Program Mission and Purpose
MEDEX Northwest, the UW’s physician assistant program, was established in 1969 as a collaboration between the UW and the Washington State Medical Association. The MEDEX mission focuses on training health care providers who will practice primary care in medically underserved and rural areas of the UW School of Medicine’s service region (Washington, Wyoming, Alaska, Montana, Idaho—or WWAMI). MEDEX also has a formal agreement to train students from the state of Nevada. Students may select from three MEDEX locations for the classroom portion of their training: Seattle, Spokane or Yakima. Clinical training takes place in a selection from over 400 clerkship and preceptorship sites across the region.

Diversity is a key feature of the MEDEX program. MEDEX has a history of community-based recruitment of experienced health workers including paramedics, former military corpsmen, allied health personnel, nurses and village-based community health workers in Alaska. The program’s diverse faculty recruit within their local communities and clinical practice sites.

Purpose: MEDEX Northwest is a regional program that educates physician assistants in a proven tradition of excellence.

Mission: MEDEX Northwest, UW School of Medicine’s Physician Assistant Program, is committed to educating experienced health personnel from diverse backgrounds to practice medicine with physician supervision. The program provides a broad, competency-based curriculum that focuses on primary care with an emphasis on underserved populations. MEDEX encourages life-long learning to meet ever-changing health care needs. As a pioneer in PA education, MEDEX continues to be innovative in identifying, creating and filling new niches for PAs as a strategy for expanding health care access.

Student Access and Opportunities
The physician assistant profession is facing a time of changing academic expectations. Licensure is based on graduation from an accredited program and passage of a national certification exam. Despite the lack of a specific degree requirement for licensure and practice, many programs in the country have elected to identify themselves as master’s-level programs. These programs often experience low minority enrollment. MEDEX remains a certificate program with a baccalaureate option. (Approximately 50% of the most recent graduating class earned a bachelor’s degree in addition to the MEDEX certificate.) The program also has baccalaureate degree links with Boise State University and University of Alaska, Anchorage to accommodate students from Idaho and Alaska seeking bachelor’s degrees. MEDEX has recently established a link with the UW and WSU Pharmacology departments for a joint program of PA-
PharmD study. The latest project will result in a link with the UW’s Extended Degree Program in Public Health, allowing qualified MEDEX students to begin working toward a master’s degree during their physician assistant studies. This range of degree and certificate options encourages the participation of students with a wide range of educational experience and goals.

In keeping with the competency-based approach of the PA profession, MEDEX does not require a prior degree for admission to the program. A good academic record in specific college-level coursework and two years of hands-on patient care experience (such as nursing, paramedic, athletic trainer, etc.) are required to meet admissions standards. Interviews take place in Seattle, Spokane and Yakima. Final student selection is made after a series of full-day selection conferences. Teams of practicing clinicians and MEDEX faculty use a group interview process to choose students with strong primary care commitment.

MEDEX’s decentralized training sites in Spokane and Yakima allow place-bound students from the rural communities and small towns to participate in PA school without traveling to Seattle for two years of PA school. The state of Alaska also sponsored a satellite program in Sitka for one group of 12 students that graduated in 1995. In spite of the seemingly attainable prerequisites for admission, some prospective applicants in remote areas of our service region have difficulty finding the classes they need to meet the requirements. The University of Alaska Anchorage and Yakima Valley Community College have both responded to MEDEX requests to augment class offerings that allow these applicants to become qualified for admission to the program. Alaskans, for example, can now meet some of these prerequisites through the University of Alaska’s on-line distance education programs.

**Student Development and Retention**

MEDEX has obtained federal grant support throughout its history. This federal funding has sponsored a portion of the program’s recruitment and retention activities. These measures have focused on experienced health care providers from underrepresented groups or backgrounds including Hispanic farmworkers, urban African-Americans, Alaska Natives and American Indians, rural residents from throughout the six-state service region, military corpsmen, etc. Grants have included partial funding for support of recruitment in community clinics, military bases and urban hospitals; individualized applicant counseling; mentoring and shadowing.

Approximately 45% to 50% of the MEDEX student body is typically composed of students from economically or educationally disadvantaged backgrounds, minority groups, and/or medically underserved communities. By assuring that prerequisite coursework is available locally throughout the region, MEDEX can encourage application from underrepresented groups. Upon graduation from the program, these students often seek practice opportunities in areas near their home towns.

The following student and graduate data demonstrate an ongoing commitment to preparing, training and graduating students that come from a variety of disadvantaged backgrounds who go on to provide medical care where it is most needed. Recruitment requires ongoing planning in order to facilitate the process through which applicants become eligible for application to
MEDEX. Retention of students with special academic requirements has involved extensive faculty mentoring as well as tutoring activities. The graduation and placement of each high-risk student is another indication of the successful strategies that MEDEX has employed over the years in training students that have begun their academic careers at a disadvantage.

### Underrepresented Minority/Disadvantaged Students, 2003 Entering Class

<table>
<thead>
<tr>
<th>Group Designation</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>2</td>
</tr>
<tr>
<td>*Asian Subpopulations</td>
<td>3</td>
</tr>
<tr>
<td>Black/African American</td>
<td>5</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>6</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>White Educationally/Economically Disadvantaged</td>
<td>20</td>
</tr>
<tr>
<td>Other Educationally/Economically Disadvantaged</td>
<td>3</td>
</tr>
<tr>
<td>Total Number Minority/Disadvantaged</td>
<td>39</td>
</tr>
<tr>
<td>Total Number of Students</td>
<td>77</td>
</tr>
<tr>
<td>Percentage of Minority/Disadvantaged</td>
<td>51%</td>
</tr>
</tbody>
</table>

* Using federal definitions of underrepresented population groups.

### MEDEX Northwest Graduate Practice Locations

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Graduates</th>
<th>Grads Practicing in Medically Underserved Communities*</th>
<th>Grads Practicing in Primary Care*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>73</td>
<td>22 30%</td>
<td>33 46%</td>
</tr>
<tr>
<td>2001</td>
<td>65</td>
<td>16 25%</td>
<td>29 45%</td>
</tr>
<tr>
<td>2000</td>
<td>65</td>
<td>19 29%</td>
<td>36 55%</td>
</tr>
</tbody>
</table>

* Using federal definitions of Primary Care and Medically Underserved areas.

### Engagement with the External Community

The first opportunity to offer decentralized MEDEX training came through a Rural Health Outreach Grant awarded for activities in Sitka, Alaska. This one-year satellite trained 12 Alaskans before state funding shortages affected operation. Hearing about Sitka, physicians and community leaders in Yakima approached the MEDEX program and requested a local MEDEX training site. The community’s support included the donation of office space by Yakima’s two hospitals and community fund-raising to support additional prerequisite courses in anatomy at Yakima Valley Community College. The third current training site in Spokane began in 1998.

MEDEX is actively involved with each of the six UW regional Area Health Education Centers (AHECs) in Seattle WA, Spokane WA, Fairbanks AK, Boise ID, Bozeman MT and Casper WY as well as the University of Nevada’s AHEC in Las Vegas. Each of these AHECs has been helpful in the recruitment of both students and clinical training sites. MEDEX students also benefit from the program’s links with the Cooperative Agreements in state health departments in the region. MEDEX Northwest maintains collaborative relationships with the Washington State Medical Association (WSMA) and the regional physician assistant professional organizations. The MEDEX program is linked with Northwest AIDS Training Education Center. The long list
of clinical sites available for MEDEX training is another representation of the many community-based links throughout our service region.

MEDEX students have additional contacts with members of the local community during their training. (Details are provided under the Curriculum heading.)

**Staff and Administrative Diversity**

The UW Human Resources Office acts as the initial screener for staff hiring procedures. The interviewing process seeks to identify individuals who support our mission of providing health care access to medically underserved populations. Of full-time administration and support staff personnel, 13% are members of ethnic minority groups and an additional 13% are from disadvantaged backgrounds. The program provides ongoing support to staff members seeking further educational or professional training opportunities.

**Faculty Diversity**

MEDEX advertises locally and nationally for all faculty positions that are full-time (including those at 50% or more FTE). Local advertising includes Yakima and Spokane newspapers when appropriate. Of 15 full-time (50%-100% FTE) faculty members, 27% are members of ethnic minority groups and an additional 20% are from disadvantaged backgrounds. Teaching requirements for all faculty include participation in lectures and activities that emphasize cultural awareness and improving health care for medically underserved populations of all ethnicities.

MEDEX maintains strong support for faculty development activities. Because the profession enjoys a long history of competency-based rather than degree-based training, faculty members with bachelor’s degrees and adequate experience were qualified for appointments at the Lecturer level in PA programs. While this remains true, the changing nature of the PA profession is creating the need to anticipate increased faculty degree requirements in the coming years. Three members of the teaching staff have earned master’s degrees during their time on MEDEX faculty, and two more are currently participating in master’s degree programs. One other is close to finishing a PhD program. Of these six individuals, two are members of ethnic minority groups and two more come from disadvantaged backgrounds. (There are an additional four faculty or faculty support administrative staff members with master’s or doctorate degrees.) Support for conference attendance and participation in the School of Medicine’s Teaching Scholars program also fosters development of individual faculty skills.

**Curriculum and Research**

The MEDEX curriculum in the first (didactic) year includes the following.

- Physical Exam practice sessions at local nursing homes (weekly during autumn quarter)
- Course modules on the cultures of other health professions (autumn quarter)
Each One, Teach One classes designed to provide each student and faculty member time to identify personal, professional and cultural experiences and viewpoints to the class as a whole (autumn quarter)

Interdisciplinary problem-based learning sessions with members of other health care professions programs at the UW (winter and spring quarters)

Group projects on specific medically underserved populations: each group is required to teach the rest of the class what has been learned about culturally specific topics surrounding their assigned population’s beliefs, approaches and access to medical care (winter quarter)

Videotaped medical consultation practice with a range of “simulated patients” from varying backgrounds and with a mix of medical or psychiatric conditions (throughout the year)

Integration in regular lectures of the details on disease states or risk factors that affect particular ethnic groups at higher rates than the general population (throughout the year)

Course modules and assignments on specific applications of medical ethics and decision-making (throughout the year, and also in the second year)

The MEDEX curriculum in the second (clinical) year includes the following.

The underserved rotation: All MEDEX students are required to complete at least four weeks of their training in a medically underserved site (many students spend up to six months in these locations). These assignments include community health centers, Indian Health Service hospitals and clinics, private practices in designated medically underserved communities, and federal and state correctional facilities. Federal funding has assisted students with mileage and housing support where it is not otherwise available.

The Community Education Project: All students are required to identify a group that is local to the primary care preceptorship assignment, research a specific problem (the assigned topic recently has been Violence Prevention) and make a presentation to this group. Students have made presentations to elementary, junior high and high schools; boys and girls clubs; local fraternal organizations; church groups, etc. The often rural and medically underserved locations of these clinical assignments ensures exposure to and involvement with the diverse local population.

Elder home visits: All students are required to conduct two separate home visits to an elderly patient in the area surrounding the primary care preceptorship assignment. The majority of these home visits involve elderly members of ethnic minority, economically disadvantaged or medically underserved populations.

The vast majority of MEDEX clinical training sites are in remote or rural and urban medically underserved areas.

In addition to the formal requirements for students, classes (either in whole or in part) have volunteered to participate in local health fairs, health career days at local schools, and other activities in the local communities.

Research focuses on educational methodologies for our diverse student population and on the strategies that will increase the number of medical professionals who provide health care in the medically underserved areas of our service region.
Climate

Please refer to the Mission and Purpose section at the beginning of this document for an overview of the philosophy that drives the MEDEX program. The MEDEX Northwest Physician Assistant Program has a 35-year history of educating primary care clinicians for the WWAMI region (plus Nevada). With nearly 1,200 graduates in practice, the program has been acknowledged repeatedly for its successful initiatives in diversity, community-based primary care service and training, and decentralized education.

MEDEX currently operates three training sites (Seattle, Spokane, Yakima) where students with extensive prior health care experience receive the first year of their two-year education. In the second year, students are assigned to clinical sites throughout the WWAMI regions and often return to their home communities for all or part of their clinical training. A typical class is composed of nurses, community health aides (Alaska), emergency medical technicians, respiratory therapists, surgical technologists, and graduates of foreign medical training programs as well as former military corpsmen. In recent years classes have been filled with equal numbers of men and women. The program’s goal to locate graduates in areas of greatest need and potential impact has meant placing a great emphasis on recruiting students with a rural background (and probable practice location), students with unique potential for the development of new PA roles, and students from minority or disadvantaged communities. Formalized faculty mentoring and the availability of program-specific tutoring provide significant support for the retention of academically at-risk students. Analysis has demonstrated the program’s consistent success in achieving placement of graduates in rural and medically underserved settings.

To view the UWTV 2002 documentary on MEDEX Northwest, go to the following web page.

http://www.researchchannel.org/program/displayevent.asp?rid=1293