

PANCE

Program Goal #1

Goal: The program will strive to adequately prepare graduating students to achieve a first-time pass rate that meets or exceeds the national average upon completion of the Physician Assistant National Certification Examination (PANCE).

Benchmark: The national average pass rate for PANCE as published by the National Commission on Certification of Physician Assistants (NCCPA). To assess this benchmark, the program will analyze data from the PANCE Program Performance Report in January of each year.

Implementation Strategy: In 2020, the program implemented a horizontally and vertically aligned systems-based curriculum, mapped to the NCCPA Blueprint and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Standards. In addition, the program has added several resources to prepare students for the PANCE, including UWorld and Kaplan Test Prep throughout the clinical year, as well as a board review course prior to graduation. The program also added additional supplemental resources including Aquifer, Draw It to Know It, Complete Anatomy, and test-taking workshops to facilitate student knowledge and test-taking skills. Exam performance is monitored through several preparatory evaluations during the didactic and clinical terms, including the Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT), Physician Assistant Comprehensive Examination (PACE), and End of Rotation (EORs) exams. Additionally, we have implemented an early intervention tutoring program to identify at-risk students during the didactic year and provide them with rigorous academic tutoring and support.

Outcome: Initially, our first two cohorts did not meet or exceed the national average. Based on this data, our program restructured our curriculum to follow a systems-based model and adopted additional supplemental resources with a focus on exam performance success. Our current trend demonstrates that we are approaching the national average. We will continue to assess the efficacy of our curriculum change and supplemental resources using future PANCE pass rates and reevaluate and update this outcome on an annual basis.

First-Time PANCE Pass Rate

	National	SCU
Cohort 2018	98	85
Cohort 2019	93	91
Cohort 2020	93	91

Diversity

Program Goal #2

Goal: The program will recruit, support, and graduate highly qualified individuals from various ethnic backgrounds resulting in a diverse and inclusive cohort of students with differing abilities to provide equitable care to all patients.

Benchmark: Matriculate individuals who identify as Hispanic, Black or African American, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander at a rate that meets or exceeds their national representation within the U.S. population. The program established the following benchmarks based on demographic estimates published in the American Community Survey.

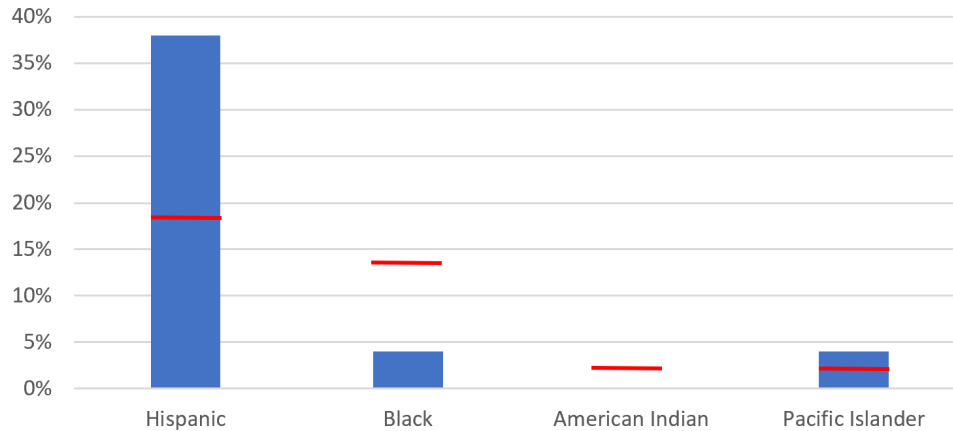
- ≥18% of matriculants who identify as Hispanic
- ≥14% of matriculants who identify as Black or African American
- ≥2% of matriculants who identify as American Indian or Alaska Native
- ≥2% of matriculants who identify as Native Hawaiian or Other Pacific Islander

Implementation Strategy: To recruit a diverse and equitable student body, we will implement strategies to increase the number of applicants in the targeted populations identified as underrepresented. These focused strategies will include outreach to organizations with large representations of these groups, such as historically black colleges and universities (HBCUs), Hawaiian colleges, colleges and universities that are designated as Hispanic-serving institutions, and tribal colleges and universities (TCUs). In order to support retention and graduation of underrepresented populations, the program provides a robust tutoring service and comprehensive student support services to foster an inclusive environment.

Outcome: The program evaluated our outcomes based on race and ethnicity data for matriculated students in Cohort 2023 from the Centralized Application Service for Physician Assistants (CASPA) and compared this to our benchmarks. After reviewing the data, the following outcomes were noted:

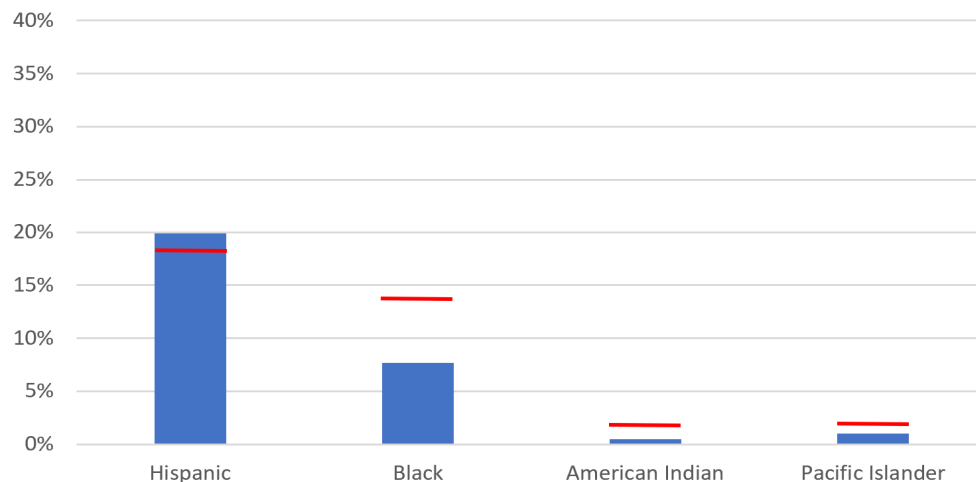
We exceeded our benchmark for matriculated students identifying as Hispanic and Native Hawaiian or Other Pacific Islander. We did not meet our benchmark for students identifying as Black or African American and American Indian or Alaska Native.

Matriculated Students by Race and Ethnicity



Additionally, we noted that the percentage of applicants applying to our program who identified as Black or African American, American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander was lower than their percentage in the U.S. population. The program identified this as an area to improve through recruitment efforts targeting these groups.

All Applicants by Race and Ethnicity



Integrative Healthcare

Program Goal #3

Goal: Students will be exposed to Integrative Healthcare (IH) providers, such as Acupuncturists, Naturopaths, Doctors of Osteopathic Medicine, Chiropractors, and Ayurveda practitioners, and will:

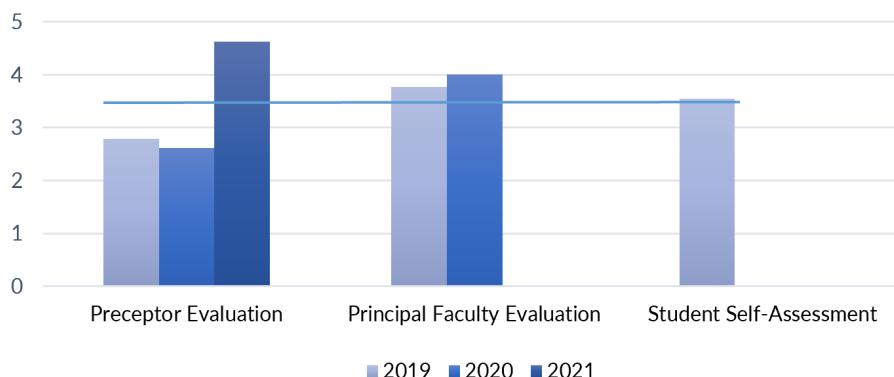
- a) demonstrate appropriate patient referrals to IH providers
- b) collaborate as part of an interprofessional team in order to support patient outcomes

Benchmark: The preceptors, students, and faculty were distributed surveys using a 5-point Likert scale and asked to indicate the student's preparedness to work within an integrative practice as well as to refer to non-allopathic healthcare providers. The program benchmark of 3.5 on a 5-point Likert scale which correlates with a score of 70% on survey items related to the student's ability to work with and refer to members of an IH team was established.

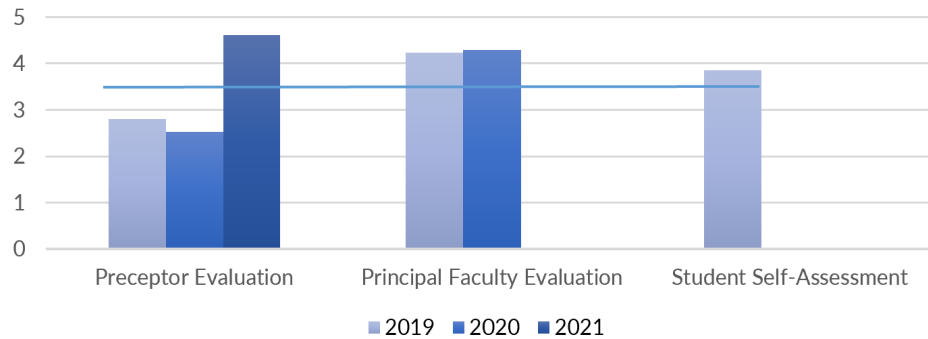
Implementation Strategy: After evaluating our goals and outcomes from earlier cohorts, we bolstered the quantity and quality of IH rotation sites between 2018 to 2021. Additionally, we implemented an Integrative Health Promotion course series for students during the didactic year to increase knowledge of roles and responsibilities of various healthcare providers and assist with overall preparedness for the clinical year, including knowledge of a team-based approach to patient care and when to refer.

Outcome: Initially, we fell below benchmark for goal a and b based on the Preceptor End of Rotation Evaluation in 2019 and 2020. However, we met or exceeded the benchmark for goal a and b based on the Preceptor End of Rotation Evaluation in 2021, the Student End of Curriculum survey for 2019, and the Faculty End of Didactic Curriculum survey in 2019 and 2020.

a) Students will demonstrate appropriate patient referrals to IH providers*



b) Students will collaborate as part of an interprofessional team in order to support patient outcomes*



*Data is pending for the Student End of Curriculum survey for 2020 and 2021

Based on our analysis of the data, the program strengths include the curriculum that includes interprofessional courses throughout the didactic instructional year as well as the inclusion of Integrative Healthcare clinical rotations during the clinical year. We will continue our efforts to maintain our current high-quality rotation sites and increase exposure opportunities for the students. To better evaluate the student's ratings regarding their preparedness to work with and refer to IH health professionals, a standardized survey will be created to include questions regarding the student's ability to refer and work with IH providers.