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Lived Experiences with Inauthenticity of the Physician Assistant Program Admission Essay: A Phenomenological Study

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Concordia University–Portland
College of Education
Doctorate of Education Program

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Lived Experiences with Inauthenticity of the Physician Assistant Program Admission Essay:

A Phenomenological Study

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Concordia University–Portland

College of Education

Dissertation submitted to the Faculty of the College of Education

in partial fulfillment of the requirements for the degree of

Doctor of Education in

Higher Education

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Concordia University–Portland

2020

Abstract

Inauthenticity occurs in the physician assistant program admission process when students plagiarize content of the admission essay. This qualitative research study focused on the experiences of physician assistant admission committee members with the admission process, including the experiences of physician assistant admission committee members with the authenticity of the admission process. The experience with the components of the admission process were discussed through eight interviews with physician assistant admission committee members from accredited physician assistant programs in the United States. Phenomenology was the research method used to evaluate the experience the admission committee members have had with the components of the admission process, as well as their experience with the authenticity of the admission process. I identified four themes when I analyzed the data. The first theme demonstrated that admission committee members place importance on noncognitive components of the admission process. The second theme recognized that the admission process of physician assistant programs is an evolving process that is consistently reviewed and revised. The third theme identified that some physician assistant programs have made changes to the admission process due to concerns of inauthenticity of admission materials. The fourth theme presented implementation of an on-campus writing sample in order to compare the quality of the writing of the on-campus writing sample to that of the admission essay.

Keywords: admission, inauthenticity, authenticity, physician assistant

Dedication

This dissertation is dedicated to my family. The unwavering support of my husband and our three children is a true blessing. I am thankful for their patience and support. I look forward to having more free time to spend together now that I have completed my dissertation!

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Whatever you have learned or received or heard from me, or seen in me—put it into practice. And the God of peace will be with you. Philippians 4:9

I am appreciative of the support I have received from family and friends over the past few years during my doctoral studies journey. I thank God for providing me with this incredible opportunity! His love for me has provided me with the stamina needed to successfully complete my doctoral studies. I thank my husband, Dave, for his love and support. I am blessed to have a partner who demonstrates sacrificial love. I thank our three children, Isabel, Li, and Adam, for being my cheerleaders! I enjoyed all of the nights we spent working on our homework together! I thank my parents for their love and support, and for building the foundation of my desire to be a life-long learner. I thank my brother, sister, and brother-in-law for their love and support. I enjoyed sharing my journey with them. I thank my Concordia University family, including my amazing students, for their encouragement. My vocation of being the program director of Concordia University Wisconsin's physician assistant program is an incredible blessing and privilege. I thank my friends for their belief in me. I thank my friend and colleague, Sandra Gardner, for her compassionate encouragement. I enjoyed sharing our doctoral journey together! Thank you to my dissertation chair, Dr. Chad Becker, and to my dissertation committee members, Dr. Kallen Dace, and Dr. Joshua Johnson. I appreciate your guidance through my doctoral journey. Finally, I am thankful that I believed in myself, and that I have achieved one of my personal goals. I pray God continues to bless me with research opportunities that inspire me to remain curious, and to seek innovative ways to educate the next generation of physician assistant students.

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Chapter 1: Introduction

Introduction to the Problem

The admission essay is an essential component of the admission process for graduate programs (White, Brownell, Lemay, & Lockyer, 2012). For applicants to medical programs, the admission essay allows the applicant to portray their suitability for the medical field and provides admission committee members with a screening tool to select applicants to be invited for an interview (Wright, 2015). In physician assistant program admissions, specifically, committee members utilize the essay as one component of the admission selection process.

Applicants are aware of the significance of the admission essay and strive to write an essay that stands out among those submitted by the other applicants. Applicants who do not have strong writing skills may use an editing service as they write their admission essay. Some professional editing services truly edit the original work of the applicant; through this process, an applicant can improve elements of the essay while the content remains authentic. However, some “editing” services market pre-written admission essays for review or purchase to graduate school applicants (Papadakis & Wofsy, 2010). Applicants who use these services submit essays that they did not write, and that may include falsified information.

Applicants may also write their own essay, but embellish their past experiences and qualifications for the program. Embellishment and plagiarism of the admission essay skew the ability of the essay portion of the admissions process to reflect the intended information (Kumwenda, Dowell, & Husbands, 2013). In this study, I explore the experiences of physician assistant program admission committee members (also referred to as “committee members”) with the admission process, and with inauthenticity of the admission essay. I research the lived-

experiences admission committee members have with the admission essay, as well as with the other components of the admission process.

Background, Context, History, and Conceptual Framework for the Problem

Health profession graduate training programs typically have four specific phases: screening, scoping, selection, and evaluation (Zimmermann, von Davier, & Heinemann, 2017). The typical admission process for physician assistant programs contains the following components, which fit into these four general categories: successful completion of required admission components, completion of the on-line Central Application Service for Physician Assistants (CASPA), selection for admission interview, face-to-face interview process, final selection of interviewed applicants. The committee members review the applications in CASPA, and select candidates for the interview process. After the interview process, the committee members determine which applicants will be offered a spot in the physician assistant program. The selection process takes into consideration the applicants' ability to be successful in the physician assistant program and as a health care provider. The admission committee members use the components of the admission process to attempt to determine how well each applicant will perform and succeed in the program (Zimmermann et al., 2017).

The information that I gather through my research has the potential to assist committee members by presenting research findings pertaining to the lived experiences of committee members with inauthenticity of the admission essay. Admission committee members may find the lived experiences of their colleagues useful when evaluating their own admission processes.

Conceptual framework for the problem. My conceptual framework is founded on three previously researched concepts related to the admission process that pertain to my research. The three concepts are authenticity, fairness in the admission process, and the competitive nature of

the admission process. Admission committee members expect applicants to submit application materials that are authentic in both the workmanship of the applicant, and in content. The admission essay is expected to be original work that is created by the applicant, and the content of the admission essay is expected to accurately reflect the beliefs and experiences of the applicant.

There are three main types of fairness that contribute to the conceptual framework: procedural, normative, and merit-based. The competitive nature of the admission process creates an environment in which authenticity and fairness are imperative in order to appropriately evaluate applicants. In the review of the literature in Chapter 2, I discuss each of these concepts, present the previous research pertaining to each concept, and connect the importance of each concept to my research study.

Statement of the Problem

Inauthenticity of the admission essay occurs when students plagiarize content of the essay (Kumwenda et al., 2013). This type of plagiarism may occur in a variety of ways, such as prewritten personal essays, essays written by someone other than the applicant, essay coaching, and plagiarism from previously written personal statements (Forister, Jones, & Liang, 2011).

Purpose of the Study

The purpose of this study is to explore the lived experiences of committee members with inauthentic admission essays, and to provide knowledge to the discipline of physician assistant studies regarding inauthenticity of the admission essay. I designed this study to learn about the research participants' lived experiences with the admission essay. For this study, I use phenomenology methodology to evaluate the lived experiences committee members have had

with inauthenticity of the admission essay, as well as their experience with the admission process.

Research Questions

I address the following research questions:

- What experiences have physician assistant program admission committee members had with inauthenticity in the application materials?
- What have physician assistant program admission committee members experienced pertaining to changes to the admission process due to the concern of inauthenticity in the application materials?

Rationale, Relevance, and Significance of the Study

Inauthenticity of the admission essay is a concern in many health-profession training programs. Wright's (2015) review of 800 essays written for admission to medical school in the United Kingdom demonstrated that over one-quarter of the essays contained a story about the applicant's interest in medicine originating from a childhood injury from their pajamas catching fire (Wright, 2015). Forister et al. (2011) presented the problem of academic dishonesty, particularly plagiarism, in some essays of applicants here in the United States. The lack of authenticity of the essay is not a problem that is unique to medical schools and physician assistant programs, and any graduate health care program that uses such an essay can benefit from information regarding plagiarism. White et al. (2012) discussed the essay frustrations within the medical school community and found that students are perplexed about to include. Kumwenda et al. (2013) researched the embellishment on essays that accompany applications to medicine and dentistry and determined that the potential for plagiarism, or for a lack of authenticity, exists in the essay. Kumwenda et al. (2013) found that in health profession

admission processes “the existing selection process is open to abuse and may benefit dishonest applicants” (p. 599). In addition, there is a problem with the academic integrity of the essay submitted by graduate health profession students. Kumwenda et al. (2013) researched the embellishment on essays that accompany applications to medicine and dentistry. They determined that there is the potential for academic dishonesty, or for a lack of authenticity, on the essay.

Definition of Terms

For the purpose of this study I use the following definitions.

Physician assistants: Physician assistants are “medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient’s principal healthcare provider” (American Academy of Physician Assistants, 2018).

Authenticity: The term *authenticity* can be defined in a variety of ways (Wald & Harland, 2017). Per Thompson (2015), authenticity is content that original. Wald and Harland (2017) stated that authenticity refers to being “real, genuine, true, original, factual, accurate, valid” (p. 752).

Admission essay: The admission essay is a document written by an applicant that presents unique qualities of the applicant and explains why the applicant is a good fit for a specific health care training program and health care profession. Some physician assistant program admission committees ask applicants to answer a specific question, or series of questions, in the admission essay. Throughout this study, I use this definition synonymously with the terms *essay*, *personal statement*, and *personal statement essay*.

Grade point average: The cumulative grade point average (GPA) may be broken down into a GPA of only science courses, and a GPA including only the prerequisite courses. Different

health profession programs focus on the grades of specific science courses during the admission process. For example, many physical therapy programs focus on the applicants' performance in chemistry, physics, and anatomy (Ruscingo, Zipp, & Olson, 2010).

Transcripts: Transcripts refer to the record of all previously taken courses at the college or university level. Transcripts denote if the applicant obtained any advance placement credit for college courses while in high school. Transcripts typically provide letter grades with a corresponding GPA, however, some academic institutions use a Pass/Fail grading system which does not correspond to a specific GPA.

Pre-entrance testing scores: Pre-entrance testing scores refer to standardized tests, such as the Graduate Record Exam (GRE), and psychometric exams, such as CASPer. The GRE is a standardized aptitude test that evaluated three areas of knowledge: verbal reasoning, quantitative reasoning, and analytical writing (Educational Testing Service, 2018). CASPer is an on-line evaluation that applicants take in order to assess specific professionalism and ethical abilities (Altus Assessments, n.d.). The use of CASPer provides the admission committee members with an insight into traits that difficult to assess during the traditional admission process (Altus Assessments, n.d.). Some applicants have taken the Medical College Admission Test, MCAT, though the MCAT is not a pre-entrance test for physician assistant programs. There is not currently a validated pre-physician assistant program admission test, though there are pilot studies occurring that are trialing a pre-physician assistant program admission test.

Work experience: Work experience is paid experience in the workplace. The majority of physician assistant programs require a specific number of hands-on health care experience as a requirement of admission (PAEA, 2018). Each program's admission committee determines the number of required health care experience. Work experience in the health care setting provides

the applicant with a first-hand experience of how various health care disciplines function as a member of the health care team.

Research experience: Research experience is paid or unpaid experience participating in conducting research. Some applicants have research experience at the undergraduate or graduate level. Research experience is not a common admission requirement for physician assistant programs.

Job shadowing: Job shadowing is unpaid experience during which a prospective applicant watches the job tasks of a practicing physician assistant in the actual work environment. Not all physician assistant program admission committees require job shadowing as an admission requirement.

Letters of recommendation: Letters of recommendation are documents written by individuals who are either supporting or not supporting a potential applicant for admission into a health care training program. Each physician assistant admission committee determines the number of letters of recommendation that are required as part of the admission process. The admission committee members also determine the type of individuals by whom the letters should be written, such as a supervisor, a health care provider or a professor.

Volunteer experience: Volunteer experience is unpaid experience during which the potential applicant is providing some type of service or assistance to another individual or group. The volunteer experiences may take place in a variety of settings, such as a health care facility or a community setting.

Extra-curricular experiences: Extra-curricular experiences are un-graded activities in which the applicant participates that occur outside of formal school involvement. Participation in sports and clubs are examples of extra-curricular experiences.

Assumptions, Delimitations, and Limitations

There are assumptions, delimitations, and limitations to all research. I provide an overview of each category in this introduction, and I discuss each category in greater detail in Chapter 3.

Assumptions. One assumption of qualitative research is that it is used by researchers to focus on the meaning of experiences, rather than on specific outcomes (Atieno, 2009). The data and information gathered during this study will be transferable to other health care profession admission committees, but will not be generalizable to other health care profession admission committees. Another assumption of qualitative research is that it is inductive, and the researcher determines themes from the data. Since the researcher is responsible for determining the themes from the data, it is important that the researcher correctly interprets the data by limiting any biases or presuppositions the researcher may have pertaining to the research topic.

Pertaining to my study, I assume that phenomenology is an acceptable research method to effectively address my research questions. Phenomenology involves researching lived-experiences with a specific phenomenon. The research participants must have experienced the phenomenon in order to provide pertinent data. I assume that I selected research participants who have all experienced the phenomenon of the physician assistant program admission process. Finally, I assume that the participants' responses were useful in analyzing the data to identify themes that truly represented the phenomenon. In order to receive robust data, the participants must share rich descriptions of their experience with the phenomenon.

Delimitations. The parameters that I set for my study were the delimitations of the study. I chose to conduct a qualitative study, specifically to conduct a phenomenological study. This choice influenced the selection of participants, target sample size, design and data collection of

my study. I used purposive sampling to select the research participants, and this method of participant selection was also a delimitation of the study. The number of participants that I selected via the purposive sampling was another delimitation of the study. The data collection design of video-conferencing interviews, and the questions I selected for my interview protocol were other delimitations of the study.

Limitations. The method of data collection and the manner in which data is interpreted and analyzed presents limitations. During data collection, I audio recorded interviews so I could transcribe the content verbatim. With regard to limitations associated with the data collection, I made a conscious effort not to have bias in my interview questions or my discussion with the participants (Rubin & Rubin, 2005). During the interview process, I attempted to follow the interview protocol, and I redirected the participants as needed throughout the interviews to avoid off-topic responses (Jamshed, 2014). Another limitation is that the participants have each had varied experience with the phenomenon, and their responses limited the quality and amount of data collected during the interviews.

There were also limitations associated with the literature review. There is little literature focused on the inauthenticity of the admission essay for physician assistant programs. Therefore, I had to expand my literature review and I researched the inauthenticity of other health care training programs' admission essays. In addition, some of the literature is more than 10 years old, but I included it in my literature review given the lack of material pertaining to my research questions.

The interpretation of the data also presents limitations. Researchers must be careful to appropriately transcribe, reduce, bracket, and code the data to avoid imparting personal judgment on the study (Hycner, 1985). When I reduced the information collected in each interview, I used

caution when interpreting the meaning of the participants' comments to correctly code the information (Cerbone, 2014). Member checking allowed participants to correct any misinterpretations I made of the data.

Summary

Admission committees use specific processes to select students who are admitted into health care training programs. There is a problem regarding inauthenticity of the admission essay. Kumwenda et al. (2013) and other researchers presented research outcomes that identified the inauthenticity of the essays submitted by applicants to health profession training programs. My research findings presented lived experiences of committee members with the admission essay and the admission process of various physician assistant programs. My study also explores the various cognitive and noncognitive components of the admission process. Lived experiences of admission committee members with the phenomenon of the admission process are presented, and the data and themes identified during the study are presented and connected to policy, practice, and theory.

This dissertation is divided into five chapters. The Chapter 1 is the introduction of the research topic, and presents the assumptions, delimitations and limitations of the study. Chapter 2 is the literature review, which contains the conceptual framework of the study, in addition to the review of recent literature. Chapter 3 contains a discussion of the methodology and presents ethical considerations of the study. In Chapter 4, I present the results of my research, including the themes that I identified after analyzing the data. In Chapter 5, I summarize the findings of the study, relate the results to the literature, and identify areas for future research.

Chapter 2: Literature Review

Introduction to the Literature Review

The admission process for healthcare professions, including physician assistant programs, is a complex endeavor with the overall goal of identifying and selecting applicants who are likely to succeed in the didactic and clinical portions of the training program, as well as succeed as health care providers (Jones & Forister, 2011). Admission committee members choose which of the numerous components of the admission process their program requires. The admission process for physician assistant programs contains many of the same elements as the admission process for other healthcare training programs. In this chapter, I identify and define common components of the admission process and discuss research pertaining to the admission process of physician assistant programs, as well as the admission process of other professional, graduate-level health care training programs.

Opening. Zimmermann et al. (2017) explained that typical graduate admission processes have specific phases: screening, scoping, selection, and evaluation. The typical admission process for physician assistant programs contains the following components: successful completion of required admission components, completion of the online CASPA, selection for admission interview, face-to-face interview process, and final selection of interviewed applicants. In this review of the literature, I will discuss these components of the admission process in detail.

Study topic. The topic of this study is the admission process of physician assistant programs. Many components of this process involve quantitative data pertaining to each applicant, such as GPA and standardized test scores. Other components, such as the admission essay, provide qualitative data. Bekin et al. as cited in Lopes, Delellis, DeGroat, and Jacob

(2014) stated that the personal statement admission essay highlights specific attributes of the applicants that are not represented in the other components of the admission process. Reviewing the quantitative and qualitative information pertaining to each applicant provides a well-rounded overview of each applicant.

Context. The admission essay provides the applicant with a “chance to demonstrate their suitability for the medical course through describing their experiences and achievements” (Wright, 2015, p. 628). The admission committee members use the admission essay as a means of determining which applicants to interview from a large pool; however, it is challenging to determine whether the applicants actually wrote their own authentic, admission essay (Wright, 2015). There are three main ways in which admission essays can be inauthentic: they can be purchased online from black market websites (Siu & Reiter, 2009), portions of example essays can be copied from a website and inserted into the applicant’s essay (Papadakis & Wofsy, 2010), and they can be heavily edited by an editor to the extent that the applicant’s original content is misrepresented (Papadakis & Wofsy, 2010). The use of an editing service does not necessarily result in an inauthentic admission essay; however, many legitimate editing services provide examples of personal statements for applicants to review, and some applicants copy material from the example essays and incorporate the plagiarized material into their own essay (Arbelaez & Ganguli, 2011). For instance, Physician Assistant Life (2018), a website that offers online services for physician assistant program admission essays offers “31 PA school application essays and personal statements pulled from our FREE personal statement and essay collaborative comments section” (para. 2). Although the intent of the Physician Assistant Life organization may not be to sell pre-written admission essays to applicants, their website does allow applicants to access such essays, which may lead to plagiarism.

Significance. Historically, the admission essay has been a significant component of the admission process into graduate school, and it is often used to determine which applicants are invited to interview (White et al., 2012). The admission committee members who review applications use the admission essay, also referred to as the personal statement, for a variety of reasons. According to White et al. (2012), the personal statement admission essay allows the admissions committee to assess an applicant's writing ability; competent writing skills are essential in healthcare education and medical practice. The personal statement also portrays the applicant's motivation for applying to a specific program (Cole, 2007). It is important that the personal statement appropriately represent the meaning and intention of the applicant. When the applicant writes the personal statement with only minor edits made by another person, the applicant's ideas and abilities are likely represented well (Cole, 2007). However, if the personal statement is heavily revised, or if the statement is written by a person other than the applicant, the author's ideas and abilities are no longer decipherable, and the essay no longer represents the applicant's ideas (Papadakis & Wofsy, 2010).

As technology has evolved, plagiarism via online resources has increased. Papadakis and Wofsy (2010) expressed concern over the integrity of the personal statement, stating that the samples of personal statements found on the Internet or written by a hired individual jeopardize the value of the personal statement in the admission process. In fact, Papadakis and Wofsy (2010) suggested that programs remove the personal statement from the application process and instead institute admissions components that allow for direct observation of the applicant while responding.

Problem statement. There is a proven lack of authenticity in physician assistant training programs admission essays. Kumwenda et al. (2013) determined that there is academic

dishonesty, including plagiarism and inauthenticity, in the personal statement essay component of healthcare admission processes. Arbelaez and Ganguli (2011) also stated that it is difficult to determine an applicant's actual contribution to a personal statement essay. This type of plagiarism may occur in a variety of ways, such as prewritten personal essays, essays written by someone other than the applicant, essay coaching, and plagiarism from previously written personal statements (Forister et al., 2011). For the purpose of this study, I define *authenticity* as work that is "first-hand authority or original" (Thompson, 2015, p. 604). An applicant misrepresents himself or herself when they submit an inauthentic personal statement. This is, of course, a breach of ethics and trust, compromising the admissions process and swindling those reviewing applications. However, research shows that submitting inauthentic personal statements harms the applicant as well. Thompson's (2015) research on authenticity in education focuses on how the genuineness and realness that come from being true to oneself can provide students with a sense of self-identity and self-understanding. On the other hand, when a student's work is not authentic, the student may feel incomplete and may not realize what they can accomplish (Thompson, 2015). I discuss the concept of authenticity in further detail in the conceptual framework section of this chapter.

Organization. In this review of the literature I will discuss the components of the admission process for physician assistant programs and for other graduate health profession training programs and will describe where the personal statement essay fits into this process, as well as, the use of personal statement essays in the admission process of other health care disciplines. I will then discuss the problem of the lack of authenticity of the admission essay, and the reasons why applicants may choose to plagiarize their admission essay.

Conceptual Framework

My review of the literature identified numerous components of the admission process, three of which pertain to my research and which I will discuss in more detail below: authenticity, fairness in the admission process, and the competitive nature of the admission process.

Authenticity. The term *authenticity* can be defined in a variety of ways (Wald & Harland, 2017). Thompson (2015) defined authenticity as content that is “first hand authority or original” (p. 604). Using Thompson’s definition, an authentic admissions application would be one that contains an essay that was written by the applicant and contains content that is original to the applicant. Wald and Harland (2017) stated that authenticity refers to being “real, genuine, true, original, factual, accurate, valid” (p. 752). Using this definition, an authentic essay is one that contains information and experiences that are true and original to the applicant. Fabricated or plagiarized applications would not be considered authentic under either Thompson’s or Wald and Harland’s definitions. Kreber and Klampfleitner (2013) argued that authenticity is a process by which people take responsibility for their actions. When an applicant submits an authentic admission essay, the applicant takes responsibility for the content of the essay. Combining the definitions, for the purpose of this study, combined these three definitions, defining an authentic admission essay as one that is written by the applicant and contains original and accurate information.

Thompson, Bagby, Sulak, Sheets, and Trepinski (2017) advanced two definitions of plagiarism. The first involves using someone else’s work and not appropriately giving that individual credit—this is unintentional plagiarism that results from improper citation. The other type of plagiarism is intentional, when an author deliberately attempts to pass off someone else’s

work as their own. In other words, some applicants understand the meaning of plagiarism, while others may not fully understand the various forms or consequences (Thompson et al., 2017).

Arbelaez and Ganguli (2011) discussed the concern over plagiarism and academic dishonesty in applications for medical residency programs. They conducted a survey of family medicine residency applicants and found that personal statements contained misrepresentations and omissions of applicants' qualifications (Arbelaez & Ganguli, 2011). The plagiarism that occurs in the personalized patient essay is concerning, and it can create an unfair evaluation and comparison with other applicants (Arbelaez & Ganguli, 2011) Powers, Navathe, and Jain (2014), meanwhile, addressed the problem of medical education's authenticity; the authors stress the importance of cultivating a culture of authenticity in health care professionals. They stated, "In a profession built on empathy and compassion, why we do what we do, and who we are, are often just as important as what we do" (Powers et al., 2014, p. 348). Plagiarism is one means of avoiding authenticity.

While plagiarism is a major concern in academic health care programs, research shows it is challenging both to detect and to prevent. Doss et al. (2016) examined the impacts of plagiarism on academic and professional settings, stating, "despite the best efforts of individuals and organizations to dissuade plagiarism, no guarantee exists that any setting will be unaffected by plagiaristic incidents"(p. 542). Institutions of higher education have tried to educate students on what qualifies as plagiarism and what is considered one's authentic work (Tran, 2012). Dalal (2016) researched ways to minimize plagiarism in higher education; one method of approaching the issue is the use of student reflection. Dalal (2016) based this approach on Mezirow's transformative learning theory, which suggests that people can change their core beliefs by contemplating the personal assumptions that led to forming those beliefs. The hope is that a

student reflects on their assumption that using someone else's work is acceptable and changes their fundamental belief regarding plagiarism (Dalal, 2016). Furthermore, this approach emphasizes the student's responsibility in changing their assumptions and beliefs to create meaningful changes of heart (Dalal, 2016).

Fairness. Like *authenticity*, *fairness* is a term with several definitions in the literature. Pitman (2016) presented three categories of fairness that pertain to the admission process: merit-based fairness, procedural fairness, and normative fairness. Fairness that is merit-based is perhaps what we might think of first when we think about "fair" admissions processes, referring to an applicant's "talent, skill, intelligence, ability and effort" (Pitman, 2016, p. 1205). Physician assistant education admission processes focus on various aspects of merit-based fairness, including comparing applicants' GPAs, work experience, and other academic and nonacademic components of the admission process.

However, Pitman (2016) described procedural and normative fairness as equally important elements of a fair selection process. Procedural fairness has to do with the design of the process itself. A procedurally fair selection process "is transparent and applied both systemically and systematically" (Pitman, 2016, p. 1207). In physician assistant education, the accrediting organization requires that admission criteria are clearly available and transparent to all applicants, and that all qualified applicants are given equal consideration (Accreditation Review Commission on Education for the Physician Assistant [ARC-PA], 2017). A fair admission process implements uniform conditions for each candidate and strives to be reliable and valid (Panczyk et al., 2017). One of the accreditation standards for physician assistant programs is that each program must publish the admission requirements, academic standards, technical standards, admission processes that favor specific applicants, and any policies that

grant applicants advanced placement in the program (ARC-PA, 2017). This information is typically posted on the program's website and included in program brochures. Some institutions give preference for interviews and for admission to applicants who completed their undergraduate degree at the same institution, and the accreditation standard provides transparency for all applicants to be aware of the policy.

If procedural fairness has to do with the process itself, normative fairness has to do with how quality candidates are defined in the first place. Normative fairness is an inclusive approach to the selection process that focuses on selecting the “right students, as opposed to the best students” (Pitman, 2016, p. 1208). The normative fairness approach pertains to the physician assistant admission process in that well-rounded applicants that possess strong academic and nonacademic attributes will be considered for selection to the program.

Brijmohan (2016) reinforced that the admission processes must be “fair, transparent, and equitable to all populations who apply” (p. 11). Despite the attempt at fairness, the higher education admission processes can be biased (Zimmermann et al., 2017). Handel (2017) acknowledged that there is not a great tool within the selection process to evaluate all aspects of the applicants because people are complex and selection tools are unable to completely account for all attributes of all applicants. In order to select students in an unbiased fashion, admission committee members benefit from following a specific pre-determined review process of each applicant (Zimmermann et al., 2017). Using a specific, uniform admission process with set criteria for reviewing applicants helps committee members focus on the objective components of the admission process rather than depending on their intuition (Zimmermann et al., 2017). The use of a specific admission process ensures quality within that program and ensures that equally well-prepared applicants are evaluated against the same criteria in order to provide equal

treatment to all applicants (Zimmermann et al., 2017). Fairness in the selection process provides a fair chance of selection for each applicant, provided they meet the admission requirements (Kelly et al., 2014).

Competitive nature of the admission process. The final concept that provides insight into the problem of lack of authenticity in the admission essay is the concept of competition among applicants. Applicants to physician assistant programs compete against their peers' academic and nonacademic strengths and weaknesses, as well as the limiting factor of more applicants applying to physician assistant programs than there are available spots. The average class size of physician assistant programs is 47 students (Physician Assistant Education Association [PAEA], 2018), and the majority of physician assistant programs receive 501-1000 applicants annually (Lopes, Badur, & Weis, 2016). Many physician assistant programs post on their website the number of applications received for an incoming class, as well as the class size of admitted students. For example, for the Class of 2020, the Yale Physician Assistant Program received 1,105 applications, resulting in 155 interviews and a class of 40 students (Yale School of Medicine, 2018).

It is common for physician assistant programs to discuss the competitive nature of the admission process on their website. Many programs, such as Duke University (2018) and Carroll University (2018), state on their physician assistant program website that the admission process is highly competitive. The competitive nature of the admission process can cause applicants to feel uncertain regarding expectations for the admission essay, which may make them feel concerned that they will not write an essay that stands out among those of the other applicants (Ding, 2007). Muller (2013) described the competitive nature of the admission preparation for medical education as “a culture of aggressive competition,” arguing that competition for

admission into graduate level medical education begins as early as undergraduate education and continues as applicants prepare to submit their graduate admission application (p. 1568).

Brewster, Rees, Leech, and Thompson (2018) also discussed competition among students preparing for the admission application process, arguing that competition creates an environment that “threatens professional identity and connectedness” (p. 314). If students feel their identity is threatened by being outperformed by other students, they may be more likely to “pad” or fabricate part of that identity by falsifying an admissions essay.

Review of the Literature and Methodological Literature

Physician assistant programs and other health profession training programs each have specific academic and nonacademic components of the admission process; each of these presents specific, useful information (Witzburg & Sondheimer, 2013). In the literature, some researchers referred to the academic attributes as *cognitive traits*, and the nonacademic attributes as *noncognitive traits*. Both types of attributes are important indicators of success in medical education programs and for success as a medical professional (Witzburg & Sondheimer, 2013). However, while academic attributes are reliable predictors of academic performance, they are not reliable predictors of clinical performance (Harris & Owen, 2007). Each program determines which academic and nonacademic attributes to assess during the admission process; these components should reflect the mission of the program and of the institution and should be the same for all applicants in order to conduct a fair comparison (Witzburg & Sondheimer, 2013).

Academic and nonacademic components of the admission process. The following are common academic components of the admission process: overall GPA and combined Graduate Record Examination (GRE) scores (McDaniel, Thrasher, & Hiatt, 2013). These components contain numerical data that is compared among applicants. Letters of recommendation, health

care experience, and personal statement essays are nonacademic components of the admission process that provide qualitative data (Hall, O'Connell, & Cook, 2017). The creation of scoring rubrics is useful to convert the qualitative data to numerical data that is compared among applicants.

Academic components of the admission process. Regardless of the methods used during the admission process, the criteria for admission and selection need to be “fair, transparent, evidence-based, and legally defensible” (Benbassat & Baomal, 2007, p. 509). The academic components tend to be highly reliable, while the nonacademic components of the admission process can have varying reliability because they are more challenging to evaluate and compare among applicants (Benbassat & Baomal, 2007). Multiple interviewers with similar scores on nonacademic components indicate a reliable and valid evaluation (Benbassat & Baomal, 2007).

Traditionally, the admission process has relied on academic factors. Academic achievement, assessed via GPA, and standardized test score are two common, traditional components of eligibility for admission into a medical program (Katz & Vinker, 2014). Elam, Seaver, Berres, and Brandt (2002) have explained that standardized tests are frequently a mandatory means of evaluating prospective students' academic potential.

However, Katz and Vinker (2014) have challenged the practice of using only academic data in the admission selection process of medical students, arguing that high scores on academic components do not always correlate to success as a physician (Katz & Vinker, 2014). Future medical providers must also possess medical knowledge and demonstrate professionalism and effective communication skills (Katz & Vinker, 2014), which are not assessed by academic components. For this reason, nonacademic components are becoming increasingly valued for their ability to reflect an applicant's ability to be a well-rounded provider (Katz & Vinker, 2014).

Nonacademic components of the admission process. Eley, Leung, Hong, Cloninger, and Cloninger (2016) discussed the importance of screening for nonacademic skills, differentiating further between inter-personal and intra-personal skills. Inter-personal skills include empathy, cooperation, and ethical practice, while intra-personal skills include resourcefulness, purposefulness, and demonstrating responsibility (Eley et al., 2016). Eley et al. argued that because medical providers interact with patients of diverse backgrounds, they must possess skills to effectively communicate regarding sensitive topics with all their patients. Specific nonacademic attributes evaluated by various components of the admission screening process include effective communication skills, demonstration of compassion, the ability to work well with colleagues in team settings, and professionalism (Katz & Vinker, 2014), and they are essential to providing the patient with the best possible care.

Nonacademic evaluations provide insight into an applicant's personality, attitude, and quasi-cognitive traits, including emotional stability, conscientiousness, motivation, emotional intelligence, and metacognition (Megginson, 2009). Kerrigan et al. (2016) identified four main nonacademic competencies that are essential attributes of successful physicians and that, therefore, applicants should demonstrate during the admission selection process: "Co-curricular activities and relevant experiences, communication skills, personal and professional development, [and] knowledge" (p. 2). Kerrigan et al. went so far as to say that the Medical College Admission Test (MCAT) is less important as a selection tool for medical school admission these four main competencies. McDaniel et al. (2013) conducted a survey involving 94 physician assistant programs in order to identify and rank the most valued nonacademic components of the admission process. The survey evaluated 26 nonacademic factors identified by the researchers' literature review (McDaniel et al., 2013). McDaniel et al. and found that the

five most influential factors are interactions with the staff and faculty, career motivation, knowledge of the physician assistant profession, maturity, and professionalism (McDaniel et al., 2013).

Though these traits have been identified as valuable to those in the medical profession, researchers are still developing the best ways to measure such nonacademic competencies. While the interview process can identify personality traits and other nonacademic skills such as ethical reasoning, communication skills, professionalism, and interpersonal skills (Urlings-Strop, Stegers-Jager, Stijnene, & Themmen, 2013), and psychological tests are occasionally used in the admission selection process in an effort to predict which applicants will be successful in medical school and successful in the practice of medicine (Urlings-Strop et al., 2013), there are limitations to the use of psychological tests, primarily because the predictive validity correlations are often not statistically significant (Urlings-Strop et al., 2013). Megginson (2009) argued that there is a “paucity of relevant and psychometrically valid tools available to graduate admission committees” (p. 260). Megginson also pointed to a lack of longitudinal studies that correlate an applicant’s psychometric evaluation to success in a specific professional program or to success as a medical professional (Megginson, 2009). Further research correlating psychometric evaluations, such as CASPer, with success in graduate programs and in practice could assist in determining an appropriate use of psychometric evaluations in medical education.

Discipline specific admission criteria. Every health profession program has its own set of competencies that are essential components of the admission process. The accrediting organization of physician-assistant programs requires that admission criteria are clearly available and transparent to all applicants, and that all qualified applicants are given equal consideration for selection for admission (ARC-PA, 2017). Patterson et al. (2016) reviewed nearly 200 articles

focused on selection criteria and determined that academic records, multiple mini-interviews, aptitude tests, and situational judgment tests were all useful selection tools in medical education.

Tejada, Parmar, Purnell, and Lang (2016) explained that pharmacy admission committees typically focus on the pharmacy college admission test (PCAT), GPA, interviews, previous pharmacy experience, and grades in biochemistry. Although GPA is included in the admission decision-making process, research has shown that it is not a useful predictor of success in the didactic portion of pharmacy school (Kiersma, Plake, & Mason, 2011). The pharmacy admission process also includes observation scores as nonacademic admission criteria in order to obtain a well-rounded assessment of each applicant (Tejada et al., 2016). Involvement in leadership and involvement in service roles are two nonacademic components assessed by many pharmacy school admission committees (Kiersma et al., 2011).

The admission process for occupational therapy also includes a variety of components, including nonacademic components such as the MMI (Grice, 2014), for which questions are created to evaluate the applicant's ability in the following nonacademic areas: "integrity, empathy, ethical judgment, and professionalism" (Grice, 2014, p. 57). The interview questions presented to the applicants in MMI sessions focus on scenarios that cannot be rehearsed or pre-researched (Grice, 2014).

Traditional admission processes tend to focus on academic components (Megginson, 2009); nonacademic components are often not given equal weight by admission committees (Megginson, 2009). Megginson (2011) showed that doctoral nursing admissions criteria included standardized test scores, transcripts, and work experience. Vongvanith, Huntington, and Nkansah (2012) noted that pharmacy admission committees typically evaluate applicants on quantitative standardized admission tests, including a unique pharmacy admission test. Applicants'

qualitative characteristics, such as personal attributes and life experiences, are also evaluated (Vongvanith et al., 2012).

Unni et al. (2011) stated that the main admission criteria for pharmacy school are “pre-pharmacy math/science GPA, overall GPA, attainment of a 4-year Bachelor’s degree, and the Pharmacy College Admission Test” (p. 192). In addition to the academic criteria, Unni et al. (2011) discussed an interview process for pharmacy school applicants that uses an average score from three interviewers instead of one score from one interviewer. Along with the academic factors and admission interview, pharmacy school applicants are evaluated on personal experiences and unique personal qualities (Vongvanith et al., 2012). Witzburg and Sondheimer (2013) added the essay, letters of reference, and the interview as components of the medical education admissions criteria, which allow applicants’ specific experiences and attributes to be discussed. Elam et al. (2002) explained that admission committees use letters of recommendation to learn about applicants’ academic and nonacademic abilities. Letters of recommendation are typically written by people who are familiar with the applicant’s academic and personal attributes and often state how the applicant demonstrates qualities that are desirable in a health care provider.

Nuciforo, Litvinsky, and Rheault (2014) used letters of recommendation in the physical therapy admission process to rate each applicant on their potential ability to be a successful health care professional. Each letter of recommendation was rated on 11 characteristics, and the rating system provided a fair way to compare the letters of each applicant (Nuciforo et al., 2014) provided there is reliability among evaluators. Similarly, Grapczynski and Beasley (2013) expressed support for the use of nonacademic attributes, such as letters of reference, as important components of the occupational therapy programs’ admission process. The authors stress the

importance of assessing applicants' character and professionalism (Grapczynski & Beasley, 2013).

Interview process. The interview process provides applicants with the opportunity to demonstrate their unique personal attributes, such as professionalism and character. The interview process allows the interviewers to assess a variety of attributes that are essential for healthcare students to demonstrate, such as communication skills and interpersonal skills. Applicants are asked specific interview questions, either in an individual interview, or in a group interview. Kelsch and Friesner (2012) wrote extensively about pharmacy school admission interviews; they recommend a structured process in which each prospective student receives the same interview questions and in which at least two interviewers evaluate each applicant. The applicant's responses to the interview questions should then be scored using a standardized system, which provides reliability and validity to the process (Kelsch & Friesner, 2014).

Tutton (1997) also discussed the reliability of interview scores that are determined by multiple interviewers, explaining that if the interviewers score the prospective students based on their own subjective criteria, the resulting scores are not reliable. The use of a standardized scoring system increases the likelihood that multiple interviewers score an applicant using the same criteria. Mercer and Puddey (2011) supported the use of a highly structured interview and also recommended an ongoing evaluation in order to ensure a fair process. One form of ongoing analysis is to evaluate the consistency in scoring of various evaluators to ensure reliability (Mercer & Puddey, 2011).

Multiple mini-interviews. Some programs choose to conduct a series of mini-interviews with candidates, rather than one single interview. The use of the multiple mini-interviews (MMIs) provides numerous opportunities for students to demonstrate their competencies, or lack

thereof (Grice, 2014). MMIs assess nonacademic attributes of the candidates and are often one of the final components of the admission process (Harris & Owen, 2007). The typical MMI session consists of numerous interviewing stations at which each applicant spends a few minutes completing a task. A different interviewer assesses the candidate at each interview station, allowing for multiple evaluations of each applicant (Harris & Owen, 2007). Each station has a specific objective that the applicant addresses in various forms, from written to oral responses (Harris & Owen, 2007). Grice (2014) studied MMIs used to evaluate potential occupational therapy students, concluding that this model of interviewing is fairer and more objective than the traditional interview process and introduces less bias in the process because multiple evaluators assess each student (Grice, 2014).

Kumar, Roberts, Rothnie, du Fresne, and Walton (2009) evaluated the experiences of applicants and interviewers who engaged in MMIs and found that both applicants and interviewers had favorable experiences with the format. The applicants appreciated having numerous opportunities to demonstrate their positive attributes and felt less stressed in the high-stakes interview portion of the admission process because they had opportunities to start fresh in the next interview if they perceived they had not done well in the previous one (Kumar et al., 2009). The interviewers, meanwhile, appreciated having various chances to review the candidates as they determined which were best suited for admission (Kumar et al., 2009). The interviewers also felt that they gained a better understanding of the applicants' decision-making ability (Kumar et al., 2009).

Jones and Forister (2011) researched the use of MMIs in physician assistant program admissions and found the process to be a more reliable tool for detecting concerns with the professionalism of a candidate compared to the standard interview. These findings could benefit

numerous health professions as admission committees determine the best ways to obtain the information they need.

Although the MMI is a useful component of the admission process, it also presents challenges, such as determining the appropriate weight for each component of the overall interview process (Lemay, Lockyer, Collin, & Brownell, 2007). Additionally, it can be challenging to compare candidates side-by-side in the MMI compared to a panel interview, because in an MMI the candidates are assessed individually (Kumar et al., 2009).

Entrance exams. Shulruf, Poole, Wang, Rudland, and Wilkinson (2012) discussed the admission process for the typical medical school program, which uses the admission test score from the Medical College Admission Test (MCAT), which is unique to medical school admission. Other graduate health care professions may use the Graduate Record Exam (GRE) as a pre-admission test; however, there is some concern that the GRE does not accurately reflect an applicant's readiness and ability for graduate school. Katz, Chow, Motzer, and Woods (2009) have discussed the challenges of using the GRE as part of the criteria for admission decisions. Pharmacy programs use the PCAT in their process (Tejada et al., 2016); this test measures academic ability regarding scientific knowledge and general academic ability (Tejada et al., 2016). The general purpose of the PCAT is to predict how well an applicant is likely to perform during their first year of pharmacy school (Tejada et al., 2016).

Personal statement essay. In addition to interviews, the personal statement essay is another way admissions committees evaluate nonacademic qualifications of applicants. Lopes et al. (2016) explained that the personal statement essay permits applicants to express in their own words their motivation and desire for wanting to be a physician assistant. However, research shows several significant problems with the personal statement essay as a useful and/or reliable

component of the admissions process. For example, Forister et al. (2011) found that the personal statement essay statistically did not hold much weight when it came to helping applicants succeed. Forister et al. reviewed 600 essays, identifying common themes of prior health care experience, athletic accomplishments, and the desire to help people. However, after this evaluation, Forister et al. (2011) found that GPA is, in fact, a better predictor of positive admission outcome than the personal statement essay. Lopes et al. (2014) also analyzed the themes in CASPA personal statement admission essays with similar findings to Forister et al. (2011). These finding calls into question the value of the personal statement essay as a nonacademic variable in the physician assistant program admission process.

Another major concern regarding the personal essay component of graduate health care admissions is the possibility that someone other than the applicant wrote, or partially wrote, the essay. Lopes et al. (2016) surveyed physician assistant program admission committee members and found that approximately one-third of the personal statement essays demonstrated a concern over plagiarism. White, Lemay, Brownell, and Lockyer (2011) warned that, because the admission process is highly competitive and high-stakes, students are more likely to be motivated to cheat (White et al., 2011). As applicants write their personal statements, they often struggle over what to write. White et al. (2011) determined that there is disconnect “between the approach of the applicants and the stated intent of the process” (p. 531). The pressure to achieve in a high-stakes environment, combined with a lack of clarity regarding the purpose of the essay, increases the chance of plagiarism and makes the personal essay less valuable and reliable as an evaluation tool.

Other research shows that the personal essay may not be designed to give admissions committees useful information, even if the information included is truthful. Leinster (2013)

described the challenging process of selecting the right medical student, noting that medical providers must be able to fulfill the role of communicators, collaborators, health advocates, scholars, and professionals. White et al. (2011) discussed the importance of creating personal statement essay questions that assist the student in appropriately presenting themselves to the admission committee (White et al., 2011). Wright (2015) expressed concern as to whether using personal essays as an evaluation tool gives an unfair advantage for applicants who are stronger writers because they have had a more rigorous academic career, expressing concern about selection bias based on writing abilities that may not have been fully developed to the student's potential during the undergraduate educational career, even if the qualities the student is describing are those required for success in the graduate program. O'Neil, Vonsild, Wallstedt, and Dornan (2013) presented a similar concern regarding under-represented medical school applicants. Furthermore, Siu and Reiter (2009) discussed rater biases, which impact the personal statement's reliability as a tool in the admission process. Albanese, Snow, Skochelak, Huggett, and Farrell (2003) presented similar concerns regarding the lack of valid comparisons among personal statements due to differing life experiences. In order to account for the potential lack of validity, Hawkins, McLoda, and Stanek (2015) recommended that two readers rate and score each statement. In this model of shared evaluation, the final score is the result of the average of the scores from both raters (Hawkins et al., 2015).

Evolution of the admission process. The research shows the graduate health care admission process has room for improvement. Turner and Nicholson (2011) studied the admission practices at a London-based medical school and found that the selection process is subjective; their findings suggest that a more reliable way to choose students is necessary.

Salvatori (2001) stressed that admission committees typically review more applications than they

have spots in their program, and raters must try to be as un-biased as possible during the selection process of future clinicians (Salvatori, 2001). Norman (2015), on the other hand, worried that the current system is not designed to detect applicants to medical school who exhibit longstanding unprofessional behaviors and suggested that it is appropriate to create components of the admission process that screen for unprofessional behavior.

Authenticity concerns in the higher education admission processes. The GRE, MCAT, and PCAT are standardized tests that provide quantitative data representing the authentic, original work of the applicant. Other components of the admission process are more challenging to authenticate. Hall et al. (2017) expressed concern that the admission process assumes the applicant has completed each component honestly and in a manner that truly represents their ability level. Unlike the standardized pre-admission tests, which are typically administered in controlled testing centers to minimize academic dishonesty, other components of the process are not designed to prevent academic dishonesty and plagiarism. The National Commission on Certification of Physician Assistants (2018) states that physician assistants shall demonstrate ethical, professional behavior. Applicants who are dishonest during the admission process may continue to be dishonest in practice as physician assistants.

Review of Methodological Issues

Researchers have used a variety of methods to analyze the authenticity of the admission process in graduate programs. In my review of the literature, I identified three main research methods that are the most relevant to this study: thematic analysis, survey, and meta-analysis. I will review each of these three in more detail below.

Thematic analysis. Many researchers used thematic analysis to identify themes and topics, which were then coded and analyzed. Wouters, Bakker, van Wijk, Croiset, and Kusrkar

(2014) used thematic analysis of written statements regarding motivation for graduate admission, and then coded identified themes based on classification. The researchers then compared the themes of the statements by students who were selected for medical school to the statements of those who were not selected (Wouters et al., 2014). Interestingly, the authors found that the personal statement on motivation did not appear to distinguish which applicants would be better students and providers than others. Wouters et al. also commented that the applicants frequently included additional, unnecessary information in their personal statements.

Forister et al. (2011) reviewed personal statement essays submitted by applicants to physician assistant programs, conducting a thematic analysis and observational study of CASPA admission data. The researchers randomly selected and reviewed 600 out of 14,682 applications from one admission cycle, coded applications' themes, and found the personal statement to be an unreliable tool for predicting positive admission outcome to a physician assistant program (Forister et al., 2011). Instead, they found that “grade point average is a better predictor of positive admission outcome” (Forister et al., 2011, p. 11).

Lopes et al. (2014) also analyzed the themes in CASPA personal statement admission essays and determined that the content of the essays was similar to that of other essays. The researchers conducted a thematic analysis of personal statements of 63 physician assistant students; two separate reviewers coded content themes and identified seven major themes. The researchers recommended further study to determine how the statements are used in the programs' admission process (Lopes et al., 2014)

Turner and Nicholson (2011) studied the admission practices at a London-based medical school using three focus groups with a total of 17 participants to discuss reasons for accepting medical applicants prior to interview. They coded the information received during the focus

groups and identified themes for both admission and rejection (Turner & Nicholson, 2011).

Turner and Nicholson found that the selection process of candidates is subjective; their findings suggest that a more reliable way to choose students would be beneficial to the selection process.

White et al. (2011) also used theme analysis. The researchers used three different admission essay questions, developed by an admission committee, for medical school. The essay groups each had a separate trait. The researchers reviewed essays by group and coded the responses based on the ideas and concepts presented. The researchers discovered that the medical school applicants manipulated the essay question in order to discuss themselves, regardless of whether the essay topic addressed the student on a personal level. White et al. (2011) concluded that the applicants' perspective should be considered when developing admission essay questions and that personal statement essay questions should assist the student in appropriately presenting themselves to the admission committee. White et al. (2011) also examined frustrations related to the personal statements from the medical school community, noting that students are perplexed about what they should include in their personal statement.

Surveys. Kumwenda et al. (2013) researched embellishment in personal statements that accompany applications to medical and dental schools. They used an online survey of first-year medical and dental students' descriptive statistics, along with t-tests to identify relationships between variables. Kumwenda et al. (2013) found that candidates believe their peers include fraudulent information in personal statements, concluding that there is the potential for academic dishonesty, or for a lack of authenticity, on the personal statement essay. Kumwenda et al. (2013) concluded, "the existing selection process is open to abuse and may benefit dishonest applicants" (p. 599).

Lopes et al. (2016) surveyed physician assistant program admission committee members via a computer-assisted telephone interview system. The survey asked programs that participate in CASPA a series of open-ended questions related to the usefulness of the personal statement. Participants were also asked to use a Likert-type scale to score certain topics. The survey results showed that 93% of the programs that responded (a 75% response rate) used the personal statement as part of the applicant review admission process, and 69% of the respondents were concerned that the personal statements were not written by the applicant (Lopes et al., 2016).

Meta-analysis. Patterson et al. (2016) analyzed almost 200 articles focused on selection criteria and determined that academic records, MMIs, aptitude tests, and situational judgment tests were useful selection tools in medical education. The researchers reviewed 194 articles to determine if the selection methods used by medical schools reliably identify whether candidates will be successful in medical training; they determined that a combination of admission criteria allow for the most effective selection process (Patterson et al., 2016).

Norman (2015) used case-control studies to determine whether the unprofessional behavior of medical students was detectable at the time of admission. Physicians who received a citation for receiving discipline were researched in addition to random samples of physician, who were the controls for the study. Norman indicated concern over refusing admission to students who would have had professional behavior but scored in a range on the admission criteria that flagged them as a risk for admission.

Synthesis of Previous Research

Significant research exists on the subject of authenticity in the admission process for graduate programs. In my review of the literature, I identified several themes surrounding the

topic of authenticity and validity of the personal statement portion of the graduate admission process.

Inauthenticity of the admission essay. Technological advancements have created rapid, widespread access to a variety of resources all over the world that offer assistance in creating a personal statement, presenting challenges to authenticating graduate admissions personal statements. Forister et al. (2011) addressed the concern over plagiarism interfering with the authenticity of the admission process for graduate programs, specifically for physician assistant programs. They reviewed a variety of sources applicants use to plagiarize their admission essays, including “articles, textbooks, workshops, websites, and ghost-writing services” (Forister et al., 2011, p. 6). In addition, they cited a study conducted by O’Neill, Korsholm, Wallstedt, Eika, and Hartvigsen in 2009 at a medical school in Denmark that demonstrated “the written statement to be the poorest performing admissions variable” (Forister et al., 2011, p. 7). The Danish study discussed the use of ghost-writers, essay coaches, and copying essays from the Internet. Forister et al. (2011) also cited results of a study discussed by Hoover in *The Chronical of Higher Education* that reviewed 450,000 personal statements and submitted them to the plagiarism detection service Turnitin, which found that 36% of the personal statements contained at least 10% plagiarized text (Forister et al., 2011).

Kumwenda et al. (2013) also reviewed personal admission statements from applicants applying to medical and dentistry training programs and presented findings that show plagiarism as a problem in graduate admissions essays. According to their findings, 66% of the applicants surveyed suspected that other applicants falsified their personal statements (Kumwenda et al., 2013). The applicants surveyed identified concern that their essay content was not competitive enough when compared with other applicants. Furthermore, applicants considered falsifying the

personal statement to be acceptable behavior (Kumwenda et al., 2013). Kumwenda et al. also expressed concern that that students admitted into the various professional training programs may not be students of integrity.

Lopes et al. (2016) researched physician assistant program applications submitted to CASPA. They found that two thirds of the admission committee members of a variety of physician assistant programs expressed concern that the personal statements contained content that was not the applicant's original work (Lopes et al., 2016). The authors mentioned that search engines on the Internet yielded more than 10 million hits when searching for the term 'personal statement,' and that the first website listed was a company that prepares personal statements for applicants (Lopes et al., 2016). These results clearly show there is potential for admissions processes to be compromised due to a lack of authenticity of the personal statement.

Validity of the admission essay. An additional concern regarding problems with the admission process is that the admission essay may not be a valid nor reliable selection tool for professional graduate training programs. Wouters et al. (2014) supported this argument; they determined that "the statement on motivation does not appear to distinguish between applicants in selection for medical school" (Wouters et al., 2014, p. 1). Furthermore, Wouters et al. argued that the admission essay questions may not be valid and reliable if students answer by telling the admission committee what they think the committee wants to hear.

Lopes et al. (2014) researched theme content in the admission personal statement submitted to the online application website, CASPA, and found four main themes: description of the applicant's health care experience, altruism stories, patient interaction experiences, and a love of medicine and science (Lopes et al., 2014). They found no significant difference in theme content between students who were accepted into a graduate program and those who were not

(Lopes et al., 2014). Based on these findings, the personal statement essay is not a reliable tool for screening applicants in or ruling applicants out of the admission process. In addition, Lopes et al. (2016). examined how physician assistant programs use personal statements uploaded to CASPA; they noted with concern that “there is no standard for committees to use to determine whether a personal statement is effective” (Lopes et al., 2016, p. 51). This lack of a standard calls the validity of the personal statement into question.

White et al. (2012) also expressed concern about the lack of a valid way to compare personal statements. The authors conducted a study evaluating the admission personal statements of medical school applicants to their institution, finding that regardless of the essay question or topic provided to the applicant, the applicants mostly wrote about themselves (White et al., 2012). White et al. (2012) stressed the importance of specificity in admissions essay questions. In fact, after they completed their research study, White et al.’s (2012) institution changed the format of the essay questions, providing a specific scenario that allows the applicant to demonstrate their knowledge of specific content while keeping the writing focused (White et al., 2012).

Warren (2013) addressed an important aspect of the validity of admission personal statement essays: the challenges that low-income and minority students face when they complete application essays. Although Warren focused on undergraduate admissions, it is possible that similar challenges face students applying to graduate programs. As previously mentioned, many applicants draw from their personal experience when trying to persuade the admission committee to accept them. However, if a student does not have the financial means to accomplish some of the activities that can look impressive in an admissions essay (such as mission trips or other

volunteer opportunities), they will not be able to tell a story that engages the admission committee members' sympathy (Warren, 2013).

Albanese et al. (2003) discussed the challenge of interpreting the personal statement's value in the admission process as it existed 15 years ago. The authors demonstrated that the statement essay is associated with the unique challenge of determining the applicant's ability to succeed in the admission process; today, admission committees still struggle to determine the best way in which to incorporate the personal statement in the admission process.

Bias in scoring admission essays. Turner and Nicholson (2011) conducted numerous focus groups with admission committee members for medical schools in which the group members discussed their personal bias that impacts the scoring of personal statements. (Turner & Nicholson, 2011). Reviewers tended to give higher scores to applicants who were in sports, had jobs, or demonstrated teamwork of some kind (Turner & Nicholson, 2011). Personal statements are subjective in nature, and unless specific parameters for reviewing and scoring are determined, the reviewer's personal bias may impact the value of the personal statement to the overall application (Turner & Nicholson, 2011).

Patterson et al. (2016) researched a variety of selection methods in medical education by conducting a meta-analysis of 17 studies, evaluating the validity of personal statements in the admission process. The authors concluded that the evidence is mixed; in some of the studies, personal statements were found to be less reliable admission factors compared to other components of the admission process (Patterson et al., 2016), while others found a predictive value in personal statements regarding certain aspects of the medical education training process, such as dropout rates. However, the studies demonstrating that personal statements have low

reliability also found them unable to predict the applicants' success in medical education training programs.

Hawkins et al. (2015) studied the admission selection process for athletic training students; with regard to the essay component, they gave applicants a specific topic to discuss, and the essays were then scored using a 10-point rubric. The authors recognized the potential for some subjective interpretation and changed their selection process to have two evaluators read and score each essay. The authors hypothesized that the two-evaluator approach to grading would increase the reliability of the essay scores because the two grades would be averaged for each essay, resulting in the applicant's final score. The authors concluded that there should be multiple components in the admission selection process in order to provide a well-rounded review of applicants.

Critique of Previous Research

The literature reviewed above covers a wide variety of admission criteria and provides up-to-date research regarding evaluating authenticity of personal statement essays. The various authors focused heavily on certain aspects of authenticity, but left room for improvement or further research in other areas, such as the design of the study or other larger research challenges.

Limited sample size. One of the main challenges many of the researchers faced was the limitations of their individual study, which were often related to the number of participants in the program. In quantitative studies, a small sample size can result in misleading data that only represents a small part of a larger population (Delice, 2002). Data may be skewed, and if future researchers use the results from the potentially skewed study, those studies could present incorrect results (Delice, 2002).

In particular, sample size was a limitation for Kumwenda et al. (2013). The authors identified a potential weakness related to the number of medical schools and dental schools that participated in the study, and the authors viewed the total number of participants, six, as a possible limitation. Many other studies only gathered data from their own institution, and thus the data, and the conclusions drawn from it, may not be generalizable to other institutions.

Lopes et al. (2014) identified a potential limitation of their study as the fact that it only focused on a single physician assistant program's sample of students. These results may not correctly represent the majority of physician assistant students. Furthermore, the research may provide incorrect findings that future studies may view as trustworthy outcomes, potentially skewing results that may be cited in other literature reviews and research.

Location of the research study. The location of the study was a limitation for some researchers. Kumwenda et al. (2013), for example, conducted their study on United Kingdom medical and dental schools and made generalizations regarding the admission process. Readers must review these to determine whether the outcome of the study is valid. This validity is based on many factors, including the information provided in the methods section. Turner and Nicholson (2011) also conducted their research at medical and dental schools in the United Kingdom, and in this case, too, it is possible that the information gathered is not pertinent to the admission process in other countries. In addition, the Turner and Nicholson (2011) study was conducted by holding three focus groups. If the participants in the research study responded falsely, or if they felt intimidated and did not share pertinent information, the results of the study could be misleading.

Lopes et al. (2016) also researched the admission process of physician assistant programs by surveying 122 physician assistant programs. They sent letters requesting participation from all

such programs that use CASPA (Lopes et al., 2016); the 122 programs represented 79% of the programs that used CASPA at the time of the research study (Lopes et al., 2016). This research focused only on the admission process for physician assistant programs, which may present a limitation in the generalization of the results. However, the information gathered in the study will likely be useful for other disciplines.

Inauthenticity of personal statement essays. Forister et al. (2011) presented significant information regarding the use of prewritten personal essays, essays written by someone other than the applicant, essay coaching, and plagiarism from previously written personal statements. The authors randomly selected 600 personal statement essays from 14,682 total CASPA applicants and reviewed the personal statement essays for themes in content. The authors' research demonstrates similar content among essays, leading the authors to question the reliability of the personal statement essay as a component of the admission process (Forister et al., 2011). The authors stated that one article they reviewed in their literature review discussed a study conducted in Denmark that stated that the personal statement essay is not useful as an admission variable for medical school (Forister et al., 2011). It is possible that the findings of one study are not generalizable to another; the data collected in this study may be more useful to U.S.-based graduate programs if the research was conducted in U.S. graduate schools.

Differing health care disciplines. The studies I focused on a variety of different health care programs, including the disciplines of nursing, physical therapy, medical doctor, athletic training, social work, physician assistant, and pharmacy. The admission processes are similar among the health care disciplines and contain many of the same admission components, such as GPA, letters of recommendation, and personal statement essays. The specific admission requirements for each discipline vary, and, as I synthesize the research findings, I must be

mindful that research findings within one discipline may not be generalizable to a different discipline.

Researcher bias. Another limitation to some of the studies was the researchers' bias. Many studies conducted qualitative research, which allows for more biased analysis compared to quantitative research. Often, this bias was in the form of the researchers' personal opinions influencing the way they graded a personal statement. Wouters et al. (2014) identified the potential for bias in their study, admitting that the researchers could have viewed the data through their own personal lenses and were only able to review and interpret the data based on the information that applicants provided (Wouters et al., 2014). If any of the data was incorrectly coded or misinterpreted by the researcher, those errors could impact the resulting data.

Lopes et al. (2014) conducted a study reviewing personal statements written by applicants to a physician assistant program for which two reviewers read and coded the essays. The authors recognized that the two reviewers may have been looking for specific themes due to their own biases regarding the admission essay, and that their own biases may have influenced the selection process. In order to minimize bias, the reviewers received training prior to reviewing the essays regarding how to recognize and code the themes (Lopes et al., 2014).

White et al. (2011) analyzed and coded essays from 417 applicants, using two essay reviewers to attempt to limit personal bias during the study (White et al., 2011). However, there is still room for personal bias because the reviewers analyzed the admission essays in a qualitative manner. Setting tight parameters for the review of the essays, for example by using a detailed grading rubric, can help to reduce bias during the grading process.

Lopes et al. (2016) surveyed 122 physician assistant programs to evaluate the admission process. Their sample represented 75% of the physician assistant programs at the time the survey

was conducted. The authors recognized that their results may not truly represent all the physician assistant programs, because 50 programs did not participate in the study. The authors discussed the limitation of the study pertaining to the open-ended questions on the survey. The participants may have interpreted the open-ended questions differently, and this may have impacted the responses of the participants (Lopes et al., 2016).

Unique and focused research studies. While reviewing the literature, I discovered a unique aspect of research regarding the admission processes of higher education, specifically for graduate admissions to healthcare training programs. Many of the articles researched admission tools that help to predict future performance in the specific health care field. Shulruf et al. (2012) specifically focused on determining which tools implemented during the admission process could predict student performance later during the training of medical students. As I read their results and outcomes, I must consider that they conducted this research to improve the admission process for medical school students. Therefore, the information is not meant to be used in physician assistant admission processes. Although the two professions have similar admission processes, I must be careful not to over-generalize the outcomes of research from graduate programs of other health professions.

Other authors focused on details of the admission selection process that were so specific to the needs of the individual researcher that the findings may not be universally helpful to other training programs. Artinian et al. (2017) conducted research focusing on holistic admission processes. The authors received grant money from the National Institute of Minority Health and Health Disparities of the National Institutes of Health (Artinian et al., 2017). The authors mentioned that holistic admissions are a set of policies that are essentially mission-based and assist institutions in selecting individuals who are appropriate mission fits for their program

(Artinian et al., 2017). The mission varies from program to program, and data collected from one program may not be useful for another.

Elam et al. (2015) presented a different type of admission research. The authors wanted to gather information on ways to discern if an applicant would be interested in practicing in a rural setting as a physician (Elam et al., 2015). This study is not useful to other health care disciplines that are not interested in selecting applicants who are interested in practicing in urban environments.

Meggison (2011) researched the performance outcomes of nurse practitioners related to the nursing doctoral admission process. This research focused specifically on nurse practitioner training programs. The author's conclusions concerned the admission process and the predictive value of successful performance as a nurse practitioner. Johnson and Cowin (2013) also researched nursing admissions and sought to measure the quality of nurses based on admission tests (Johnson & Cowin, 2013). Using a survey, they scored 67 nursing students at one large institution (Johnson & Cowin, 2013). The outcome of the study showed that using a standardized test, the quality of nurses scale (QON), during the admission process does assist in predicting information that is useful for the nursing community, but it does not necessarily translate to the other health care training programs because it is so specific (Johnson & Cowin, 2013).

Parmar et al. (2015) also researched a specific admission question. The authors were interested in assessing communication-related admission criteria in a pharmacy training program (Parmar et al., 2015). The authors noted that many pharmacy school applicants speak a native language other than English, and the proficiency of the English language must be assessed during the application process (Parmar et al., 2015). Other pharmacy programs, and perhaps

other health care training programs, may experience this unique need. However, at this time, it is not a universal need for all healthcare training programs.

White et al. (2012) researched how applicants to medical school approach the admission essay. The authors were interested in learning the thought process of the applicants as they prepared to write their essays (White et al., 2012). After analyzing 210 essays, they determined that many applicants to medical school are confused as to what they should write about in their personal statement (White et al., 2012). Many applicants were concerned about specific consequences if they did not include key terminology in their essay (White et al., 2012). Many health care training programs provide a specific topic or question for the admission essay; therefore, the broader, general admission essay is not applicable to some health care professional training programs.

Chapter 2 Summary

Although admissions committees have long used a certain process to select students who are admitted into health care training programs, my review of the literature demonstrates that there is a problem regarding the authenticity of this admission process. The problem of authenticity mainly pertains to the academic integrity of the personal statement essay submitted by graduate health profession students. Kumwenda et al. (2013), along with other researchers, presented research outcomes that addressed the lack of authenticity of the personal statement essays submitted by applicants to health profession training programs.

Based on this review of literature, I have developed a unique conceptual framework that addresses the main concepts of the admission process for physician assistant programs. There is sufficient evidence to support the fact that an investigation examining the lack of authenticity of the admission essay would yield socially significant findings.

Authenticity is one component of the conceptual framework. In this chapter I discussed each component of the conceptual framework: authenticity, fairness in the admission process, and the competitive nature of the admission process, and I explored the literature that pertained to the conceptual framework. I examined the literature in order to determine ways to improve the authenticity of the personal statement admission essays submitted to graduate healthcare training programs, specifically to physician assistant programs.

In this study, I seek to determine whether physician assistant program admission committees have identified ways to improve the authenticity of the personal statement essay. In addition, I am interested in learning how each admission committee uses the personal statement essay in the selection process for their physician assistant program. My research and review of the literature has provided strong support for pursuing a research project to research the experience that admission committee members have with the admission essay.

Chapter 3: Methodology

Introduction to the Methodology

In this chapter, I discuss the phenomenon, research questions, purpose of the study, research design, research population, sampling method, instrumentation, and method of data collection. I also address the purpose and goals of the study and the limitations, delimitations, and ethical concerns of the study.

Phenomenon. The phenomenon that I researched was the physician assistant program admission process. The problem of inauthentic admission essays was investigated through researching the experiences of physician assistant admission committee members (referred to hereafter as “committee members”) with the phenomenon. During my review of the literature, I identified three main concepts that relate to the research problem: authenticity, fairness, and competition. I developed my conceptual framework based on these three concepts and discussed them in detail in Chapter 2.

Through my research, I aspired to better understand both the phenomenon and the overall admission process and I also addressed the problem of inauthentic admission essays. My goal was to gain a better understanding of the inauthenticity of the admission essay. The information I gathered in this study will provide the discipline of physician assistant studies with a better understanding of the phenomenon.

The admission essay is a significant component of the process of being admitted into graduate school, and admission committee members often use the essay to determine which applicants to select for an interview (White et al., 2012). However, submission of inauthentic essays makes it difficult for admissions committees to accurately assess the qualifications of applicants. Applicants misrepresent themselves when they submit a plagiarized personal

statement (Papadakis & Wofsy, 2010). Kumwenda et al. (2013) studied embellishment in personal statements that accompany applications to medicine and dentistry, finding academic dishonesty in the personal statement essays in those fields. Kumwenda et al. (2013) also concluded that the selection process for health professions benefits dishonest applicants. Submission of an inauthentic admission essay may negatively affect other applicants who are submitting authentic work (Kumwenda et al., 2013). Applicants who submit inauthentic work may be accepted to the program based on an inauthentic representation of themselves, taking the place of other qualified applicants who authentically represented themselves by submitting authentic admission essays in the admissions process. Additionally, healthcare providers must be people who demonstrate integrity and professionalism. Misrepresenting oneself during the admission process does not align with ethical standards of healthcare professions.

The admission process also relies on an assumption that the applicant completes each of the components honestly and truly represents his or her ability level (Hall et al., 2017). However, because applicants complete the essay component of the admission process without any supervision from the admissions committee, inauthentic essays are common. Forister et al. (2011) found a problem with academic dishonesty, particularly plagiarism, in personal statement essays; Lopes et al. (2016) surveyed committee members and determined that approximately one third of personal statement essays demonstrate a concern over plagiarism. This is a significant problem, as thousands of applicants submit personal essays as part of the physician assistant program admissions process every year (Lopes et al., 2016). To explore this problem, I used a qualitative research methodology and phenomenological design to gather in-depth information about individual admission committee members' perceptions and personal experiences with inauthentic admissions essays.

Research Questions

Moustakas (1994) emphasized that researchers should use research questions to seek to explore the human experience in an intimate manner. In this study, I sought information about the experiences of committee members regarding the admission process, specifically the part of the process that involves inauthenticity of the admission essay. Gathering detailed qualitative data on the experiences of admission committee members helped me answer the following research questions:

- What experiences have physician assistant program admission committee members had with inauthenticity in the application materials?
- What have physician assistant program admission committee members experienced pertaining to changes to the admission process due to the concern of inauthenticity in the application materials?

Purpose and Design of the Study

The purpose of this study was to provide knowledge to the discipline of physician assistant studies regarding inauthenticity in the physician assistant program admission essay. I conducted the study by gathering data on the lived experiences of committee members. The admission process for physician assistant programs is highly competitive, and there are numerous applicants for each spot (American Academy of Physician Assistants, 2018). Due to the rigor of the admission process, committee members aim to fairly evaluate each applicant. The admission application materials assist the committee members in selecting applicants to interview for spots in their program. It is imperative, therefore, that the admission process is fair, in order to ensure the admission committee gives equal consideration to each applicant.

I researched the experiences of admission committee members with the admission process by using a qualitative research method. I chose to use a qualitative research method because I was interested in obtaining information on committee members' lived experiences with the phenomenon. Using a qualitative research method allowed me to have personal interaction with the participants as I research their lived experiences (Patton, 2015). Specifically, I used phenomenology as the research design of this study. By using a phenomenological research design, I was able to study the lived experiences that participants have experienced with the phenomenon (Patton, 2015). Phenomenology allows researchers to obtain data thorough descriptions by allowing participants to reflect in depth on a particular experience (Moustakas, 1994). Researchers use phenomenological studies to describe experiences by asking participants questions that pertain to a phenomenon (Cerbone, 2014).

I conducted interviews with committee members to explore the lived experiences of committee members with the admission process and with inauthentic admission essays. Through individual interviews, I gathered information regarding study participants' experiences with the admission process; through data analysis, I attempted to uncover themes and trends of study participants' lived experiences of the admission process (Patton, 2015). My research findings may provide knowledge to the discipline of physician assistant studies regarding inauthenticity in the admission essay.

Research Population and Sampling Method

Selecting participants is an essential aspect of the research process. According to Moustakas (1994), when conducting phenomenological research, the research participants must have experienced the phenomenon personally. Rubin and Rubin (2005) also noted that the data from participants with firsthand experience provides the most useful, insightful information. The

research population for this study was committee members from accredited physician assistant programs who meet the selection criteria. The selection criteria for participants in the study were as follows: the participants must be members of admissions committees for physician assistant programs at an institute of higher education, the physician assistant program for which they work must be a fully accredited program, the physician assistant programs must have a formal admission process, and the physician assistant program admission processes must include admission essays.

I used purposive sampling from the Physician Assistant Education Association's (PAEA) database of accredited physician assistant programs to select participants from within the research population. I am a member of PAEA and therefore have access to the database of accredited physician assistant programs. There are over 200 physician assistant programs in the United States (ARC-PA, 2017). I logged in to the PAEA database and obtained contact information for accredited physician assistant programs from the member services.

Purposive sampling allows a researcher to select participants who have experience with the phenomenon (Palinkas et al., 2013). Based on Moustakas' (1994) recommended sample size, I aimed to have 10–12 committee members participate in my study. I selected physician assistant programs from the database, and I determined if the programs have admission processes that meet my selection criteria by researching each program's website. I contacted program directors via email, and I enrolled one or two admission committee members from each program to participate in my study. I deemed the sample size to be sufficient when no new themes emerged from the data collection process (Guetterman, 2015).

In my introductory email to the program directors, I introduced myself, the purpose of my study, the selection criteria, and the overview of the study. I attached a copy of my Concordia

University–Portland Institutional Review Board (IRB) approval, a copy of the letter to the committee members, a copy of the informed consent form, and a copy of the interview questions. I asked the program directors to respond to my email and inform me if their program and committee members fit the selection criteria. If the physician assistant program and committee members met the selection criteria, I asked the program director to forward my email to the members of their program’s admission committee. If the physician assistant program and/or the committee members did not meet the selection criteria, I thanked the program director and informed them that I would not be including their program and committee members in the study. In the email, I included my contact information for the committee members to use to accept or decline participation in the study.

Some program directors did not reply to my request. If I did not receive an email reply within seven days, I emailed the program directors again. If I did not receive a response to my second inquiry within seven days, I contacted a program director from a different physician assistant program. My goal was to have 10 participants, however, I ended up with eight participants.

After a committee member agreed to participate, I contacted them via email to explain the study in more detail and discussed informed consent. I attached a letter of informed consent for the participants to sign and return to me via email as an uploaded PDF if they agreed to participate in the study. Before I asked them to agree to participate in the study, I provided each participant with the purpose of the research study, informed consent, information on confidentiality, the approximate amount of time needed to conduct the interview, and a clear definition of their role in the research study, as recommended by Moustakas (1994).

The participants for my study were all be members of the admission committee of their institution's physician assistant program who had experienced the phenomenon of the admission process. The participants were physician assistants by profession and likely have various social, cultural, economic, and political backgrounds; however, none of these factors served as criteria for selecting participants. All eight participants worked at 4-year institutions of higher education

Instrumentation

I collected data for my study by asking participants a series of interview questions that pertained to their personal experience with the admission process at their institution. I collected data via video conference interviews with six of the participants. I interviewed one participant face-to-face, and one participant chose to answer the interview questions in written format.

Interviews permit an inside view into the experiences of individuals that the researcher would not otherwise be able to access (Rubin & Rubin, 2005). The interviews for this study consisted of a set of open-ended questions that focused on the admission process, and the interview protocol were the same for each participant. It can be challenging to create questions that have meaning to the researcher and meaning to others (Moustakas, 1994). For this study, I designed interview questions that are meaningful to me and to other committee members, given that every physician assistant program has an admission process, though the components of the admission process vary among programs. I conducted a pilot study of my interview questions by asking two of my physician assistant faculty colleagues for feedback on my interview questions. I followed my interview protocol during the pilot study and asked my colleagues for feedback on the flow of the interview, and for feedback on the interview questions. Based on the feedback from my pilot study, my interview questions did not require revision.

In the informed consent document, I asked participants to consent to the audio recording of their interview so that I could transcribe the interview. Jamshed (2014) stated that audio recording of the interview allow the researcher to focus on the interaction with the participants during the interviews, instead of trying to take comprehensive notes during the interview. Audio recording the interview allowed me to maintain eye contact and actively engage with the participants during the interviews. According to Giorgi (1997), the human experience can be difficult to obtain and analyze. The responses of each participant to the interview questions were unique and based on their experience with the phenomenon. I uncovered repeated concepts and themes among the participants' individual experiences.

I conducted semistructured interviews. Researchers use semistructured interviews to ask participants to answer preset, open-ended questions (Jamshed, 2014). Open-ended questions allowed the participants to provide additional comments, unlike a yes-no question (Jacob & Furgerson, 2012). I developed a list of questions to address components of the phenomenon I wanted to explore. These interview questions pertained to the phenomenon that I researched and were grounded in current relevant research. Moustakas (1994) stressed the importance of developing interview questions and conducting interviews that focus on a specific topic and encourage discussion of the phenomenon in an informal manner. I designed my interview questions based on these recommendations.

I followed an interview protocol (see Appendix D) that contained a script of interview questions to help maintain professional interaction during each interview and ensured that each interview followed the same structure so that each participant has a similar experience, per the recommendations of Jacob and Furgerson (2012). I opened each interview by thanking the participant for participating in the study, and I reviewed the purpose of the study. I used my

interview protocol and asked questions that pertain to my research questions, using prompts as needed to assist with flow, as recommended by Jacob and Furgerson (2012).

Data Collection

Giorgi (1997) stated that data collection is the first step in conducting qualitative research. In an interview-based study, the data is collected by taking notes during the interview and by transcribing recorded data. The use of open-ended questions permitted the participants to provide detailed descriptions of their experiences. The responses were self-reported and thus may contain off-topic information. I guided the participants through the interview process and ensured that each question had been properly addressed.

Each interview took approximately 30 minutes to complete. The interview questions allowed each participant to reflect on and respond to the following: their personal experience with the overall admission process, their experience with the application materials, their experience with the inauthenticity of the admission essay, and their experience with changes to the admission process. Although the conversation during the interview was varied and unique to each individual, the interview questions were the same for each participant. In addition to the main interview questions, Rubin and Rubin (2005) recommended that the researcher use follow-up questions and prompts to obtain additional, detailed information. While I used the interview protocol as a guide for each interview, I asked additional follow-up questions that were unique to each interview, depending on the responses of each participant. I took notes during each interview, and I compared the notes I took to the audio recording of each interview.

After the completion of each audio-recorded interview, I listened to each audio recording and transcribe the entire interview verbatim into a Word document. I chose not to use transcribing software. I created an executive summary of each transcribed interview. Executive

summaries contain a summary of the main points of a larger document (Emanuel, 1996). I created a separate executive summary for each interview, and I identified the executive summary with the number and pseudonym assigned to each participant.

When I transcribed the audio files of each interview, I identified the participants' responses by an assigned number and an assigned pseudonym to ensure confidentiality. Sutton and Austin (2015) provided guidelines for phenomenological studies that use interviews as the means of data collection and recommended that the researcher maintain confidentiality of the participants. Based on these recommendations, I maintained confidentiality of each transcript, and each executive summary by assigning a number and pseudonym to each participant and associating the corresponding number and pseudonym with each participant's data. The original transcribed statements remained connected to the coded data to allow for review of accurate reduction and coding. I saved all files on my password-protected computer.

After I transcribed the audio files, I used member checking to verify that I had accurately interpreted and presented the participants' responses. Member checking is the process of involving research participants in the review of the data collected during an interview to ensure data was collected and interpreted accurately (Widodo, 2014). I informed the participants that I would email them an executive summary of their interview for review to verify the accuracy of the summary. Widodo (2014) described the verification process as way to achieve credibility by involving the participants in the data review process. I asked participants to make any needed revisions to the summary and to e-mail the revisions to me within one week of receiving the executive summary. I informed the participants that if I did not receive any feedback from them within the requested one-week timeframe, I would assume they agreed with the executive summary of their interview.

Identification of Attributes

The admission process is comprised of a variety of attributes. During the literature review process, I identified the following attributes of the admission process in physician assistant education: overall GPA, health care experience hours, and combined GRE scores, which align with attributes identified by McDaniel et al., 2013. Additional attributes are letters of recommendation and personal statements, which align with attributes identified by Hall et al. (2017). I grouped personal statements and admission essays together into one category of written documents that a student submits as a component of the admission process, and referred to these documents as “admission essays.” This study focused on the specific attribute of the admission essay. During the interviews, participants discussed other attributes of the admission process; the other admission attributes are identified in this section.

Traditional attributes. Traditionally, the admission process has consisted of a review of the admission essay, GPA, health care experience, an individual interview, and any other program-specific requirements, such as GRE scores (McDaniel et al., 2013). Elam et al. (2002) explained that standardized tests are frequently a mandatory means of evaluating prospective students’ academic potential. Regardless of the methods used during the admission process, the criteria for the admission and selection process need to be “fair, transparent, evidence based, and legally defensible” (Benbassat & Baomal, 2007, p. 509). The cognitive components tend to be highly reliable, while the noncognitive components of the admission process can have varying reliability (Benbassat & Baomal, 2007).

Admission essay. The admission essay is a statement written by the applicant informing the committee members why the student would like to be considered for the program (PAEA, 2019). The CASPA website instructs students to use their own words when writing the

admission essay, and states that plagiarism of any part of the essay is a code of conduct violation (PAEA, 2019).

Letters of recommendation. Applicants identify between three and five evaluators who will write and submit a letter of recommendation on behalf of the applicant (PAEA, 2019).

CASPA does not verify the identity of the evaluators (PAEA, 2019).

Additional attributes. As I reviewed the literature, I recognized a shift in the admission process over the past decade for physician assistant programs in the United States: in addition to the traditional components of the process, some physician assistant programs have implemented other components, such as multiple mini-interviews (MMI) and psychometric tests. The use of MMI provides numerous opportunities for students to demonstrate competency, or lack thereof (Grice, 2014).

Salvatori (2001) stressed that admission committees typically review more applications than they have spots in their program. Therefore, the committee members must try to be as unbiased as possible during the selection process of future clinicians (Salvatori, 2001). Norman (2015) presented a different concern of the admission process; namely, that it does not identify applicants to medical school who exhibit longstanding unprofessional behaviors. Therefore, it is appropriate to create components of the admission process that screen for unprofessional behavior, such as psychometric testing (Norman, 2015).

Psychometric testing. CASPer is a psychometric test used by some medical schools and physician assistant programs as one component of the admission process. Per the CASPer website, “CASPer increases fairness in applicant evaluation by providing admissions and selection committees with a reliable measure of traits like professionalism, ethics,

communication, and empathy” (Altus Assessments, n.d.). Admission committees must ensure the validity of the psychometric test for it to be an accurate tool in the admission selection process.

Noncognitive attributes. Eley et al. (2016) discussed the importance of screening for noncognitive skills, such as compassion and communication skills. Noncognitive attributes are typically a routine part of the admission screening process, considering that medical providers must demonstrate effective communication skills, work well with colleagues in team settings, and display professionalism (Katz & Vinker, 2014). Kerrigan et al. (2016) identified four main competencies that applicants should demonstrate during the admission selection process: “co-curricular activities and relevant experiences, communication skills, personal and professional development, and knowledge” (Kerrigan et al., 2016, p. 2). Elam et al. (2002) explained that admission committees often use letters of recommendation to learn more about both academic and nonacademic abilities. Ideally, the individuals who write the letters of recommendation comment on academic and personal attributes that set the candidate apart from other applicants, as well as commenting on qualities that are desirable in a health care provider.

Data Analysis Procedures

Participant responses during the interview process provided information on the unique experience of each participant with the phenomenon. After each participant reviewed and approved his or her executive summary, I analyzed the interview data. To make an objective analysis of the data, I reflected upon my preconceptions and prejudices toward the phenomenon and research questions (Padilla-Díaz, 2015).

I reviewed the transcribed data collected from the recorded audio files. I followed the recommendations of Hycner (1985) to bracket the data. Bracketing is the intentional process the researcher takes to set aside his or her personal beliefs and assumptions regarding the

phenomenon (Chan, Fung, & Chien, 2013). Bracketing allowed me to make a conscious effort to prevent my presuppositions from impacting the data analysis.

After bracketing, I listened to the interviews again to make sure that I had accurately interpreted the participants' responses. I then analyzed the data for common concepts among the participants' responses, eliminating redundant concepts, and clustering concepts that were similar, per the recommendations of Giorgi (1997). After I identified the concepts, I began to determine how those concepts might be organized into themes, according to the recommendations of Moustakas (1994). I then contextualized the themes by relating them to the research problem.

Weston et al. (2001) recommend the use of a codebook when coding data to categorize data into groupings of similar themes. I coded each identified theme and created a codebook to organize the various themes. I assigned a specific word or phrase to each coded theme to symbolize the meaning of each theme, per Ganapathy (2016). The coding of the data allowed me to separate each theme for rapid identification, even though different participants used different words to describe a specific concept. I highlighted the coded data using different colored highlighters to aid in the rapid identification of themes. I assigned a unique color highlighter to each theme.

Once I have finished the coding process, I entered the coded data in an Excel spreadsheet, listing the codes alphabetically to organize the data in an easily legible manner. The organization of the data included horizontalizing it to ensure that each statement regarding the phenomenon has equal value (Moustakas, 1994). Horizontalizing of the data requires the researcher to list each of the identified themes and to give each theme equal value (Padilla-Díaz, 2015).

I used the themes that emerge during data collection to identify descriptions that add meaning to the phenomenon. I used textual analysis to describe the experiences the participants shared during the interview (Padilla-Díaz, 2015). The textual analysis reviews the transcripts and seeks to find meaning in the statements expressed by the participants (Padilla-Díaz, 2015).

I used structural analysis to analyze how the participants expressed their responses, per the recommendations of Padilla-Díaz (2015). The researcher uses structural analysis to evaluate participants' responses for common meanings that may be impacted by the participants' conscience (Padilla-Díaz, 2015). As I conducted the interviews, I observed the participants' facial expressions, body language, and tone of voice during the interview, and I made notes on these aspects of the interview and I analyzed them after the completion of the interview.

Limitations and Delimitations of the Research Design

Phenomenology provides unique insight into the experiences research participants have with the phenomenon; however, it also has limitations. All research is subject to limitations and assumptions (Walters, 2001). Limitations are the possible areas of weakness in the study that are typically out of the control of the researcher (Atieno, 2009).

The limitations associated with this study included those associated with the literature review, the data collection, the interpretation of the data, and the data analysis. Regarding limitations associated with the literature review, there is little literature focused on the inauthenticity of the admission essay for physician assistant programs. Therefore, I had to expand my literature review and I researched the inauthenticity of other health care training programs' admission essays. In addition, some of the literature is more than 10 years old, but I included it in my literature review given the lack of material pertaining to my research questions.

With regard to limitations associated with the data collection, I was careful not to have bias in my interview questions or my discussion with the participants, per Rubin and Rubin (2005). Additionally, during the interview process, when participants provided responses that did not pertain to my questions or responses that strayed from the focus of my study I used the recommendation of Jamshed (2014) and redirected the participants as needed throughout the interviews to avoid off-topic responses. Another limitation is that the participants have each had varied admission experience. Their responses limited the quality and amount of data collected during the interviews. The use of an interview protocol helped me prepare and have an organized plan for each interview.

The interpretation of the data also presents limitations. Researchers must be careful to appropriately transcribe, reduce, bracket, and code the data to avoid imparting personal judgment on the study (Hycner, 1985). When I reduced the information collected in each interview, I used caution when discerning the meaning of the participants' comments to correctly interpret and code the information (Cerbone, 2014). I used a codebook to develop and maintain the coded concepts, and the use of the codebook assisted me in avoiding bias (Weston et al., 2001).

In addition to limitations, there were also delimitations of this study. Delimitations are factors the researcher can control that set boundaries for the research (McCaslin & Scott, 2003). I decided to conduct a qualitative study, and this decision steered the design and data collection of my study. The interview questions for the study were a delimitation because I created them to steer participants to discussion of specific topics. Two other delimitations are the methods I used to select the participants and the target sample size I chose. My use of purposive sampling to select participants allowed me to determine which physician assistant programs I targeted.

In conducting this study, I made several assumptions. Assumptions are the aspects of the study that are accepted as being real and true (Wright, O'Brien, Nimmon, Law, & Mylopoulos, 2016). Some of my assumptions were unique to qualitative research, and some of the assumptions were specific to my study. One assumption of qualitative research is that it is used by researchers to focus on the meaning of experiences, rather than on specific outcomes (Atieno, 2009). Another assumption of qualitative research is that it is inductive, and the researcher determines themes from the data.

I made several assumptions that pertain to my study. I assumed that I chose a research design that would effectively address my research questions. I assumed that I selected participants, based on my inclusion criteria, who all experienced the phenomenon of my study. I also assumed that the participants answered my questions in an honest and complete manner so that when I analyzed the data the themes that I identified are true representations of the phenomenon.

Validation

The validity of a research study relies on its credibility and dependability. I used several methods to ensure the credibility and dependability of this study. A researcher must also be cognizant of personal bias and of misinterpretations of the participants' responses, and he or she should demonstrate integrity in the research. Walters (2001) discussed the importance of integrity in qualitative research to minimize potential bias. I conducted my research study in a manner that demonstrated personal integrity, and I was aware of my personal bias when interpreting and coding the participants' responses to ensure I correctly presented their experiences.

One specific bias I have is my background in physician assistant education. I have been an educator of physician assistant students for 17 years, and I have formed my own opinions pertaining to physician assistant education. I was aware of my opinions and biases surrounding physician assistant education, specifically those pertaining to the admission process. I used bracketing and horizontalizing, as discussed previously in this chapter, to assist me in being aware of my personal bias and preconceptions (Padilla-Díaz, 2015).

Credibility. Credibility refers to the accuracy of the collected data and the researcher's correct interpretation of the data (Cope, 2014). To ensure the data's credibility, I asked interview questions that were free from personal bias or presuppositions and demonstrated an unbiased presence. Careful listening during audio transcription of each interview ensured credibility. Additionally, I coded the data in a manner that did not lose the participants' intended meaning. Giorgi (2012) stressed the importance of rereading one's interpretation of the data to minimize misrepresenting the participants' responses, and I reviewed my interpretation of the data I collected to make sure I correctly represented and coded the participants' responses. Member checking by having the participants review their executive summary improved the credibility of my study (Widodo, 2014).

During the interview process, I cultivated open, honest relationships with each of the participants to strengthen the credibility of my research and of the collected data. I discussed the purpose of the study and the rationale for the research and share the specific research questions with the participants.

Dependability. Dependability refers to ensuring that the researcher executes the research process in a careful and consistent manner (Guest, McQueen, & Namey, 2012). To demonstrate dependability, it was important that I was careful and consistent during data collection and data

analysis. I focused on listening to the participants during the interviews since I audio recorded the interviews. When I listened to each audio recording, I ensured that I correctly transcribed the participants' exact responses from each interview. I reflected upon my data collection, transcribing, and coding processes to avoid any bias or misinterpretation.

I utilized an external auditor to add dependability to my study. Auditing is a review process that evaluates if I am meeting the standard requirements of the research study (Spring, Sen, & Grant, 2013). The auditor served as an external auditor of my data collection since I had two participants in which the protocol for data collection varied from the video-conferencing protocol. The auditor has a PhD, and is a published researcher was capable of identifying any concerns for lack of dependability in my study. I de-identified the data prior to the auditor's review to provide confidentiality of the participants.

Expected Findings

I understand that I brought my personal bias to this research in that I am concerned about the inauthenticity of the admission essay. I followed the advice of Cohen, Kahn, and Steeves (2000) to reflect upon my bias so that I could be as objective as possible as I conducted my study. Prior to conducting the study, I identified certain expectations for the outcomes of the study. I expected to discover that committee members have concerns about the inauthenticity of the admission essay. Papadakis and Wofsy (2010) expressed concern over the integrity of the admission essay, and have recommended that admission committees no longer use an admission essay as part of the application materials. I anticipated that, due to the inauthenticity of the admission essay, physician assistant programs use or consider using other components of the admission process, such as MMI and psychometric testing. I suspected that committee members

would incorporate MMI and/or psychometric testing as components of the selection process for matriculation into physician assistant programs.

I anticipated that the research findings would be transferable to other committee members, due to my use of purposeful sampling when selecting participants (Patton, 2015), and that I would inform the discipline of the impact of the inauthenticity of the admission essay on the phenomenon. I anticipated that there will be less emphasis on the admission essay as a component of the admission process, and more emphasis on authenticatable concepts.

Ethical Issues

I conducted my study in an ethical manner, ensuring that I abode by research conduct guidelines. I received IRB approval from Concordia University–Portland for my minimal risk research study. I displayed professional research conduct by disclosing any conflict of interest, discussing my position as the researcher, and presenting the ethical issues of the study. I discussed the two situations in which my interview protocol varied from my video-conferencing protocol with my external auditor, and determined that there was no increase in the minimal risk to the participants.

Conflict of interest assessment. Conflict of interest can occur in a situation in which the outcome of the research study may benefit the researcher, or when individual interests may influence one’s professional judgment (Lo & Field, 2009). When there is a conflict of interest the researcher may influence the integrity of the research study. I did not have a conflict of interest. I had no economic nor personal financial conflict of interest with this research study.

Researcher’s position. A primary researcher must be careful not to attempt to make predictions or generalizations based on the data analysis (Moustakas, 1994). I presented the themes I discovered during the analysis, and admission committees may choose to use the

information to give direction to their admission process. I remained unbiased during the research process and did not allow my beliefs to impact the research study. In order to remain unbiased, I reflected upon my biases and I utilized bracketing. My use of personal reflection and bracketing assisted me in identifying my biases and being aware of my biases so that I was not influenced by my preconceptions during data collection or analyzation of the data (Chan et al., 2013).

Ethical issues in the study. I reviewed the standards of the National Institutes of Health and the American Psychological Association pertaining to conducting research in the social sciences and concluded that my study had minimal risk of ethical issues. The National Institutes of Health (2014) defined minimal risk as follows:

the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. (para. 4)

I informed the participants that the study has minimal risk and provided them with this definition.

I complied with ethical research standards as I conducted my research, presented my study proposal to the IRB, and minimized any potential risks to the participants. Additionally, I provided informed consent to the participants, and I was transparent about the different components of the research study, per the recommendations of Moustakas (1994). In my contact email to each program's director to obtain the contact information of the committee members, I introduced myself and my research goals, provided the purpose and estimated length of the survey, and explained the risks and benefits of the study, including how I foresaw the research assisting physician assistant education. The introductory email to the committee members also contained this information. I informed the respondents that I would log their names and email

addresses in a file in my password-protected computer, and that I would not associate their identification information with their responses. I ensured that I provide sufficient informed consent for the respondents to understand the terms of the research study and assured the respondents that I would keep all of their identification information confidential.

I protected the confidentiality of the participants by not identifying their names or institutions. To do so, I assigned a number and pseudonym to each research participant that was used instead of the participants' name in the interview and in the dissertation. I paraphrased the participants if they made a statement that would have indicated their identity or the identity of their program, although I made sure that I would still represent their responses correctly. In addition, I did not participate in the study since I was the principal investigator. Within 3 years of this study's publication, all identifying information of the participants will be deleted from my password-protected computer and any printed or handwritten notes that contain identifying information will be shredded. Finally, I do not have any financial connections with the research study.

I did not use deception in my study. I provided informed consent to each participant, which provided the participants with information about the researcher, the purpose of the research, and the risks and benefits of the study (see Rubin & Rubin, 2005). After receiving informed consent, the participants provided written consent to participate in the study (see Appendix C for a copy of the consent form). I obtained verbal consent during my interview protocol to begin the interview. I informed the participants that I would provide them with the transcript from their interview as well as a copy of my completed dissertation.

A potential benefit of the study is that physician assistant program admission committees will receive knowledge of other admission committee's experiences with the admission process.

One potential disadvantage, however, is that admission committees may feel pressured to make changes to their admission process based on the research findings. I strove to make sure that the study reduces any potential risks and that it benefits all the participants. I provided the participants with a completed copy of the dissertation so that they have access to the findings (see Appendix F).

Chapter 3 Summary

In this chapter I discussed the methods and design of this study. I conducted a qualitative study, specifically a phenomenological study. I presented the phenomenon of the physician assistant program admission process. The problem of inauthentic admission essays was investigated through researching the experiences of physician assistant admission committee members with the phenomenon. I explained that research participants were selected using purposive sampling. I discussed the criteria for selecting participants, and the procedure for selecting participants.

Additionally, in this chapter I explained data collection procedures. I used semi-structured interviews to collect data, and I used an interview protocol. I discussed limitations, delimitations, and assumptions of the study. I discussed the validity of the study in terms of credibility and dependability, and I presented ethical considerations. I will discuss the results and analysis of the data in Chapter 4.

Chapter 4: Data Analysis and Results

Introduction to Data Analysis and Results

In this chapter, I will discuss the data analysis and results of the study. I have organized this chapter in the following sections: introduction, description of the sample, research methodology and analysis, summary of the findings, presentation of data and results, and summary.

The phenomenon that I researched is the authenticity of the admission process of physician assistant programs. Admission to physician assistant programs is very competitive. Research Participant 8 stated that their physician assistant program receives approximately 1,200 applications annually. Participant 8's program's admission committee members then select 150 applicants for an on-campus interview. Participant 6's physician assistant program also received approximately 1,200 applications annually.

The admission process contains a variety of components to assist admission committee members in the process of determining which of the applicants they will invite to campus for an interview, and then which of the applicants they will offer a coveted spot in the physician assistant program. The admission process is intended to select applicants who will likely perform well in the didactic and clinical training aspects of the physician assistant program (Jones & Forister, 2011). The admission process varies slightly from one physician assistant program to another, though the admission process of most physician assistant programs includes cognitive and noncognitive components. All participants required GPA, and all participants except for one required GRE scores. Table 1 shows the noncognitive components of each participant's admission process.

Table 1

Noncognitive Components Included in Each Participant's Admission Process

Participant	Essay or personal statement	Additional written document	Work experience (paid or volunteer)	Job Shadow	Interview	Letters of Recommendation
1	Yes	Yes	Yes	Yes	Yes	Yes
2	Yes	Yes	Yes	No	Yes	Yes
3	Yes	Yes	No	No	Yes	Yes
4	Yes	Yes	Yes	No	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes
7	Yes	No	Yes	Yes	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	Yes

Responses from the research study participants provided background to the admission process of physician assistant programs. Each of the eight participants stated that their admission process includes both cognitive and noncognitive attributes. Every program requires an admission essay and an interview.

One noncognitive component of the admission process that is required by many physician assistant program admission committees is an admission essay. During my review of the literature I identified the research problem of the inauthenticity of the admission essay. Some applicants submit an admission essay that has been plagiarized (Kumwenda et al., 2013). After reviewing the literature regarding inauthentic admission essays, I wanted to learn about experiences admission committee members of physician assistant programs have had with inauthentic admission essays. I am a member of the admission committee of my physician assistant program, and I have a professional interest in the experiences of admission committee members of other physician assistant programs pertaining to concerns of inauthenticity of the admission essay.

Once I determined my research problem and research questions, I reviewed quantitative and qualitative research methods. I decided a qualitative research study would be the best way to address my research questions and research problem because I was interested in obtaining information on committee members' lived experiences with a phenomenon. Using a qualitative research method allowed me to have personal interaction with the participants as I research their lived experiences. I determined phenomenology would be the best research design for my study, and that the best way to obtain data that addressed lived experiences with this problem would be to conduct video interviews with physician assistant program admission committee members. During the interviews, I collected data regarding the experiences of the admission committee members with the admission process and with inauthenticity of the admission essay. After coding their responses, four themes pertaining to the admission process were identified.

I utilized two main research questions to explore the phenomenon of the authenticity of the admission process:

- What experiences have physician assistant program admission committee members had with inauthenticity in the application materials?
- What have physician assistant program admission committee members experienced pertaining to changes to the admission process due to the concern of inauthenticity in the application materials?

My role as the researcher was to develop research questions that would effectively address the phenomenon that I studied. I am a program director of a physician assistant program, and a member of my program's admission committee, so the phenomenon of the admission process for physician assistant programs is of great interest to me. I wrote this dissertation both for personal interest in my profession as a program director an admission committee member,

and to inform other physician assistant program admission committees about the admission process, including concerns of inauthenticity in the admission process. I have worked in physician assistant education for seven years, and have had positive experiences with faculty and staff of other physician assistant programs being willing to offer support and advice. I am a member of three physician assistant organizations. One of the organizations in which I am a member is the Physician Assistant Education Association (PAEA). This association strives to improve the education of physician assistant students. PAEA has created on-line communities for faculty to share ideas and learning strategies with other physician assistant programs. This willingness to share demonstrates the congeniality experienced by most physician assistant faculty nationwide. Another resource of PAEA is a database of every physician assistant program. I used the database of physician assistant programs from PAEA to obtain contact information for the participants' program directors.

Description of the Sample

The participants of the study were physician assistant program admission committee members from fully accredited physician assistant programs, and the participants each had experience with the admission essay. There are three levels of accreditation of physician assistant programs that are determined by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA): fully accredited, provisionally accredited, and probationary accreditation. I selected the participants using purposive sampling, and I selected program directors of fully accredited physician assistant programs from the database of the Physician Assistant Education Association's member services. I contacted each program director via email and explained my research study, and I attached a copy of my IRB approval, a copy of the letter to the admission committee members, a copy of the informed consent form, and a copy of the

interview questions. I asked the program directors to forward my email to the members of their program's admission committee. The email contained my contact information for the admission committee members to use to accept or decline participation in the study. In some situations, the program director was also a member of the admission committee and offered to participate in the study. In other situations, the program director forwarded my email to the admission committee members and a member of the admission committee participated in the study.

During the recruitment portion of my study I contacted program directors from 33 of the 170 fully accredited physician assistant programs. Eight of the 33 program directors agreed to have a member of their admission committee participate in my research study. Four program directors declined to participate in the study, and 21 program directors did not respond to my initial nor follow-up email.

After an admission committee member agreed to participate in the study, I contacted them via email to explain the study in more detail and discuss the informed consent topics. I attached a letter of informed consent for the participants to sign and return to me via email as an uploaded PDF. I saved each signed informed consent form to my password-protected computer.

Eight participants consented to participation in my study, though one participant answered the interview questions in written format, which left seven participants to interview. The number of participants in my study is sufficient for a phenomenological study. Emmel (2013) cites Creswell as recommending a minimum of five participants for a phenomenological study, and Morse as recommending a minimum of six participants for a phenomenological study. After reviewing the data, I determined that my data was saturated, and I stopped the recruitment process.

Of the eight participants, five participants were male and three participants were female, as stated on their profile pages or by their program director. I did not ask the participants' age or ethnicity. Four participants had a master's degree level of education and four participants had a doctoral level of education. Each participant met the selection criteria of the study. The selection criteria for participants in the study were as follows: the participants must be members of admissions committees for physician assistant programs at an institute of higher education, the physician assistant program for which they work must be a fully accredited program, the physician assistant programs must have a formal admission process, and the physician assistant program admission processes must include admission essays. Table 2 contains demographic information of the participants.

Table 2

Participant Demographics

Participant	Pseudonym	Type of institution	Gender
1	Participant 1	4-Year university	Male
2	Participant 2	4-Year university	Female
3	Participant 3	4-Year university	Male
4	Participant 4	4-Year university	Male
5	Participant 5	4-Year university	Female
6	Participant 6	4-Year university	Male
7	Participant 7	4-Year university	Male
8	Participant 8	Community college	Female

Research Methodology and Analysis

The phenomenological research design allowed me to study the lived experiences that participants have had with the phenomenon (Patton, 2015). I collected data from admission committee members through individual interviews with seven of the participants, and via written format from one participant (Participant 2) who wanted to participate in the study and preferred to answer the interview questions in written format. Moustakas (1994) discussed the importance of creating interview questions that provide information pertaining to the phenomenon. I developed the interview questions to obtain information from the participants regarding their experiences with the admission process, and with inauthenticity of the admission essay. I created a list of open-ended questions pertaining to the admission process that I asked the seven interview participants. I asked each interview participant the same questions. Appendix D contains the list of interview questions and Appendix E contains the interview protocol.

Fieldwork. Data collection began May 9, 2019, with the interview of Participant 1, and ended on October 13, 2019, with the interview of Participant 8. When I began the fieldwork component of my study, I anticipated data collection taking two or three months, however, due to a poor response rate, data collection took 5 months.

The majority of the data was collected using open-ended interview questions that were audio recorded. In five of the seven interviews, the verbal responses of the participants were audio-recorded, and I transcribed the interviews while listening to the audio recordings. I was unable to audio record two of the interviews; one interview because the record feature in Zoom was malfunctioning, and the second interview because the participant was having difficulty with his audio. I took detailed notes during each interview, and I used my notes to paraphrase the participants' responses in the two interviews that had technical difficulty. Member checking was

used with all interview participants, including the two participants with whom there were audio technical difficulties. Because Participant 2 chose to answer the interview questions in written format, data was collected from Participant 2's written responses to the interview questions.

Interviews. I conducted seven interviews, six of which were conducted via video conferencing using Zoom, and one of which was conducted in person (Participant 8). One participant (Participant 2) preferred to answer the interview questions in written format. There was a technical difficulty with the audio recording of one of the video interviews, and I received permission from that Participant 7 to take notes during the interview and paraphrase the responses. I sent Participant 7 my notes from the interview, and Participant 7 reviewed the notes and provided feedback for revisions of my notes.

Interview protocol. The interview protocol consisted of eight open-ended questions that focused on the admission essay and the admission process. Some of the questions provided background information pertaining to the participants, and some of the questions were specifically focused on the research questions. Per the recommendations of Moustakas (1994), I developed interview questions that addressed my research problem, and my research questions. The open-ended nature of the interview questions allowed each participant to provide as detailed as an answer as they preferred. Some of the participants provided concise answers, and other participants went into depth with their responses.

Consent. I obtained written consent from each participant to participate in the study, and to use audio recording of each interview so that I was able to transcribe the interview. I explained my research protocol to each participant, and reassured each participant that their responses would be stripped of any identifying information. I also informed the participants that I would destroy all identifying information and all recordings as outlined in my research protocol.

Participants were provided the opportunity to ask any questions they had at any time during the research process, and were informed they could withdraw their consent at any time in the research process.

Data collection. The interviews were a successful means of qualitative data collection. The majority of the interviews were conducted using Zoom video conferencing. The face-to-face interview with Participant 8 was conducted during a Physician Assistant Educators Conference in Washington D.C. and Participant 8 shared rich data, and face-to-face discussion allowed me to engage in a nonverbal way with the participants. I enjoyed establishing a relationship with the interview participants, and felt that trust was created at the beginning of each interview through small talk prior to the start of each interview. Participant 2's written responses to the interview questions were pertinent to my research questions, and are included in this chapter. Although Participant 2's responses were written and emailed to me by Participant 2, and were not obtained via a face-to-face interview, the data provided addresses my research questions.

Transcription. After each interview was conducted, I transcribed the audio files, and then used member checking to verify that I had accurately interpreted and presented the participants' responses. Member checking is the process of involving research participants in the review of the data collected during an interview to ensure data was collected and interpreted accurately (Widodo, 2014). Each participant was e-mailed an executive summary of their interview for review to verify the accuracy of the summary. I revised the transcriptions after receiving feedback from each interview participant. Widodo (2014) described the verification process as way to achieve credibility by involving the participants in the data review process. Maintaining confidentiality of the participants is a crucial component of phenomenological studies (Sutton & Austin, 2015). To maintain confidentiality, each participant was assigned a

number and a pseudonym, and the original transcripts and the executive summaries were saved on my password-protected computer.

Member checking. After the conclusion of each interview, I analyzed each audio-recording, and transcribed each of the five audio-recorded interviews. I took verbatim notes during the in-person interview with Participant 8, and emailed the notes to Participant 8 to review and provide feedback. Revisions were made to my notes based on the feedback from H. Participant 8. Participant 2 had emailed me their written responses to my interview questions so her responses to the interview questions had already been reviewed by Participant 2.

After each interview participant reviewed the transcription from their interview and recommended revisions, I revised the transcriptions as needed. Once revisions were successfully made, I reviewed the transcripts of each interview and extracted the essential responses that pertain to the phenomenon. I analyzed the responses of the participants for concepts and themes. I analyzed the written responses of Participant 2, the participant who had submitted written responses to the interview questions, for concepts and themes. After reviewing the responses from each of the eight participants, four themes emerged from the data, and I color-coded each theme. Each transcript was reviewed multiple times and the data was color-coded to match the color-coding for each theme. After the color-coding process was complete, the data were sorted into the pertinent identified theme categories.

Chunking and coding. I reviewed each transcript for pertinent responses that addressed the research questions and I used chunking to organize the pertinent responses. Chunking is the process of sorting the individual data into groups of similar content (Elliott, 2018). After chunking the data, I coded the data from each participant's interview using different colored highlighters to represent different themes that I identified as I reviewed the executive summaries.

Elliott (2018) described the importance of reflecting upon the chunk of data prior to coding the chunks of data. McMillan (2009) described coding as a means of synthesizing and sorting data, and recommends using different colored pens to categorize the codes. Weston et al. (2001) recommended the use of a codebook when coding data to categorize data into groupings of similar themes. The coding of the data allowed me to separate each theme for rapid identification, and the use of the code book helped me to keep track of the codes. As I identified new codes, I compared the codes to previously identified codes as a checking measure.

Theme identification. I reviewed and compared the coded data and identified common themes among the data. I analyzed the themes and discussed each theme in detail in this chapter. As I analyzed the data to identify themes, I was diligent to bracket my professional bias to minimize influencing my analysis of the data with my implicit professional bias.

Bracketing. Bracketing is the intentional process the researcher takes to set aside his or her personal beliefs and assumptions regarding the phenomenon (Chan et al., 2013). I have seven years of experience with the physician assistant program admission process and was cognizant of my bias as I analyzed the data. I found it challenging during the interview process to maintain a neutral stance as I asked the interview questions, and I had to frequently remind myself to focus on the interview questions and not to interject my personal opinion. I frequently stopped myself from engaging in conversation with the participant and redirected the interview to my interview protocol.

Summary of the Findings

I identified four main themes when I analyzed the data. Table 3 contains a brief description of each theme. The themes that I identified when I analyzed the data were similar to information I identified during my review of the literature. When I conducted my review of the

literature I researched the processes used to select students who are admitted into health care training programs. During my review of the literature I identified that there is a problem regarding the authenticity of this admission process. Forister et al. (2011) discussed the concern of plagiarism interfering with the authenticity of the admission process. The problem of authenticity mainly pertains to the academic integrity of the personal statement essay submitted by graduate health profession students. In my study I asked the participants about the admission process at their institution, and inquired about any concerns of inauthentic admission materials.

After analyzing the themes, I examined the manner in which the themes I identified related to my research questions. In this section I discussed an overview of the results, and then I discussed each theme individually and connected how each theme relates to the research questions.

Table 3

Common Themes and Brief Description of the Themes

Common themes	Brief description
Importance of noncognitive components of the admission process.	Noncognitive components of the admission process are viewed by the admission committee as integral admission materials.
Revision of the admission process.	One or more components of the admission process has been revised over the history of the physician assistant program.
Impact of inauthentic admission materials on the admission process.	The admission committee decided to make changes to the admission process specifically due to concerns of inauthentic admission materials.
Implementation of on-campus writing sample.	The admission committee implemented an on-campus writing sample in order to compare the applicants' writing styles and quality of writing to that of the submitted admission essay in an attempt to verify that the two writing samples are similar and authentic.

Several main observations were made when I conducted a broad-overview of the data. The patterns of comparisons that were identified from the coded data demonstrated that only a few of the admission committees had experience with inauthentic admission materials. Participant 1, Participant 6, and Participant 8 had changed their admission process due to the concern of inauthenticity of admission materials. Similarly, two admission committees had implemented an on-campus writing sample in order to compare the applicant's admission essay with an on-campus writing sample to look for discrepancies in the writing style that could indicate inauthentic elements of the admission essay. Participant 1 and Participant 8 shared that their admission committee has used on-campus writing samples to compare to the applicant's admission essay. Participant 6 had experience with concerns of inauthentic admission materials and changes had been made to the admission process based on the concerns of inauthentic admission materials, however, Participant 6's physician assistant program did not implement an on-campus writing sample. Participant 2, Participant 3, Participant 4, Participant 5, and Participant 7 did not have experience with inauthentic admission materials, and did not have an on-campus writing sample.

Each of the eight participants shared the variety of components of their physician assistant program's admission process. Each of the participants' admission process included both cognitive and noncognitive attributes. Every participant included use of the CASPA on-line application, GPA, letters of recommendation, an admission essay, and an interview as part of the admission process.

Participant 3's admission committee also included GRE score and multiple mini interviews. The multiple mini interviews are varied, and include group-based scenarios, a writing sample, partner work, and a one-on-one interview. The Grit analysis has also been used by the

admission committee of Participant 3's physician assistant program as a tool to assist in the selection of students, however, there was not enough differentiation among responses so the Grit analysis is no longer used. The admission committee of Participant 3's institution reserved approximately 60% of the seats in each cohort for students who attended the institution for undergraduate studies. Additionally, there are several unique applicant groups that Participant 3's admission committee values, such as applicants who are in the military, applicants with diverse background, and applicants who have conducted research.

Participant 4 and Participant 5 stated that their program's admission process includes a supplemental application in addition to the CASPA application, as well as test scores. Their admission process has two essay components, the CASPA personal statement and a lengthy personal statement essay. Their program considers details of experience to be an important component of the admission process and personal life and work experience as taken into consideration during the selection process. The on-campus interview includes interviews with faculty and alumni, as well as discussion with current physician assistant students. During the on-campus interview experience, prospective students participate in a situational experience in which their problem-solving skills are scored on a rubric.

Participant 7's program's admission committee separates the GPA into the cumulative GPA and a science GPA. The admission process also requires the GRE and 40 hours of job shadowing a physician assistant. Work experience in health care is not a requirement for their admission process. Participant 7's admission committee uses the admission essay as a way to make a final decision as to which students to offer a spot in the program. The admission essay is reviewed subjectively and is not given a score. The admission essay is not used to determine which prospective students will be invited for an interview. Prospective students who graduated

from the institution with their undergraduate degree and residents of the state are given preferential review in the admission process.

Participant 2's program requires both an over-all GPA and a science GPA. The institution requires its own questionnaire that is a component of the physician assistant program's admission process. They have chosen not to incorporate multiple mini interviews into their admission process because they have received feedback from students that had experienced the multiple mini interviews during other physician assistant program interview experiences. The feedback regarding the multiple mini interviews from the students included concerns of the multiple mini interview process being extremely stressful and not seeming to pertain to being a physician assistant.

Participant 6's program reviews three different GPAs: overall GPA, prerequisite GPA, and the last 60 credit GPA. Participant 6 described the most important components of the admission process as, "GPA is the most important, a high second would be the interview, and then after that it is kind of a wash between the essays and letters of req and the GRE scores." The admission committee also requires the GRE, and uses the GRE as a way to compare potential students' ability. Participant 6's admission committee values the GRE as a way to create a more even playing field for applicants whose grades may have been inflated from attending a less challenging institution for their undergraduate degree.

During the on-campus interview experience there are five or six interview stations through which each applicant rotates. In two of the stations the applicant interviews with two interviewers, so that each prospective student is interviewed by four interviewers. The admission committee then averages the scores of the four interviewers, which has provided a better evaluation of each applicant. Participant 6's program used to have the potential students

participate in a group interview that is scenario based. They put a group of approximately six students together in a problem-focused scenario, however they found that the activity was not useful in weeding out prospective students, so they have transitioned to a group discussion with the program director. The program director watches the potential students interact with one another and with the program director and determines if there are any potential students who are not engaged in the discussion. Participant 6 stated that the group discussion is ranked low with regard to points that impact the decision-making process of which potential students to offer a spot in the program, and that the group discussion is mainly used as an opportunity for applicants to meet with the program director and have an opportunity to ask questions of the program director.

Another component of the admission process that Participant 6's admission committee values is health care experience hours. Their program requires a minimum of 500 health care experience hours, and they have found that students who gained health care experience through scribing are successful students. The admission committee members take time to review each prospective student as an individual, and they appreciate well-rounded applicants.

Participant 8's program requires health care job experience, volunteer experience, and job shadowing. The admission requirements state that prospective students must take the GRE within the past five years. The GPA is reviewed as both an overall GPA and with the science GPA separated from the overall GPA. Applicants must have earned at least a grade of 'B' or higher in every prerequisite course. The admission committee requires that the Anatomy and Physiology courses have been completed within the previous seven years. The physician assistant program also requires a supplemental application that prospective students complete as

a mandatory component of the admission process, and they have an on-campus writing sample that is completed on the interview day.

Participant 8's program does not use the multiple mini interviews as a component of their admission process because they feel as if the multiple mini interview is biased against the introvert applicants. Participant 8 stated that introverts tend to have a difficult time focusing and processing information rapidly in the multiple mini interview scenarios. In order to provide the introvert applicants with a less stressful interview experience, the on-campus interview experience was designed to intentionally foster a supportive, comforting environment. The prospective students meet one-on-one with the program director so that the applicants do not have to compete with extrovert applicants for the program director's attention. The prospective students are placed with at least one of the same faculty interviewers for their one-on-one interview and for a group exercise. During the on-campus interview day, the admission committee members observe prospective students for any behaviors that demonstrate disinterest in the physician assistant profession or the physician assistant program. It is concerning to the admission committee members if a prospective student is late to the interview, if a prospective student decides to leave the interview day prior to the debriefing at the end of the day, or if a prospective student avoids specific questions during the interviews.

Participant 1's program requires a diversity essay in addition to the admission essay. The diversity essay is a requirement of the institution of all prospective students, and requires that the prospective students explain why diversity is an important aspect of the profession. The prospective students are also asked to explain in the diversity essay what life experiences pertaining to diversity that they would bring to the program in order to contribute to a diverse cohort of physician assistant students.

Participant 1's program requires work experience and volunteer experience. Prospective students must distinguish between direct patient care experience and indirect patient care. It is important to the admission committee members that the prospective students have had experience taking care of patients. The admission committee members also review the volunteer and work experiences of each prospective student and view the experiences as a reflection of each applicant's values and priorities.

The GRE is a required component of the admission process for Participant 1's physician assistant program. The admission committee members do not believe that the GRE is a good assessment of prospective students' knowledge required to succeed in a physician assistant program. Rather, the admission committee members use the GRE as a tool to gauge prospective students' ability to take a high-pressure, standardized exam. Participant 1's program has conducted research to see if there is a correlation with GRE scores, admission to a physician assistant program, performance during the first year of a physician assistant program, performance during the second year of a physician assistant program, and performance on the Physician Assistant National Certifying Exam (PANCE) and the research did not demonstrate a correlation in any of the areas researched. Participant 1 is hopeful that the Physician Assistant Education Association will develop a good pre-physician assistant evaluation, and would consider using that test to evaluate prospective students. Per Participant 1,

Well we continue to use the students taking the GRE. I think it is a not a very good assessment of what they need for PA school other than their ability to take a standardized test. It is a high pressure exam. That is pretty much all we use it for. We have done a variety of studies looking at how it correlates with admissions, and first and second year performance and with PANCE scores, and in our program it does not correlate well with

any of them. It is a pretty low priority item for us, and I think when we eventually get a test from PAEA that is a good pre-PA evaluation we will switch to that.

After analyzing the data, I identified the following four themes. The summary of each theme is presented in this section. Each theme is discussed in detail in the following section.

Theme 1: Importance of noncognitive components of the admission process. This theme provides background information to the admission process, and provides context to the noncognitive components of the admission process. This theme also provides background context to the research question pertaining to the experiences of the participants with inauthenticity of the admission essay.

Each of the eight participants stated that they placed value on the noncognitive components during the admission process. A variety of noncognitive components of the admission process were discussed by the participants. Some of the noncognitive components of the admission process discussed by the participants include the multiple mini-interview, personal statement admission essay, and letters of recommendation.

Theme 2: Revision of the admission process. Each of the eight participants stated that the admission process of their physician assistant program has been revised over the history of their program. The information identified in this theme provides background information to the admission process, and provides context to the research question pertaining to changes made to the admission process due to concerns of inauthenticity of the admission essay. The rationale behind the revisions to the admission process vary among programs. Each program's revisions were made to better align the admission process with their admission committee's desired outcomes.

Theme 3: Impact of inauthentic admission materials on the admission process. This theme directly addresses the research questions pertaining to the experience of physician assistant program admission committee members with inauthenticity of the admission essay and experience of physician assistant program admission committee members with changes to the admission process due to the concern over the inauthenticity of the admission essay. The admission essay is an important noncognitive component of the admission process that provides a way for applicants to share personal attributes that are not identified in cognitive components (Bekin et al. as cited in Lopes et al., 2014). Three of the participants had experience with changes being made to the admission process due to concern of inauthenticity of admission materials.

Theme 4: Implementation of on-campus writing sample. This theme directly addresses the research questions pertaining to the experience of physician assistant program admission committee members with inauthenticity of the admission essay, and experience of physician assistant program admission committee members with changes to the admission process due to the concern over the inauthenticity of the admission essay. Personal statement admission essays submitted with the initial application materials may not represent the authentic work of the applicant (Papadakis & Wofsy, 2010). Comparing an on-campus writing sample to the submitted writing sample assists admission committee members in determining if the applicant truly wrote both submissions.

Presentation of Data and Results

The following four themes that I identified during data analysis portray the lived experiences of the eight participants with the admission process. In this section I presented more detailed data than was presented in the summary section of this Chapter.

Theme 1: Importance of noncognitive components of the admission process.

Megginson (2009) stated that noncognitive aspects of an admission process provide insight into the personality, attitude, motivation and emotional intelligence of an applicant. Although strong academic, or cognitive, traits are an essential component of physician assistant education, noncognitive skills assist the medical provider in the practice of medicine. In today's technological age, medical providers have evidence-based practice guidelines at their fingertips. Websites and apps are useful in researching the current guidelines for treating complex medical conditions, however, technology is unable to provide medical providers with an immediate ability to effectively communicate with patients. The art of medicine is practiced when a provider possesses and displays authentic empathy and builds trust with a patient by balancing intellectual intelligence with emotional intelligence. The noncognitive components of the admission process seek to evaluate the interpersonal skills of applicants, such as empathy, communication skills, and professionalism (Megginson, 2009).

The participants shared information regarding a variety of noncognitive components of the admission process. One noncognitive component of the admission process is the multiple mini-interview (MMI). The multiple mini-interview experience provides admission committee members an opportunity to witness applicants address multiple, specific objectives by rotating through various interview settings. The MMI assess noncognitive attributes of applicants (Harris & Owen, 2007). Participant 1 stated "We are using the MMI, and the MMI is a pretty substantial part of our decision-making process." Although the structure of the MMI varies among physician assistant program admission committees, the goal of the MMI is to allow multiple encounters with each applicant in an attempt to form an accurate opinion of each applicant. The majority of

the participants value the information that the MMI provides since specific attributes of the applicants can be analyzed in a short amount of time.

The admission essay is another noncognitive component of the admission process. The admission essay provides an avenue for the applicant to present himself or herself to the admission committee (White et al., 2011). The admission essay is one of the most common noncognitive components of the admission process. Participant 4 and Participant 5 stated that their program uses two admission essays: one is the CASPA personal statement and the other is a program-specific personal statement. Participant 3's program uses the admission essay to look at students who are categorized into specific categories in order to determine which applicants the admission committee will invite for an interview. Participant 3 said the admission essay provides background information regarding each applicant's discernment for becoming a physician assistant. The admission essay provides the admission committee members with insight into unique aspects of the applicant, and demonstrates each applicant's ability to communicate in written format.

Participant 1 stated their institution uses the admission essay as a way to learn about the applicants' experience taking care of patients, as well as a way to learn about the applicants' values and priorities. In addition to the traditional admission essay, Participant 1's program also has applicants write a diversity essay. The diversity essay is a university-wide essay that asks each applicant to explain what they have to offer to the program pertaining to diversity.

Participant 2's program used to have an admission essay and a personal statement, in addition to a questionnaire that is unique to their institution. Participant 7's program requires an admission essay, and uses each applicant's comments in the admission essay as a tool to address questions that need to be addressed on the interview day.

Participant 2 stated that her admission committee has two people read each personal statement admission essay and if there is a difference of more than three points between the scoring of the essay between the two evaluators, then a third read is made in order to eliminate bias. The rubric for the review of the personal statement admission essay is based on the program's "desire to education compassionate, confident, and competent providers" (Participant 2).

Participant 3's program reviews the personal statement admission essay for applications who have unique backgrounds, such as applicants who have served in the military, applicants with diverse backgrounds, and applicants who have conducted research (Participant 3). Participant 4 and Participant 5 stated that their program has two personal statement admission essays; the CASPA personal statement and a lengthy personal statement essay.

Each participant's admission committee uses the admission essay to evaluate specific aspects of the prospective students. Applicants write one personal statement admission essay for the CASPA application, and that same admission essay is reviewed by every physician assistant program to which the applicant applies. Each admission committee uses their own evaluation criteria when reviewing the CASPA admission essay, and the statements made by the applicants may resonate more with one admission committee than another. Since the CASPA admission essay is intended to be viewed and evaluated by numerous physician assistant admission committees, some admission committees require applicants to submit a separate admission essay that is unique to their program in order to evaluate program-specific admission criteria.

Health-care work experience and job shadowing experience are other noncognitive components of the admission process that many programs evaluate. Participant 7 stated that job shadowing is an integral part of the admission process. Participant 6 shared that health care

experience is very valuable to their admission process, and stated their program requires a minimum of 500 hours of health care experience. In addition, Participant 6 stated that they have found scribing and job shadowing to be important noncognitive components of the admission process.

The various noncognitive components of the admission process are evaluated by the admission committee members in order to obtain a well-rounded evaluation of each applicant. The selection process of students to matriculate into physician assistant programs includes evaluation of both cognitive and noncognitive attributes. Each program evaluates the cognitive and noncognitive attributes in a unique way that aligns with their admission committee's desired outcomes.

Theme 2: Revision of the admission process. Each participant described the ways in which their admission process has been revised since the inception of the program. Healthcare delivery is always changing, and medical education must evolve to meet the needs of an ever-changing system. Admission processes are frequently evaluated and revised to meet the needs of the healthcare system. Changes in healthcare delivery vary across the nation, and each physician assistant program must meet the healthcare needs of their geographic location. The admission process of each physician assistant program is structured in a way to identify prospective students who will align with the physician assistant program's mission.

Participant 1's physician assistant program puts a strong emphasis on diversity. Per Participant 1,

Two new pieces that we have would be the diversity essay, and that is once again a university wide thing, not specific to PA. It basically asks the question if diversity is an

important aspect of the profession, what are you going to contribute to a diverse class. So it is using diversity in its broadest definition. The second piece is the MMI.

Participant 3's institution's admission process has also implemented the MMI as a component of the admission process. Other changes to the admission process at Participant 3's institution include small group work, an on-campus writing sample, and partner work that evaluates effective communication.

Participant 4 and Participant 5 explained that their institution's interview process has been revised from a three-day process to a one-day process. Participant 6's program has also changed the interview process from one interview per candidate with two interviewers to two interviews per candidate, each with two interviewers. Participant 7 stated that the scoring process of the interview portion of the admission process has changed to a 'yes/no' format in which a prospective student is either recommended for admission or not recommended for admission. Participant 8's program has also made changes to the interview component of the admission process. Participant noticed that the introvert applicants appeared uncomfortable during the interview process and often were over-shadowed by extroverted applicants. In order to provide introverts an opportunity to have an opportunity to talk, each applicant is handed a question that they answer in a one-on-one setting with the program director. Participant 2 stated that their program has changed the way that the personal statement was utilized after they found a correlation between how well students scored on their personal statement and how well they scored on the institution's questionnaire.

Participant 2's program used to have an admission essay and a personal statement, in addition to a questionnaire that is unique to their institution. Participant 2 found that the students that scored high on the personal statement and on the institution's questionnaire also scored

highly on the admission essay. The applicants that scored poorly on the personal statement and institution questionnaire also had scored poorly on the admission essay. Participant 2's program now uses one admission essay and the institution's questionnaire and no longer uses the second admission essay. The admission committee of Participant 2's program has two different reviewers of each admission essay, and if there is a difference between the scores that is greater than three points, then a third person reads the essay in an attempt to help eliminate bias. In addition, the rubric that Participant 2's program uses to score the admission essay has been revised to align with the program's desire to educate compassionate, confident, and competent providers.

Participant 8 stated that there have been many changes to their admission process. The interview questions are frequently changed. The on-campus experience at Participant 8's institution has also changed, and now includes a writing panel, a group exercise, and an interview in which three faculty interview each applicant. Participant 8 commented that their admission committee noticed that the introvert applicants were often uncomfortable with the interview process, and were over-shadowed by the applicants who had Type-A personalities. In order to provide a more comfortable interview experience for the introvert applicants, the admission process has been revised to provide each applicant an opportunity to meet one-on-one with the program director. Each applicant is provided with a question and they have time to think about their response to the question prior to discussing their answer to the question with the program director. Another way in which Participant 8's program has changed their admission process is to have each applicant interact with the same faculty in a couple of on-campus experiences. The same faculty member, or program director, will participate on the applicant's interview panel and they will also assess the applicant's group exercise. In addition, Participant

8's on-campus experience includes a quiet room in which applicants may rest to collect their thoughts in a cell-phone-free, talk-free room.

Participant 7's program has revised their interview day to include an opportunity for the prospective students to meet with the program director. The program director engages the applicants in an informal discussion, which allows the applicants to learn more about the program to see if the program would be a good fit for them. The informal discussion also allows the program director an opportunity to obtain subjective information through interaction with the applicants. Participant 7 stated that the scoring process of the interviews has also been revised. On interview day, each applicant is considered to be well prepared academically, and the interview day is used to collect subjective data on each applicant. The interview rubric has been revised to a 'yes/no' format, and there are now three categories in which a prospective student is placed after an interview: recommend, average recommendation, do not admit. Participant 7 stated that due to their large applicant pool, only prospective students in the 'recommend' category matriculate in the program.

Participant 6's program significantly revised their program a couple of years ago when they decided to use CASPA after surveying their applicants and learning that 98% of the applicants were using CASPA to apply to other physician assistant programs. Per Participant 6,

Up until CASPA we did not require an essay for the application. The way we use the application of the essay back then is that once you got your interview, when you came to do the interview, that's where we actually set aside 20 minutes for that. We gave them a question and a prompt. It was interesting though, because we looked at the essay, it was about 130 people, and we read them all. We really didn't read them for content as much as we read them for red flags. The weight of the essay really wasn't that much. We

actually used that to exclude people from getting into our program. So since then we actually have the essay now embedded in CASPA and it is less weighted at this point and we don't do the essay when they come.

Participant 6's program requires three different GPAs: overall GPA, prerequisite science GPA, and the last 60 credit hour GPA. Participant 6 stated that the last 60 credit hour GPA is useful in determining how each applicant is doing as a student more currently. Prior to CASPA, Participant 6's program only required two letters of recommendation. CASPA allows applicants to upload up to five letters of recommendation. In addition, Participant 6's program added the GRE to their required admission materials. Per Participant 6,

About five years ago, we added in the GRE. We felt that because of the different institutions that our applicants were coming from, that if somebody took all their prerequisite courses at community college, somebody went to UW-Madison that that is a different applicant. We felt that the GRE could potentially stabilize that a little bit.

The GRE scores allow the admission committee members to compare applicants who took all of their prerequisite courses as a community college to applicants who attended a traditional 4-year institution. Participant 6's admission committee felt the GRE could potentially stabilize the differences in any potential grade inflation that may have occurred at a community college.

Another way in which Participant 6's admission committee evaluates GPA is by researching the Barron's university ranking system to determine how competitive the institution was that the applicant attended. Participant 6's admission committee members found that there were some students who were not being offered spots in the program because they had lower GPAs, however, their degree was awarded by a more competitive institution.

Participant 4 stated his admission process has also been revised. The interview process used to be a three-day process, and now is a one-day process. Faculty and alumni participate in the interview day. The one-day interview process includes an interview, meal, campus tour, discussion with current students, and a tour of the cadaver lab and sim lab.

Some institutions have added multiple mini interviews (MMIs) to their admission process. Participant 3's institution has added various types of MMIs: a behavioral group where a group of applicants work on a scenario to assess how well each applicant interacts with other people, a writing sample, partner work to evaluate communication, and a traditional one-on-one interview. Participant 1's institution has also implemented the use of MMIs. The physician assistant program uses MMIs in their admission process, and the entire institution has adopted the MMI into the admission process of all programs. Participant 1 stated that the MMI is a substantial component of the decision-making process for the physician assistant admission committee.

In addition to incorporating MMIs, Participant 3's institution had used the Grit analysis with prospective students, but found there was not enough differentiation among responses so they no longer use the Grit analysis as a tool in the admission process. Another change to the admission process at Participant 3's physician assistant program was adding specific questions to CASPA to identify students in unique groups, such as students who have served in the military.

One of the largest changes that Participant 6's program has made after adopting the use of CASPA is the addition of the admission essay. Prior to CASPA the admission process did not require an admission essay. Instead of an admission essay, the applicants were provided with a writing prompt during the on-campus interview day. The on-campus writing sample was used to exclude people from getting into the program by looking for red flags. Now that the program

uses CASPA, they no longer include the on-campus writing sample in the admission process because they use the admission essay that is embedded in CASPA.

Theme 3: Impact of inauthentic admission materials on the admission process.

Thompson's (2015) research on authenticity in education explained that students possess a sense of self-identity and self-understanding when they represent themselves in an authentic, genuine manner. Likewise, Thompson (2015) stated that students may not recognize their full potential when they are not authentic in their work because the students are receiving feedback based on inaccurate information.

Three of the participants, Participant 1, Participant 8, and Participant 6, expressed concern that inauthentic admission materials had been submitted to the admission committee by applicants. These participants collectively had experienced inauthenticity of a variety of admission materials, including the admission essay, letters of recommendation, and grades listed on transcripts. Regarding the admission essay, Siu and Reiter (2009), and Papadakis and Wofsy (2010) identified three main ways in which admission essays can be inauthentic: they can be purchased online from black market websites, portions of example essays can be copied from a website and inserted into the applicant's essay, and they can be heavily edited in a way that no longer accurately represents the applicant's original content.

Letters of recommendation are used by admission committee members to gain insight into the applicants' academic and nonacademic strengths (Elam et al., 2002). Applicants typically ask people who are familiar with their academic and personal attributes to write their letters of recommendation, such as a college professor or a supervising employer. The letters of recommendations often state how the applicant demonstrates qualities that are essential to being a successful health care provider.

The same three participants discussed the changes that their program's admission committee made to the admission process due to the concern of inauthentic admission materials. Per Participant 1 his program implemented CASPA to verify that the application materials were authentic, and to weed out the inauthentic materials prior to the program receiving the application. Participant 1 added that prior to the implementation of CASPA, his program did receive fake letters of recommendation and fake transcripts. Per Participant 1,

I do not know that we have had a whole lot of experience as a program. When we launched CASPA we spend a fair amount of time talking to the company that was going to run CASPA about the amount of tracking they were going to do on the materials to make sure they were valid. We negotiated a certain level of checking so that the checks are done at the app level before it ever gets distributed to the universities. That means the universities don't see a lot of fake stuff because it gets weeded out at the CASPA level. But I know that our experience is that there were a significant amount of letters of rec that were fake, and transcripts that were fake, or transcripts that were changed and so a lot of material gets screened out before it ever gets to us

Participant 8 said they have experienced inauthenticity of the admission essay, and due to the concern of inauthenticity their program's admission committee added an on-campus essay writing component to the interview day. Participant 8 added that their program also interviews the applicants in both a 1:1 setting and in a group setting to determine if any of the applicants' personal behaviors are demonstrated differently in either setting. In an attempt to encourage potential students to display their authentic behaviors Participant 8's admission committee has added group interaction and one-on-one interaction during the interview day in order to

determine if a potential student will let their guard down and display behaviors that would not align with being a physician assistant.

Participant 6 stated that they have not had experience with inauthenticity of the admission essay, and stated that “We are pretty trusting. Pretty much what you put down is what you get.” However, Participant 6 had experience with inauthenticity of grades. Due to the concern of grade inflation, Participant 6’s admission committee implemented the GRE in order to create a standardized approach to applicants. Per Participant 6,

Well, I think the only thing I could say that speak to that is that again, the inflation thing you know. And so having the GRE is a bit more of a standardized approach. When you have somebody that's getting a 4.0 in every category and with the GRE they are in the 10th or 20th percentile, you think there's a little disconnect there. What it does is it just informs us when we're making those tough decision. The top 15 are easy, the bottom 350 are easy, it is the middle ground that we're trying to pick out. And we put all of those together and on that sheet that we use, all those different components. It shows their GPA, it shows their GRE, where they went to school, any extracurricular stuff that they did, their healthcare experience hours. Health care experience hours are valuable for us and we have 500 hours that we require. If they worked 510 hours at the nursing home as a CNA, and somebody that else has traveled, and shadowed, scribed, we love scribe hours. They don't get extra points but we have our discussions and we say this person has done all of these extra things. Every year we are constantly trying to tweak it. We have a good system right now. So we still meet at least once a month as an admissions committee, sometimes more, just to review and make sure that it is good.

Other participants had not experienced inauthentic admission materials. Participant 7's program has received letters of recommendation that are form letters that do not contain the correct applicant information, however they have not experienced any inauthentic admission essays. Participant 2 stated their program has not had an issue with inauthentic admission materials, but that they are on the look-out for inauthentic materials. Participant 6's also has not had any experience with inauthentic admission materials, and stated that their admission committee members are very trusting.

Theme 4: Implementation of on-campus writing sample. One way in which admission committee members can attempt to evaluate authenticity of the admission essay is to implement an on-campus writing activity on the interview day. Admission committee members can compare applicants' writing ability by comparing the quality of the writing of the previously submitted admission essay with that of an on-campus writing sample. Participant 1 and Participant 8 had experience with an on-campus writing sample being implemented to compare to the quality of the writing of the admission essay. Prior to using CASPA, Participant 1's program had an on-campus writing sample that the admission committee members compared to the admission essay that each applicant submitted as part of the admission materials. Participant 8 explained that for the personal statement admission essay their program has added an on-site personal statement writing assessment in order to compare the on-site statement to the CASPA personal statement.

Participant 1 and Participant 8 stated that their admission committees had implemented an on-campus writing sample to compare the quality of the writing of the admission essay to that of the on-campus piece. Per Participant 1, his program used to have an on-campus writing sample that the admission committee members used to match the writing sample from the admission essay with the on-campus writing sample in order to determine if the applicant likely

wrote their admission essay. Participant 1 stated that the admission committee members determined that the evaluation of the prospective students' on-campus writing sample did not significantly impact the admission committee members decision to offer an applicant a spot in their program, so Participant 1's program eventually got rid of the on-site writing sample.

Participant 8 explained that for the personal statement admission essay their program has added an on-site personal statement writing assessment in order to compare the on-site statement to the CASPA personal statement. Per Participant 8 their program's on-campus writing sample is graded via rubric by an English department faculty, and the writing sample is compared to the CASPA personal statement.

Chapter 4 Summary

The purpose of this phenomenological study was to research the experiences of physician assistant program admission committee members with the admission process to identify any concerns of inauthenticity of the admission materials, including inauthenticity of the admission essay.

The study addressed the following research questions:

- What experiences have physician assistant program admission committee members had with inauthenticity in the application materials?
- What have physician assistant program admission committee members experienced pertaining to changes to the admission process due to the concern of inauthenticity in the application materials?

The phenomenon that I researched is authenticity of the admission process of physician assistant programs. I researched the problem of the inauthenticity of the admission essay by conducting interviews with physician assistant program admission committee members. I

collected data regarding their experiences with the admission process and with inauthenticity of the admission essay. I reviewed the transcripts of the audio-recording from each interview, and coded the participants' responses. During analysis of the data, I identified four themes pertaining to the admission process.

In Chapter 5, I will discuss the results, relate the results to the literature, discuss limitations of the study, discuss implications of the results, and make recommendations for further research. Chapter 5 will be the concluding chapter to my study.

Chapter 5: Discussion and Conclusion

Introduction to Discussion and Conclusion

In Chapter 4, I presented the results. In this chapter, I present the analysis of the data which includes evaluation, implications, personal insight, and interpretation of the findings. In this chapter, I summarize the results of the study and discuss the results in relation to the literature. The themes are discussed in relation to the literature. I present limitations of the study and discuss implications of the results for practice, policy, and theory. I conclude the chapter by presenting recommendations for future research.

Summary of the Results

In this study, I explored the experience of physician assistant program admission committee members with the admission process of physician assistant programs. Zimmermann et al. (2017) explained that typical graduate admission processes have four specific phases: screening, scoping, selection, and evaluation. The typical admission process for physician assistant programs contains the following components: successful completion of required admission components, completion of the online CASPA, selection for admission interview, face-to-face interview process, and final selection of interviewed applicants. Many components of this process involve reviewing quantitative data pertaining to each applicant, such as grade point average and standardized test scores. Other components, such as the admission essay, provide qualitative data. The combination of this quantitative and qualitative information provides a well-rounded overview of each applicant to the admission committee.

Discussion of the Results

Lopes et al. (2016) researched physician assistant program applications submitted to CASPA. They found that two thirds of admission committee members across multiple physician

assistant programs expressed concern that the personal statements contained content that was not the applicant's original work (Lopes et al., 2016). Lopes et al. also noted that Internet search engines yielded more than 10 million hits when searching for the term 'personal statement,' and that the first website listed was a company that prepares personal statements for applicants (Lopes et al., 2016). Applicants are typically individuals in their mid-twenties, and this age group is accustomed to using the internet as a resource. Blogs and other on-line sources of information may appear to be offering helpful recommendations regarding the competitive admission process. However, if applicants choose to incorporate information in their admission essay that was shared by other individuals, instead of providing authentic information regarding himself or herself, the applicant is not accurately representing themselves. These results show there is potential for admissions processes to be compromised due to a lack of authenticity of the personal statement.

My two research questions focused on the experiences that admission committee members had regarding authenticity of the admission process, including how their concerns about essay inauthenticity impacted the admission process. I chose phenomenology as the qualitative research method for my study. I followed an interview protocol during interviews with participants and asked each participant the same open-ended questions. Six participants were interviewed using Zoom video conferencing, one participant was interviewed in person, and one participant answered the interview questions in written format. Each interview question related to one of my research questions.

I identified four themes as I analyzed the data. The first theme demonstrated that admission committee members place importance on noncognitive components of the admission process. The second theme recognized that the admission process of physician assistant

programs is an evolving process that is consistently reviewed and revised. The third theme identified that some physician assistant programs have made changes to the admission process due to concerns of inauthenticity of admission materials. The fourth theme presented implementation of an on-campus writing sample in order to compare the quality of the writing of the on-campus writing sample to that of the admission essay.

Each of the four themes relates to specific components of the admission process. Each of the participants discussed the various components of their physician assistant program's admission process. Each program's admission process included cognitive and noncognitive components. Megginson (2009) stated that traditional admission processes tend to focus on academic, or cognitive, components, and that nonacademic components are often not given equal weight in the admission process by admission committees. This study did not explore the specific details of how much weight each program's admission committee placed on each of the components of the admission process. However, the participants in this study discussed how their admission committee incorporated many of the cognitive and noncognitive components into the admission process and some participant offered information regarding which component they believed to be the most important.

Physician assistant programs each have specific cognitive and noncognitive components of the admission process; each of these components presents specific, useful information, and should reflect the mission of the program (Witzburg & Sondheimer, 2013). Each of the eight participants stated that their admission process includes both cognitive and noncognitive attributes. Traditionally, the admission process has relied on cognitive factors. Academic achievement, assessed via GPA, and standardized test score are two common components of the admission process (Katz & Vinker, 2014). The GRE is a common standardized test that is a

required component of many physician assistant programs. In this study, seven out of eight participants stated that their physician assistant program's admission process required the GRE. Although the findings of this qualitative research study are not generalizable to the general physician assistant program population, it is still of great interest to me that the GRE is a required component of the admission process because there is not any evidence that supports a correlation between GRE scores and academic success in a physician assistant program (Katz et al., 2009).

Elam et al. (2002) have explained that standardized tests are frequently a mandatory means of evaluating prospective students' academic potential. Cognitive attribute, such as GPA and standardized test scores, are reliable predictors of academic performance, but they are not reliable predictors of clinical performance (Harris & Owen, 2007). Noncognitive components of the admission process provide information regarding applicants' personality traits, but can have varying reliability because they are more challenging to evaluate and compare among applicants (Benbassat & Baumal, 2007).

The Graduate Record Exam (GRE) is one of the cognitive components of some physician assistant program's admission processes. Katz et al. (2009) discussed the challenges of using the GRE as part of the criteria for admission decisions since there is no evidence that a specific GRE score in each of the components of the GRE correlates to success as a physician assistant student. GPA is another common cognitive component of the admission process (McDaniel et al., 2013). The GRE and GPA components of the admission process present numerical data that can be compared among applicants. Each of the eight participants' admission processes include review of each applicant's GPA. Some of the programs look at specific components of the GPA, such as the science GPA and an overall GPA. Participant 6 reported their program reviewed three GPAs:

the overall GPA, the prerequisite science GPA, and the last 60 credit hour GPA. Participant 6 stated that the last 60 credit hour GPA provides the admission committee members with information regarding the most recent academic performance of the applicants.

Noncognitive components of the admission process are more challenging to compare among applicants. Letters of recommendation, health care experience, and personal statement essays are noncognitive components of the admission process that provide qualitative data (Hall et al., 2017). Katz and Vinker (2014) discussed the importance of including noncognitive components in the admission process for medical providers, and they explained that high scores on academic components do not always correlate to success as a medical provider. Professionalism and effective communication skills are essential attributes of successful medical providers, and are attributes that are not able to be assessed by cognitive components of the admission process (Katz & Vinker, 2014).

Discussion of the Results in Relation to the Literature

I compared the four themes that I identified in the data with the findings of the existing literature. Authenticity, fairness in the admission process, and the competitive nature of the admission process were the three attributes of the process that the published literature consistently discussed and from which I constructed my conceptual framework. Thompson's (2015) research on authenticity in education explained that when a student's work is authentic, he or she is provided with a sense of self-identity. When a student's work is not authentic, he or she may not realize his or her potential (Thompson, 2015). For this study, I defined *authentic* as work that is original to the person completing and submitting the information. Prior to conducting the interview, I anticipated that participants would express concern for lack of authenticity of the admission essay. The majority of the data collected did not support my theory.

In fact, the majority of the participants stated that they trusted the CASPA admission platform to screen-out inauthentic admission material. A couple of the participants expressed concern of inauthentic admission material, specifically inauthentic admission essay. Participant 1 stated their program uses an on-campus writing sample as a way to compare the writing of the applicant's admission essay to that of the on-campus sample to assess the actual writing ability of the applicant. Similarly, Participant 8 stated their admission committee added an on-campus writing sample that is compared with the CASPA admission essay to assess authenticity of the admission essay.

The second attribute of the admission process that I used to construct my conceptual framework was fairness. There are three types of fairness that impact the admission process: procedural, normative, and merit-based. ARC-PA standards require that all physician assistant programs practice procedural fairness during the admission process. Procedural fairness means each applicant receives equal consideration through a systematic review process (Panczyk et al., 2017). Each participant stated that the admission process of their program is based on procedural fairness in order to comply with the ARC-PA standards. The procedural fairness of the admission process begins with the admission requirements for each program being readily available to all prospective students on the program's website. The review and selection processes of the admission process also must be conducted using procedural fairness to ensure that each applicant is considered equally.

Normative fairness refers to an inclusive approach to the selection process (Pitman, 2016). Each program's admission committee has specific components of their admission process that evaluate the traits and attributes of the applicants that align with the program's mission and vision. The admission committee members evaluate each applicant's likelihood of both

succeeding in the program and in being a good fit for the program. The supplemental application material and additional essays that Participants 1, 4, 5, and 8 require as part of their admission processes are screening tools to evaluate an applicant's potential fit with the program's vision and mission.

Merit-based fairness refers to the consideration and evaluation of applicants' ability levels in cognitive and noncognitive components of the admission process. In merit-based fairness, an applicant who has earned a high GPA in science courses is likely regarded in that aspect of the review process as superior to an applicant with a low GPA in science courses. Admission committee members typically practice normative fairness in order to select applicants that are well-rounded and demonstrate excellence in both cognitive and noncognitive components of the admission process. The use of scoring tools and a pre-determined admission help to create an admission process that is fair (Zimmermann et al., 2017). Merit-based fairness is included in each of the participants' admission processes. Merit-based fairness occurs when admission committee members rank candidates based on specific cognitive components, such as GPA and GRE scores.

The final attribute of the admission process that I used to construct my conceptual framework was competition. Competition among applicants also impacts the admission process (Brewster et al., 2018). The admission process is highly competitive, with many physician assistant programs receiving between 500 and 1,000 applicants per admission cycle (Lopes et al., 2016) to compete for slots in an average physician assistant program class size of 47 students (PAEA, 2018). Participant 6 explains that his program's admission committee members use Barron's leveling system to assist in comparing rigor of undergraduate institutions. Use of the ranking system provides the admission committee members with a tool to address the

competitive nature of the admission process. Participant 6 explained that one applicant may have earned a 3.5 cumulative GPA at an institution that is ranked as highly rigorous by Barron's and another student may have earned a 4.0 cumulative GPA at an institution that is ranked less-highly rigorous by Barron's. The admission committee members of Participant 6's program used Barron's system to ensure applicants who completed coursework at a rigorous institution were reviewed in a way that takes into consideration the academic rigor of their undergraduate institution.

I reviewed various aspects of the three attributes of the admission process during my review of the literature. The three attributes that formed the conceptual framework for my study served as a lens through which I reviewed and analyzed the data. The results from this study supported the findings of the existing literature and presented opportunities for further research.

Theme 1: Importance is placed on noncognitive components of the admission process. Each of the eight participants placed value on noncognitive components of the admission process. Noncognitive components of the admission process provide insight into an applicant's personality and values (Megginson, 2009). Noncognitive attributes that have been demonstrated to be essential to healthcare providers include team work, communication skills, personal development and professional development (Kerrigan et al., 2016). Pertaining to the admission process, McDaniel et al. (2013) found that the five most influential factors are interactions with the staff and faculty, career motivation, knowledge of the physician assistant profession, maturity, and professionalism. Participant 3 explained that their program's admission committee members use the admission essay to evaluate for unique qualities of applicants that would enhance the cohort. Participant 1's program uses information from their diversity essay to evaluate various traits of the applicants.

Admission committee members face a challenge in determining fair ways to compare the noncognitive components of the admission process. The creation of scoring rubrics is useful to convert the qualitative data to numerical data that is compared among applicants, and many of the participants' stated that their admission committee members use rubrics to evaluate the noncognitive components of the admission process. Rubrics are commonly used to score the admission essay. The admission essay is a noncognitive component of the admission process in which each applicant presents himself or herself to the admission committee (White et al., 2011). The admission essay is one of the most common noncognitive components of the admission process. Some physician assistant programs use the CASPA personal statement admission essay as their only admission essay, while other programs have applicants write an admission essay that is unique to their physician assistant program. Participant 4 and Participant 5 reported that their programs used two admission essays: the CASPA personal statement and a program-specific personal statement. Participant 1 stated that his program required applicants to submit the CASPA admission essay and to complete an essay focused on diversity.

In addition to using a rubric to score the admission essay, Participant 2's program's admission committee had two people read each admission essay and, if there was a difference of more than three points between the scoring of the essay between the two evaluators, a third evaluator read the essay as well. The items on Participant 2's program's scoring rubric for the review of the personal statement admission essay were based on the mission of the program.

The literature reflects admission committee members assessing noncognitive attributes in a variety of ways. Sometimes scoring rubrics are created to evaluate the specific criteria that each program desires to assess. The personal statement admission essay also contains information regarding the applicant's personality and values, in addition to addressing the reason why the

applicant desires to be a physician assistant (White et al., 2011). The assessment of the admission essay allows admission committee members to determine if the applicants' personal traits and education goals align with those of the program. Data from this study showed that admission committee members reviewed the admission essay using criteria specific to their program. For example, Participant 3 reported that his program, during review of the admission essay, looked specifically for applicants who had served in the military, applicants with diverse backgrounds, and applicants who had conducted research.

In addition to the admission essay, the interview process provides applicants with the opportunity for the admission committee members to learn first-hand about their unique traits and attributes. The interview process allows the interviewers to assess verbal and nonverbal communication skills, and interpersonal skills. Both the literature and the results of this study demonstrated that there are a variety of ways in which interviews are conducted. Interviews are conducted in a one-on-one scenario, in a panel scenario, and in a series of multiple mini-interviews (MMIs). The literature shows that the MMI provides applicants multiple opportunities to interact with the admission committee members in order to obtain a more thorough review of the applicants (Grice, 2014). MMIs assess noncognitive attributes of applicants (Harris & Owen, 2007). In this study, a few of the participants reported that their admission committees had incorporated the MMI into the admission process. Participant 1's program placed high value on the applicants' interactions during the MMIs. Participant 3's program uses the following MMIs during the admission process: a behavioral group where a group of applicants work on a scenario to assess how each applicant interacts with other people, a writing sample, partner work to evaluate communication, and a one-on-one traditional interview. Each of the participants who had implemented the MMI had unique outcomes that they created the MMI to assess. The

admission committee members can tailor the traits that are evaluated by developing MMIs that evaluate specific traits.

Theme 2: Revision of the admission process. Healthcare is an ever-changing discipline, and the curriculums of healthcare training programs are frequently revised to meet the needs of evidence-based practice. The literature demonstrated that the admission process of physician assistant programs changes to meet the needs of profession. In this study, all of the participants stated that the admission process had been revised over the history of their physician assistant programs. The manner in which the admission process had changed varied program to program.

Again, some participants explained that their admission committees had added multiple mini interviews to the admission process. The MMI was either used in conjunction with a traditional interview, or in place of a traditional interview. Both the applicants and interviewers found MMIs helpful in providing applicants with multiple opportunities to demonstrate their unique personality traits (Kumar et al., 2009). Jones and Forister (2011) supported the use of MMIs as a reliable tool for screening for professionalism concerns during the admission process. Participant 1's and Participant 3's programs had implemented the MMI into their admission processes. However, Participant 8 stated that their program did not use the MMI, they had revised their interview process to interview the applicants in both a one-on-one setting a group setting to determine if any of the applicants' personal behaviors are demonstrated differently in either setting.

MMIs evaluate a variety of noncognitive skills, such as interpersonal and intrapersonal skills. Eley et al. (2016) discussed the importance of evaluating interpersonal and intrapersonal skills. Interpersonal skills include empathy, cooperation, and ethical practice, while intrapersonal skills include resourcefulness, purposefulness, and demonstrating responsibility (Eley et al.,

2016). Eley et al. explained that medical providers must possess effective communication skills in order to successfully interact with patients of diverse backgrounds. MMIs evaluate noncognitive attributes such as effective communication skills, demonstration of compassion, the ability to work well with colleagues in team settings, and professionalism (Katz & Vinker, 2014). MMIs vary in the activities that are used to assess specific attributes of the applicants. Participant 3 reported that his program had added various types of MMIs: a behavioral group where a group of applicants work on a scenario to assess how well each applicant interacts with other people, a writing sample, partner work to evaluate communication, and a traditional one-on-one interview. Participant 1 also reported that his physician assistant program had also implemented the use of MMIs and stated that the MMI is a substantial component of the decision-making process for the physician assistant admission committee.

Theme 3: Impact of inauthentic admission materials on the admission process. In addition to revising the admission process to meet the needs of changes to the physician assistant discipline, some programs have revised their admission process due to concern of inauthenticity of admission materials. Forister et al. (2011) addressed the concern over plagiarism interfering with the authenticity of the admission process for graduate programs, specifically for physician assistant programs. Arbelaez and Ganguli (2011) also stated that it is difficult to determine an applicant's actual contribution to a personal statement essay.

Three participants in this study had made changes to their program's admission process due to concern of inauthenticity of admission materials. Participant 1's program chose to have applicants submit their application through CASPA because the CASPA service had a high level of checking and verifying that application materials were authentic. Participant 1 stated that, prior to using CASPA, their program experienced inauthentic application materials, including

letters of recommendation and transcripts. Elam et al. (2002) explained that admission committees use letters of recommendation to learn about applicants' academic and nonacademic abilities. Letters of recommendation are typically written by people who are familiar with the applicant's academic and personal attributes and often state how the applicant demonstrates qualities that are desirable in a health care provider. Participant 7 stated that their program's admission committee had experience with receiving form-letter style letters of recommendation that did not contain information that was specific to the applicant. Participant 7 stated that on some occasions the form letter contained incorrect information regarding the student, such as an incorrect name or incorrect gender, which was a red flag indicating plagiarized or inauthentic material.

Another challenge that admission committee members face is determining whether applicants wrote their own admission essay (Wright, 2015). Participant 8 stated that their program had experienced inauthenticity of the admission essay. The admission process for Participant 8's program had been revised due to the concern of inauthenticity of the admission essay, and the admission committee decided to implement an on-campus essay writing component on the interview day. In addition, Lopes et al. (2016) demonstrated that there is no standard for committees to use to determine whether a personal statement is effective, which questions the validity of the personal statement into question.

Inauthenticity of the admission materials can significantly impact the admission process. Turner and Nicholson (2011) conducted numerous focus groups with admission committee members for medical schools in which the group members discussed their personal bias that impacts the scoring of personal statements. Implicit bias of the admission committee members is one facet of the admission process. The ability of the admission committee members to fairly and

accurately evaluate the admission materials impacts the fairness of the admission process. In addition, the success of a fair admission process relies, in part, on the authenticity of the admission materials. Authentic admission materials accurately present strengths and weaknesses of the applicants, and allow applicants to be compared to each other through a fair process.

Theme 4: Implementation of on-campus writing sample. Through my review of the literature I found that the authentically written admission essay provides the admissions committee the opportunity to assess an applicant's writing ability (Wright, 2015). In addition, the admission essay provides a way for the applicants to portray their personality traits and explain their motivation for wanting to become a physician assistant (Cole, 2007). Although there is potential for the admission essay to provide useful information in the admission process, Arbelaez and Ganguli (2011) found in their research that it is difficult to determine if the admission essay is the authentic work of the applicant.

In this study, both Participant 1 and Participant 8 reported having experience with an on-campus writing sample being implemented to compare to the quality of the writing of the admission essay. Participant 1's program used the on-campus writing sample as a way to compare the writing of the applicant's admission essay to that of the on-campus sample in order to determine the actual writing ability of the applicant. Participant 1 added that not all of the admission essays that varied from the on-campus writing sample were inauthentic; however, the applicant clearly had some sort of assistance writing and revising their essay. Participant 1's program's admission committee was able to verify that the on-campus writing sample was only written and edited by the applicant. O'Neill, Korsholm, Wallstedt, Eika, and Hartvigsen demonstrated "the written statement to be the poorest performing admissions variable" (Forister

et al., 2011, p. 7), which supports an on-campus writing sample that can be compared to the quality of the writing of the admission essay.

Participant 8 stated that applicants to her program who are invited to the on-campus interview participate in an on-campus writing exercise. The admission committee members then have members of the English department grade the on-campus writing samples using a specific rubric. Physician assistant program faculty then compared the scores from the on-campus writing samples to scores from the admission essay to help determine if the applicant's admission essay was written by the applicant.

An on-campus writing sample allows the admission committee members to compare the quality of the writing of the admission essay to that of the on-campus writing sample. However, even if the applicant authentically wrote the admission essay, the applicant can still be inauthentic in the content of the essay. Wouters et al. (2014) stated that the admission essay content may not be valid and reliable if students answer by telling the admission committee what they think the committee wants to hear. Participants in the study voiced a generalized understanding that they are aware that applicants may be telling the admission committee what they assume the committee wants to hear. Participant 6 stated that one of the ways their program's admission committee uses the admission essay is to identify potential red flags associated with applicants. This "screening-out" use of the admission essay is a different approach than the use of the admission essay as a way of "ruling in" an applicant.

Limitations

All research is subject to limitations (Walters, 2001). Limitations are components that impact the study that are out of the control of the researcher (Atieno, 2009). Limitations of this

study stem from the chosen methodology of the study, challenges with recruitment, and the review of the literature.

I chose to conduct a phenomenological study, as phenomenology provides first-hand insight into the experiences research participants have with the phenomenon. A limitation of my chosen methodology is that the results are directly related to the lived experiences of the participants. The participants each have unique lived experiences with the admission process. Data is limited to information that was shared by the participants, and the manner in which the participants presented the data. The participants may have chosen not to share all of the information pertaining to the various aspects of the admission process of their physician assistant program in order to maintain confidentiality of certain components of their admission process. In addition, each participant may have interpreted the interview questions differently than the other participants. Each participant has a unique lived experience with the phenomenon of the admission process, and their lived experiences likely impacted the lens through which they viewed the interview questions.

Recruitment challenges, and therefore sample size, was an additional limitation of my study. I did not receive responses from many of the program directors that I contacted. Recruitment was initiated in May 2018, and May is one of the busiest times of year for physician assistant faculty and program directors as many programs matriculate their new cohort in May, and many programs graduate their clinical year students in May. My goal was to begin recruitment in March or April of 2018, however I was unable to meet that goal. The challenge of recruitment resulted in fewer participants in my study. My goal was a sample size of 10-12 participants, but I was only able to recruit eight participants. I conducted six video-conferenced

interviews and one in-person interview. One additional participant provided written responses to the interview questions.

A third limitation of my study pertains to data collection. As the researcher, I was careful to do my best to not exhibit bias in my interview questions or my discussion with the participants, per Rubin and Rubin (2005). The use of an interview protocol helped to me to follow a standardized script for each interview to make sure each participant was asked the same questions, however I had to consciously remind myself not to engage in conversation pertaining to my views on the phenomenon.

The interpretation of the data also presented limitations. I was careful to do my best to accurately transcribe, reduce, bracket, and code the data to avoid imparting personal judgment on the study (Hycner, 1985). I strove to correctly transcribe the data, and asked each participant to review their executive summary to evaluate for errors in my transcription in order to present the data in the manner in which each participant intended. During interpretation and coding of the data I used a codebook to assist in avoiding bias (Weston et al., 2001).

A final limitation of this study pertains to the literature review. There is limited literature focused on the inauthenticity of the admission essay for physician assistant programs. Therefore, I expanded my literature review and researched the inauthenticity of other health care training programs' admission essays. It is possible that the literature of other health care training programs is not generalizable to that of physician assistant education and this may be a limitation. Additionally, some of pertinent literature is more than 10 years old; I included it in my literature review given the lack of material specific to concerns of inauthenticity of the admission essay for physician assistant programs.

Implication of the Results for Practice, Policy, and Theory

The results of this study are not generalizable because the study was a phenomenological study. However, the results do present themes that pertain to practice, policy, and theory.

Multiple studies have documented concerns over inauthenticity of the admission essay for health care professions, including physician assistant studies. Based on what I found in the literature, I anticipated learning about various encounters that admission committee members have had with inauthenticity of the admission essay. However, data from this study showed that many of the admission committee members who participated in the study did not have experience with inauthentic admission materials.

Implications for practice. This study produced data that will assist me in my personal practice as a physician assistant program director and admission committee member. I anticipated learning more about the admission essay and hearing concerns of admission committees pertaining to inauthentic materials. I gained significant knowledge regarding the admission essay, including insight into how various admission committees use the admission essay. Historically, the admission essay has been a significant component of the admission process into graduate school, and it has often been used to determine which applicants are invited to interview (White et al., 2012). My program uses the admission essay in a more traditional manner in that admission committee members read the essays the applicants submit, score the essays, and use the points from the essay as part of a pre-interview composite score that determines if the applicant advances in the admission process. In my role as program director and as admission committee member, I have not considered using the admission essay after the interview. During the interview process I learned that there are physician assistant programs that do not give a score to the admission essay prior to the interview experience, instead reviewing

the admission essays of their final candidates as a tool to aid them in selecting the students who will be offered a spot in the program.

After reviewing the literature, I am concerned about inauthenticity of admission essays. Papadakis and Wofsy (2010) expressed concern over the integrity of the personal statement, stating that the samples of personal statements found on the Internet or written by a hired individual jeopardize the value of the personal statement in the admission process. In fact, Papadakis and Wofsy (2010) suggested that programs remove the personal statement from the application process and instead institute admissions components that allow for direct observation of the applicant while responding to written prompts. As a program director and admission committee member I must consider the most appropriate use of the admission essay for my program's admission process.

Implications for policy. The new set of accreditation standards, the fifth standards, were recently released to program directors by ARC-PA and will take effect September 2020. The revised accreditation standards clearly define policies pertaining to the admission process. My research has provided me with an opportunity to revise my program's admission process with new insights gained from my review of the literature, and from the research participants. Perhaps other physician assistant programs will consider some of the information presented in this dissertation when revising their admission processes.

One new policy I am interested in implementing in my physician assistant program is one that allows veterans and applicants with unique backgrounds individualized accommodations pertaining to certain components of the admission process. The scoring rubric my admission committee currently uses does not include a score for applicants who have unique backgrounds or who are veterans, and I am interested in revising the rubric to include points for unique life

experiences. I would need to fully disclose any preferential treatment that is used in the rating and selection process in the application materials and on the program's website in order to remain compliant with ARC-PA. In Standard A3.13, ARC-PA states that physician assistant programs must:

define, publish, consistently apply and make readily available to prospective students, policies and procedures to include: a) admission and enrollment practices that favor specified individuals or groups (if applicable), b) admission requirements regarding prior education or work experience, c) practices for awarding or granting advanced placement, d) any required academic standards for enrollment, and e) any required technical standards for enrollment. (ARC-PA, 2019, p. 11)

Implementing a policy that would allow preferential accommodations for applicants with unique backgrounds may foster diversity in the applicants. Diversity in the student cohort, as well as education regarding diversity, is an important component of physician assistant education. As a program director of a physician assistant program in the Midwest, I currently struggle marketing my program to students of diverse and unique backgrounds. I found the experiences that Participant 3 shared regarding the applicants who have unique backgrounds to be helpful in providing me with ideas of how I can encourage diversity in applicants to my program. Participant 3 reported his program reviewed the personal statement admission essay for applications who have unique backgrounds, such as applicants who have served in the military, applicants with diverse backgrounds, and applicants who have conducted research.

Intentionally encouraging applicants of diverse backgrounds to apply to my program complies with one of the newly released ARC-PA accreditation standards, Standard A1.11, that

states that the sponsoring institution of the physician assistant program must demonstrate its commitment to student, faculty and staff diversity and inclusion by:

a) supporting the program in defining its goal(s) for diversity and inclusion, b) supporting the program in implementing recruitment strategies, c) supporting the program in implementing retention strategies, and d) making available, resources which promote diversity and inclusion (ARC-PA, 2019, p. 11)

Warren (2013) addressed an important aspect of the validity of admission personal statement essays that focused on applicants from diverse background. Specifically, Warren's (2013) research focused on low-income and minority students. Although Warren focused on undergraduate admissions, similar challenges face students applying to graduate programs. As previously mentioned, many applicants draw from their personal experience when trying to persuade the admission committee to accept them. However, if a student does not have the financial means to accomplish some of the activities that can look impressive in an admissions essay, the student may not be able to tell a story impresses the admission committee (Warren, 2013). Additional research evaluating the extent to which physician assistant programs support diversity and inclusion will provide useful data for physician assistant programs to use to evaluate their program's diversity and inclusion.

Implications for theory. My conceptual framework was founded on the concepts of authenticity of the admission process, fairness in the admission process, and the competitive nature of the admission process. Authenticity of the admission materials submitted by applicants was considered by each of the participants; however, only three of the participants had experience with changes being made to the admission process due to concern of inauthenticity of admission materials. Participant 1 stated that their program relies on CASPA verifying that

admission materials are authentic. However, Lopes et al. (2016) surveyed physician assistant program admission committee members and found that 93% of the programs used the personal statement as part of the applicant review admission process, and 69% of the respondents were concerned that the personal statements were not written by the applicant. This is alarming information that may impact how admission committees view the personal statement. Participant 2 stated that although their program has not had problems with inauthentic admission materials, they are aware that it is a problem. Admission committee members approach the admission process with an awareness of concerns of inauthenticity and tailor their admission process to appropriately address any issues that may arise.

An additional aspect of the admission process for admission committees to consider is that the admission essay may not be a valid nor reliable selection tool for healthcare training programs. Wouters et al. (2014) demonstrated that personal statements do not distinguish among medical school applicants. The application process for medical school is similar to that of physician assistant programs, and in both admission processes there is a chance that (a) the admission essays may not be valid and (b) even applicants creating their own materials write statements that they think the admission committee wants to hear (Wouters et al., 2014). Forister et al. (2011) found that the personal statement essay is not an indicator of how well a student will perform in a healthcare training program. Lopes et al. (2014) also analyzed the themes in CASPA personal statement admission essays with similar findings to Forister et al. (2011). These findings raise concern about the value of the personal statement essay as a noncognitive component of admission process.

Fairness in the admission process occurs when physician assistant programs clearly communicate their admission requirements to prospective students, when the admission process

is based on specific criteria, when the admission committee members adhere to the admission process, and when applicants submit authentic materials. Applicants expect and deserve to be reviewed fairly during the admission process. Applicants are aware that merit-based comparisons will be made among applicants; however, applicants expect that the admission committee members adhere to procedural and normative fairness during the review process. Pitman (2016) discussed merit-based fairness of the process of comparing applicants based on their skill and intelligence. Physician assistant admission processes incorporate merit-based fairness, including comparing applicants' GPAs, work experience, and other cognitive and noncognitive components of the admission process.

Procedural fairness ensures that the admission process itself was created in a fair manner, and that the admission process is implemented systematically (Pitman, 2016). ARC-PA accreditation standards mandate procedural fairness in the admission process. ARC-PA standards state that physician assistant programs' admission criteria must be clearly available and transparent to all applicants, and that all qualified applicants are given equal consideration (ARC-PA, 2019). A fair admission process implements uniform requirements and review for each applicant (Panczyk et al., 2017). Normative fairness is unique to each physician assistant program, as each program has its own mission and goals. Normative fairness assists each admission committee in selecting applicants that are a good fit for their specific program (Pitman, 2016). An applicant that is a good fit for one physician assistant program may not be a good fit for another physician assistant program.

Standardized admission processes within each physician assistant program provide a means for fairness in the admission process and minimize bias. Zimmermann et al. (2017) stated that bias can occur in the admission process even when admission committee members strive for

equitable practices. Using a specific, uniform admission process with set criteria for reviewing applicants helps committee members focus on the objective components of the admission process rather than depending on their intuition (Zimmermann et al., 2017). Merit-based fairness occurs when admission processes evaluate equally well-prepared applicants against the same criteria in order to provide equal treatment to all applicants (Kelly et al., 2014). Mercer and Puddey (2011) recommended admission committees conduct ongoing analysis of the admission process to evaluate reliability of the admission process.

Fairness in the admission process is important due to the competitive nature of the process. Participant 8 stated that their physician assistant program receives approximately 1,200 applications annually. Participant 6 shared ways in which his program's admission committee members addressed the competition among applicants, explaining that the Participant 6's committee evaluated GPA by researching the Barron's university ranking system to determine how competitive the institution was that the applicant attended. Participant 6's admission committee members found that there were some students who were not being offered spots in the program because they had lower GPAs; however, their degree was awarded by a more competitive institution.

Competition among applicants extends beyond GPA. Noncognitive components of the admission process are also compared among applicants. Healthcare providers must possess medical knowledge, yet they must also demonstrate professionalism and effective communication skills (Katz & Vinker, 2014). Applicants demonstrate their noncognitive skills in a variety of ways. Some applicants discuss volunteer or mission work they have completed. Other applicants explain that their service in the military or participation in collegiate level sports have given them teamwork skills and time-management skills. Discussion of the noncognitive

traits of the applicants typically occurs in the admission essay, in letters of recommendation, and during the on-campus interview.

Physician assistant admission committees may have specific admission practices that specifically evaluate noncognitive traits. The use of the MMI evaluates applicants on communication, teamwork, and professionalism. Eley et al. (2016) discussed the importance of evaluating interpersonal and intrapersonal skills during the admission process. Due to the competitive nature of physician assistant admissions, it is possible that an applicant's noncognitive skills could be what sets them apart from another applicant who has an equally strong GPA.

Applicants to physician assistant programs compete against their peers' academic and nonacademic strengths and weaknesses, as well as the limiting factor of more applicants applying to physician assistant programs than there are available spots. The average class size of physician assistant programs is 47 students (PAEA, 2018), and the majority of physician assistant programs receive 501-1,000 applicants annually (Lopes et al., 2016). It is common for physician assistant programs to discuss the competitive nature of the admission process on their website. Many programs, such as Duke University (2018) and Carroll University (2018), state on their physician assistant program website that the admission process is highly competitive. Applicants may be anxious about the competitive nature of the admission process, and may fear that their admission materials are not as competitive as those of other applicants (Ding, 2007). The competitive nature of admission to physician assistant programs begins while applicants are pursuing their undergraduate degrees as students prepare their admission materials (Muller, 2013). It is possible that the competitive nature of the admission process may tempt applicants to

fabricate admission materials (White et al., 2011). If applicants submit inauthentic admission materials, the fairness of the admission process is compromised.

Recommendations for Further Research

The competitive nature of the admission process presents a challenge for admission committee members to create an admission process that is fair and seeks authentic admission materials. With the advances in technology, it is challenging to evaluate authentic admission materials, especially admission essays. I recommend future research that focuses on standardized tests that evaluate applicants' noncognitive traits. The admission process, especially the interview process, can identify personality traits and other non-academic skills such as ethical reasoning, communication skills, professionalism, and interpersonal skills (Urlings-Strop et al., 2013). However, I have had personal experience with applicants misrepresenting themselves during the interview.

Psychological tests are occasionally used in the admission selection process in an effort to predict which applicants will be successful in healthcare training programs, as well as which applicants will be successful in the practice of medicine (Urlings-Strop et al., 2013). Currently, there are limitations to the use of psychological tests, primarily because there is a lack of longitudinal studies that correlate an applicant's psychometric evaluation to success in a specific professional program or to success as a medical professional (Megginson, 2009).

My program implemented the use of CASPer two years ago. We are currently collecting data to evaluate in a longitudinal study. We are interested to learn if students who scored in a concerning level on the CASPer test have issues with professionalism in our program. At this time, we are not using the CASPer test to screen students out of the admission process. In the future, if the longitudinal data demonstrates a correlation between scores on the CASPer and

professionalism issues during the physician assistant program, my program's admission committee may use the CASPer as a tool to screen out applicants from the admission process.

Further research correlating psychometric evaluations, such as CASPer, with success in graduate programs and in practice could assist in determining an appropriate use of psychometric evaluations in medical education. Norman (2015) expressed concern that current admission processes are not designed to detect applicants to medical school who exhibit longstanding unprofessional behaviors and suggested that it is appropriate to create components of the admission process that screen for unprofessional behavior. This statement is relevant to the admission processes of physician assistant programs. Per McDaniel et al. (2013), the five most influential factors in determining which applicants are offered a spot in a physician assistant program are interactions with the staff and faculty, career motivation, knowledge of the physician assistant profession, maturity, and professionalism. A psychometric test that applicants would take prior to being offered an interview as a means to screen out applicants who might have problems related to maturity and professionalism would provide admission committee members the opportunity to interview applicants who have already had an initial screening for professionalism, potentially providing more-qualified applicants to be interviewed. Further research to evaluate how implicit bias of applicants impacts the score of the psychometric test would assist in determining the validity of psychometric tests, specifically CASPer. I am curious if the CASPer scenarios are relatable to applicants from various ethnic and religious minority groups. Some standardized tests, especially standardized tests used in public K-12 schools, are written in a way that uses scenarios that are not relevant to all students. It would be unfair if an applicant were to be screened out of an interview simply because he or she misinterpreted the scenario that was presented in the psychometric test.

Conclusion

The purpose of this phenomenological study was to research the experiences of physician assistant program admission committee members with the admission process to identify any concerns of inauthenticity of the admission materials, including inauthenticity of the admission essay.

The study addressed the following research questions:

- What experiences have physician assistant program admission committee members had with inauthenticity in the application materials?
- What have physician assistant program admission committee members experienced pertaining to changes to the admission process due to the concern of inauthenticity in the application materials?

The phenomenon that I researched was the admission process of physician assistant programs. I researched the problem of inauthenticity of the admission essay by conducting interviews with physician assistant program admission committee members. I collected data regarding their experiences with the admission process and with inauthenticity of the admission essay. I identified four themes pertaining to the admission process and gained knowledge regarding the admission processes of other physician assistant programs. I will use this knowledge to provide a fair admission process to prospective students that is based on my program's mission and seeks to select applicants who will be compassionate, intelligent healthcare providers.

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Appendix A: Email to Program Directors

Dear (Program Director Name),

Hello! My name is Pollyanna Kabara, and I am a student in Concordia University–Portland’s doctorate of education program. I am conducting a study for my dissertation that researches the experiences that physician assistant program admission committee members have with the admission process. I am contacting you to ask if you are willing to permit members of your admission committee to participate in my research study.

The selection criteria for my study are the physician assistant program must be a fully accredited program, the physician assistant program must have a formal admission process, the physician assistant program must have an admission committee, and the physician assistant program admission process must include an admission essay. If your program meets the selection criteria, please continue reading. If your program does not meet the selection criteria, please e-mail me and inform me that your program does not meet the selection criteria for my study.

The purpose of this study is to examine inauthenticity of the physician assistant program admission process.

I have attached the copy of my IRB approval, my contact letter to your admission committee members, the consent form, and the interview questions.

If you are willing to permit members of your admission committee to participate in this study, please reply to this e-mail and please forward this email to the admission committee members.

Thank you very much for your consideration. Please contact me with any questions or concerns that you have regarding the research study.

Sincerely,

Pollyanna Kabara, doctoral candidate, MS, PA-C

[contact information redacted]

Appendix B: Initial Contact Letter to Admission Committee Members

Dear Admission Committee Member,

Hello! My name is Pollyanna Kabara, and I am a student in Concordia University–Portland’s doctorate of education program, and I am conducting a research study for my dissertation that focuses on experiences with the admission process. I am contacting you to ask if you are willing to participate in my research study.

The purpose of this study is to examine inauthenticity of the physician assistant program admission process. The study consists of a live, videoconference interview. There are five questions in the interview, and the interview will take between 30-45 minutes to complete.

I have attached the copy of my IRB approval, the consent form, and the interview questions.

To maintain confidentiality of the participants, I will assign a number to each research participant, and I will use the corresponding number in the transcript of the interview and in the dissertation instead of the participants’ names. I will paraphrase the participants if they make a statement that would portray their identity or the identity of their program, though I will make sure that I am still representing their responses correctly. I will log personal identification information, such as your name, name of your institution, and email address, in a secure, password protected computer. I am the only person who has access to the computer. I will destroy all personal identification information after I complete my dissertation. I will destroy personal identification information by deleting all electronic copies of the personal identification information, including any email correspondence.

If you are willing to participate in this study, please contact me via phone or email, and I will contact you via your preferred method of communication to answer any questions you have regarding the study, and to arrange a time to conduct the interview.

Thank you very much for your consideration. Please contact me with any questions or concerns that you have regarding the research study.

Sincerely,

Pollyanna Kabara, doctoral candidate, MS, PA-C

[contact information redacted]

Appendix C: Informed Consent Agreement

Research Study Title:	Lived Experiences with Inauthenticity of the Physician Assistant Program Admission Essay: A Phenomenological Study
Principal Investigator:	Pollyanna Kabara, MS, PA-C, Ed.D. Candidate
Research Institution:	Concordia University–Portland
Faculty Advisor:	Dr. Chad Becker

Purpose and what you will be doing:

The purpose of this survey is to explore the lived experiences of committee members with inauthentic admission essays, and to provide knowledge to the discipline of physician assistant studies regarding inauthenticity of the admission essay. I expect approximately 10-12 volunteers. No one will be paid to be in the study. We will begin enrollment on 4-01-19 and end enrollment on 6-01-19. To be in the study, you will have to meet the selection criteria. The selection criteria for participants in the proposed study are as follows: the participants must be members of admissions committees for physician assistant programs at an institute of higher education, the physician assistant program for which they work must be a fully accredited program, the physician assistant programs must have a formal admission process, and the physician assistant program admission processes must include admission essays. If you agree to participate in the study, you will participate in a video-conference interview, and the interview will be audio-recorded. You will be asked to review the executive summary of your interview and provide feedback to me, the researcher. Participating in the study should take less than 60 minutes of your time. Signing this consent form consents to the participation in the study, and the audio-recording of the interview.

Risks:

There are no risks to participating in this study other than providing your information. However, we will protect your information. Any personal information you provide will be coded so it cannot be linked to you. Any name or identifying information you give will be kept securely via electronic encryption or locked inside my office. When we or any of our investigators look at the data, none of the data will have your name or identifying information.

We will refer to your data with a code that only the principal investigator knows links to you. This way, your identifiable information will not be stored with the data. We will not identify you in any publication or report. Your information will be kept private at all times. Recordings will be deleted immediately following transcription and member checking. All other study-related documents will be kept securely for three years from the close of the study, and then will be destroyed.

Benefits:

Information you provide will help provide knowledge pertaining to the admission process to other physician assistant admission committee members. You could benefit this by sharing your lived experiences with the admission process.

Confidentiality:

This information will not be distributed to any other agency and will be kept private and confidential. The only exception to this is if you tell us abuse or neglect that makes us seriously concerned for your immediate health and safety.

Right to Withdraw:

Your participation is greatly appreciated, but we acknowledge that the questions we are asking are personal in nature. You are free at any point to choose not to engage with or stop the study. You may skip any questions you do not wish to answer. This study is not required and there is no penalty for not participating. If at any time you experience a negative emotion from answering the questions, we will stop asking you questions.

Contact Information:

You will receive a copy of this consent form. If you have questions you can talk to or write the principal investigator, Pollyanna Kabara at email [redacted]. If you want to talk with a participant advocate other than the investigator, you can write or call the director of our institutional review board, Dr. OraLee Branch (email obranche@cu-portland.edu or call 503493-6390).

Your Statement of Consent:

I have read the above information. I asked questions if I had them, and my questions were answered. I volunteer my consent for this study.

_____	_____
Participant Name	Date
_____	_____
Participant Signature	Date
_____	_____
Investigator Name	Date
_____	_____
Investigator Signature	Date



Investigator: Pollyanna Kabara; email: [redacted]
c/o: Professor Dr. Chad Becker
Concordia University–Portland
2811 NE Holman Street
Portland, Oregon 97211

Appendix D: Interview Protocol

Note: Format of the interview protocol is patterned after an example provided by Portland State University (n.d.)

Interview Protocol

Title: Interview with Participant number

Date:

Time of interview:

Location of interview:

Opening [READ]: “Hello! It is nice to meet you! As you are aware, my name is Pollyanna Kabara. Thank you for being willing to participate in my research study.

As I mentioned in my initial contact letter, I am a student in Concordia University–Portland’s doctorate of education program, and I am conducting a research study for my dissertation that focuses on the inauthenticity of the admission essay.

The purpose of this study is to examine inauthenticity of the physician assistant program admission essay. I will be asking you five main questions in the interview. I will also ask follow up questions after some of the main interview questions. The interview will take between 30-45 minutes to complete.

To maintain confidentiality of the participants, I will assign a number each research participant, and I will use the corresponding number in the transcript of the interview and in the dissertation instead of the participants’ names. I will paraphrase the participants if they make a statement that would portray their identity or the identity of their program, though I will make sure that I am still representing their responses correctly. I will log personal identification information, such as your name, name of your institution, and email address, in a secure,

password protected computer. I am the only person who has access to the computer. I will destroy all personal identification information after I successfully complete and defend the dissertation. I will destroy personal identification information by deleting all electronic copies of the personal identification information.

Within one week, I will e-mail you a copy of the executive summary from this interview for you to review and make changes to your responses. After my research study has concluded, I will send you a copy of my completed dissertation with the results from the study.

Thank you for signing the informed consent document. I want to confirm that I have your permission to audio-record this interview. [PARTICIPANT RESPONSE]. Thank you!
 What questions do you have prior to the start of the interview? [ANSWER QUESTIONS]. Do I have your verbal consent to begin the interview? Thank you!

Interview Questions

Interview Question	Researcher Comments
1. What is your role in the admission process of your physician assistant program? [This question provides background information for the researcher.]	
2. Please describe the application materials required as part of the admission process of your physician assistant program. Which of these materials do you view as an integral part of the admission process?	

<p>[This question provides background information for the researcher to understand the admission process with which the admission committee member participates.]</p>	
<p>3. What is your experience with multiple mini interviews as part of the admission process?</p> <p>[This question provides background information for the researcher to understand the admission process with which the admission committee member participates.]</p>	
<p>4. What is your experience with psychometric testing as part of the admission process?</p> <p>[This question provides background information for the researcher to understand the admission process with which the admission committee member participates.]</p>	
<p>5. What experience have you had with inauthenticity of application materials?</p> <p>[Corresponds to the following research question: What experiences have physician assistant program admission committee members had with inauthenticity of application materials?]</p>	

<p>6. What experience have you had with the use of the admission essay as a component of the admission process for your physician assistant program?</p> <p>[This question provides background information for the researcher to understand the admission process with which the admission committee member participates.]</p>	
<p>7. What changes to the use of the various application materials of the admission process have you experienced during your tenure at your institution? Please explain the nature of these changes.</p> <p>[Corresponds to the following research question: What have physician assistant program admission committee members experienced pertaining to changes to the admission process due to the concern of inauthenticity of application materials?]</p>	
<p>8. Describe any changes that have been made to the admission process due to the concern of inauthenticity of application materials. Specifically, how has the use of the admission essay changed during your tenure at your</p>	

<p>institution?</p> <p>[Corresponds to the following research question: What have physician assistant program admission committee members experienced pertaining to changes to the admission process due to the concern of inauthenticity of application materials?]</p>	
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Probing Questions as needed:

- Please tell me more about...
- Please clarify what you said regarding...

Conclusion: Thank you very much for your participation in this research study. I greatly appreciate your time and your willingness to share your experiences with the admission process and inauthenticity of the admission process. I will transcribe our conversation verbatim, and send you the executive summary within one week to review and either approve or make any revisions. Please contact me if you have any questions. My contact information is in the initial contact letter. Would you like me to e-mail me my contact information again? [RESPONSE].

Thank you again, and have a great rest of the day!

Appendix E: Thank You Letter to Participants After Transcription

Note: Format of the thank you letter is patterned after an example provided by Moustakas (1994).

Date _____

Dear _____,

Thank you for participating in the interview for my research study of experiences of admission committee members with the admission process. I appreciate your willingness to share your experiences with the admission process at your institution.

I have enclosed an executive summary of your interview. Would you please review the executive summary and inform me by (date) of any errors.

Please let me know if you have any questions or any concerns.

I will share a PDF copy of my dissertation via email once my research is complete.

Thank you again!

Sincerely,

Pollyanna Kabara, doctoral candidate, MS, PA-C

[contact information redacted]

Appendix F: Thank You Letter with Attached PDF of Dissertation

Note: format of the thank you letter is patterned after an example provided by Moustakas (1994).

Date_____

Dear_____,

Thank you for participating in my research study on experiences with the admission process. I appreciate your willingness to share your experiences regarding the admission process at your institution.

I have enclosed a PDF copy of my dissertation to share the research findings.

Thank you again for making this research study possible!

Sincerely,

Pollyanna Kabara, doctoral candidate, MS, PA-C

[contact information redacted]

Appendix G: Statement of Original Work

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

Statement of academic integrity.

As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

Explanations:

What does “fraudulent” mean?

“Fraudulent” work is any material submitted for evaluation that is falsely or improperly presented as one’s own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate’s final work without full and complete documentation.

What is “unauthorized” assistance?

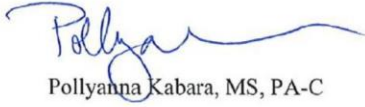
“Unauthorized assistance” refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

- Use of unauthorized notes or another’s work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work

Statement of Original Work (continued)

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University–Portland Academic Integrity Policy during the development and writing of this dissertation.
2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly references and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association*.



Pollyanna Kabara, MS, PA-C

Digital Signature

Pollyanna Kabara

Name (Typed)

4-04-2020

Date