affect stress and ultimately health, but little is known regarding college students specifically.

Methods: Data was collected from 193 college students at UK. Their ages ranged from 18 to 23 (average age 20.8), and 164 females and 29 males completed the survey. Self-reporting paper surveys were distributed randomly to students with various majors (both science and non-science based). The survey recorded the amount of stress, as well as their appetite response (increase or decrease). The surveys were taken at no specific time in the semester (not during, dead week, midterms, finals, etc.).

Results: The data concluded that of the students with a science major, 69.48% do experience stress, while 27.87% do not. Students with a non-science major, 3.10% do experience stress, while 2.07% do not. This was represented with a p-value of 0.463. Also, students with stress said they strongly agree (13.98%) and agree (73.05%) their appetite increases. Students without stress said they strongly agree (3.62%) and agree (9.32%) their appetite increases. This was represented with a p-value of 0.161. In both cases, there is weak evidence against the null hypothesis, so it fails to be rejected.

Conclusion: The results suggest that the p-value was not significant, so there was not a statistically difference between type of major and stress. Additionally, a large percentage of students reporting stress agree to their appetite increasing during stress. The increased appetite can be correlated to stress level, and stress level can be due to type of major. A larger variety of majors need to be considered for future research.
Poster 6.

Perspectives on PA History: PA History Society Collections

Ruth Ballweg, MPA, PA-C Emeritus,
PA History Society Historian, PA History Society, USA.

Abstract: The PA History Society poster will focus on collections and projects carried out during the past 15 years. Featured will be:

(1) The web site—past and current iterations;
(2) The first PA History Book;
(3) Photo/image/media collections;
(4) Materials for teachers and students;
(5) Memorabilia at the Stead Center and at the NCCPA headquarters in Atlanta;
(6) Collaboration with PA journals for their 50th Anniversary collections.

Poster 7.

Global PA Development – Involvement and Contributions of the NCCPA

Ruth Ballweg MPA, PA-C.
PA History Society, Director of International Affairs, NCCPA

Abstract: Adding to the NCCPA Conference Presentation, this poster will provide specific details about the NCCPA’s involvement in Global PA Development including hosting meetings and visits, networking, advocacy, research/publications/presentations, and advocacy with international health workforce policy and regulatory groups.
Poster 8.

Hopes and Risks of exponential growth in Physician Associate Programmes in The United Kingdom (UK)


In May 2017, Health Education England, working collaboratively with the UK and Ireland Board of Physician Associate Educators (UKIUBPAE), requested student data from those UK Universities (HEIs) offering PA training courses during the 2016-17 and 2017-18 NHS Financial Years. The survey confirmed the initial (Dec 2016) data collection and added projections for the 2017-18 financial year. Survey data was returned by 29 UK HEIs and a 100% return was achieved.

This poster brings together the large scale growth in PA programmes in the UK, and the history of employment to date. The reassurance that the development of PAs in the UK is gaining real traction with the exponential growth in programme, is met with an anxiety around the risk of unemployment if the supply outstrips demand going forward.

Workforce planners and universities must work together to ensure the oversight of Health Education England, measures the requirements and avoids any periods of unemployment with new graduates, which has not been an issue until now.

Poster 9.

SWOT Analysis of Clinical Associates in South Africa

Emily Wright

RESEARCH QUESTION: What are the strengths, weaknesses, opportunities, and threats to the clinical associate profession in South Africa?

AIM: The aim of this study is to utilize historical experiences from other countries implementation of the mid-level health care profession to suggest a model for the continued maintenance and improvement of a robust and sustainable mid-level healthcare professional in the context of South Africa.

HYPOTHESIS: The development of mid-level healthcare professionals in South Africa has similarities and differences with the implementation of mid-level professionals in other parts of the world.
Background:

Historically, cohorts of mid-level providers have emerged across countries of all income levels as an innovative way to improve equitable access to health care. The World Health Organization (WHO) estimated South Africa’s doctor to patient ratio in 2015 was 0.767 per 1000 people, with wide variability across geographic and public and private sectors making it below the WHO benchmark of 2.5 doctors per 1,000 people. Its human resource shortage is plagued by a trend of migrating medical professionals to developed countries and away from rural areas and public practice. In 2008, South Africa began training its first cadre of mid-level healthcare workers known as clinical associates to deal with an ongoing human-resources shortage particularly at the district level. The clinical associate profession since its inception and inclusion in the workforce in 2011 has sought to fill the gaps that continue to exist in providing care at the district level. As expected based on the development of a new profession, specifically from lessons learned through the development of the physician assistant profession with the United States, the clinical associates formative years have been rife with challenges as well as successes.

Methods: Prospective purposeful sample of stakeholders involved in the implementation of a mid-level professional program in South Africa. Semi-structured interviews (n=5) were conducted in parallel with a comprehensive literature review in order to develop emerging themes based on three cycles of coding by leveraging grounded in theory. Themes inform specific dimensions that encompass strengths, weaknesses, opportunities, and threats to the clinical associate profession within South Africa.

Results: The SWOT analysis reflects similarities and differences with the implementation of a mid-level professional program in South Africa. These dimensions provide insight into health systems strategies that can support improved health care outcomes and prevent disease and illness in low resourced areas. Recommendations support a comprehensive understanding of how to improve the implementation of mid-level programs in global health settings.

Conclusion: In order to more effectively implement mid-level professional programs in low resourced areas, it is important to consider specific socio-political and historical factors to address health care gaps and shortages in order to strengthen health systems.

Reference:


Parallel Workshops

**Workshop 1.**

*International Resources – Sharing and developing core learning.*

**Synopsis:** Creating learning objectives for courses that are aligned to the mission and the goal of the program are challenging. This workshop is geared towards providing tools for teachers providing instruction on healthcare courses. In this workshop attendees will get hands-on experience in drafting learning objectives and creating course maps in order to produce competent graduates. We will discuss roles of Physician Assistants/ Associates /equivalents across the world, discuss country specific priorities and expected competencies, explore program missions; create learning outcomes, course objectives and assessment strategies. The session will comprise of a preliminary introduction progressing to group work and open floor discussion. The session will end with questions and answer session of 10-15 minutes.

**Objectives:**

1. Create a draft of expectations for graduates
2. Create learning objectives
3. Explore instructional activities aligned to learning objectives
4. Create assessment strategies for evaluation of student competencies

**Length of workshop:** 1 hour 15 mins

**Presenter:** Dr Somu Chatterjee, Director of Clinical Education, University of Kentucky, USA

**Workshop 2.**

*Case Based Learning (CBL), A case study approach to PA learning, a practical session.*

This workshop will explore the use of Case Based Learning as an effective methodology of accelerated learning for students undertaking a 24 month Physician Associate programme, at master’s level. The ethos of this methodology is combining directed learning such as anatomy and physiology, and clinical skills with self-directed team based learning that enables students to cover all body systems in a 15 week cycle.

**Objectives**

1. Introduction to Case Based Learning as a learning methodology.
2. Exploring an actual case in teams within the workshop session.
3. Producing an outcome for the case.
4. The feedback loop, how to create it and how students get the best from it.

**Length of workshop:** 1 hour 15 minutes

**Presenter:** Professor Phil Begg, PA Programme, University of Birmingham, England.
Workshop 3.

Training PA Students to Care for Eye Problems and Develop a Rural Eye Care Program

This workshop is designed to introduce instructors to the eye care needs in many parts of the world and to help them train their students to recognize eye problems. The workshop will include an introduction to some of the tools used in assessing the eye needs of a community as well as some helpful suggestions and methods in training students to examine the eyes in a way that will encourage accurate evaluation and diagnosis with relatively basic eye equipment. The workshop will feature demonstration as well as hands on application of the principles that are presented.

Objectives

1. Introduce the participants to global causes of blindness and some simple ways to assess the eye health of a rural community.
2. Give the participants a list of basic instruments that their PA students should use to perform basic eye exams.
3. The participants will gain knowledge of how to teach the eye exam more effectively and have an opportunity to practice these skills as an instructor should help a PA student learn the skills.

Length of workshop: 1 hour 15 minutes

Presenter: Sam Powdrill, PA-C and associate professor at the University of Kentucky PA program

Workshop 4.

Loop Incision and Drainage: Treating Cutaneous and Subcutaneous Abscesses

The loop incision and drainage is a technique used to treat cutaneous and subcutaneous abscesses. The technique is easy to learn and perform. This technique has many benefits in comparison to the standard incision and drainage, which is more widely known and practiced. The loop incision and drainage is a technique that is practiced regularly by myself, as well as the other practicing providers in the UK Emergency Department.

Objectives:

1. Background on cutaneous and subcutaneous abscesses
2. When should a loop incision and drainage be considered/performed
3. What the loop technique consists of
4. Why do the loop incision and drainage instead of standard incision and drainage

Length of workshop: 1 hour 15 mins

Presenter: Oleva Coleman Mullins PA-C, MPAS, University of Kentucky, USA.
Our Conference Partners

Please ensure you visit their exhibition during the conference.
Accommodation and General Information

Map of the University of Kentucky:

https://maps.uky.edu/campusmap/

Accommodations

The Campbell House, Curio Collection by Hilton:  http://curiocollection3.hilton.com

The Inn on Broadway:  http://www.innonbroadwaylex.com/index.php

Conference Transportation Services Schedule:
For the duration of the conference there will be a shuttle service which will run from the Inn on Broadway and The Campbell House Hotels each day.

The daily schedule is as follows:

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<thead>
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<th>Thursday 21st September 2017: (Evening service only for opening reception)</th>
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<td>Leaves from Inn on Broadway/Campbell House for UKY Boone Center at:</td>
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<td>Service 1. 6.30 pm</td>
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<td>Service 2. 6.45 pm</td>
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<td>Service 2. 8.00 am</td>
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<tr>
<td>Afternoon service from University to Inn on Broadway/Campbell House:</td>
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<td>Departs outside College of Health Sciences:</td>
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<td>Service 1. 5.25 pm</td>
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<th>Return from UKY Boone Center to Campbell House Hotel:</th>
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Sunday 24th September 2017:
No Shuttle service for Sunday

Other useful telephone numbers:

Taxi:       Bluegrass Cab of Lexington:   +1-859-231-8888
            Taxi One of Lexington:       +1-859-308-6555
            Lexington Taxi Cab:          +1-859-242-5230

Hospital:   UK Albert B. Chandler Hospital: +1-859-323-5000

Airport:    Bluegrass Airport Lexington:  +1-859-425-3100