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 Certifying Examination (PANCE).

Benchmarks: At the conclusion of the calendar year, the program utilizes the NCCPA's PANCE Performance Report by Exam Year to compare the most recent cohort's results with the NCCPA's national results.

The overall first-time pass rate is evaluated first. The benchmark is the national average for that particular exam year. The rationale is that our goal is to adequately prepare our graduates to meet or exceed the national pass rate for that particular exam year.

Each organ system and task category are closely evaluated for percentage points above or below the national average. High scoring and low scoring content areas are looked at more closely as well as upward and downward trends across cohorts. This is correlated with other areas in the program including the didactic phase, clinical phase, and summative evaluation, as well as other surveys including the Graduate Exit Survey.

The benchmark for identifying areas in need of improvement is any content area/domain scoring more than 3 percentage points below the national average for any individual component. Particular attention is given to areas that score >-3% for two consecutive years. The rationale for this value is that >-3% demonstrates a significant difference from the national average and two consecutive years demonstrates a consistent need for improvement. If there are no areas that fall below benchmark, the program will evaluate the lowest scoring areas for the organ systems and task areas.

The benchmark for identifying areas of the exam that are strengths is ≥1% above the national average for an individual exam component. The rationale for this benchmark is that this supports the program goal of meeting or exceeding the national average for first-time pass rate.

Prior to publication of the PANCE Performance Report by Exam Year from the NCCPA, the program utilizes the NCCPA's score report for the students to calculate averages for each content area by cohort. The benchmark for identifying areas in need of improvement is any content area/domain scoring below a 70% average. The rationale for this benchmark stems from a Curriculum Committee decision that less than 70% is not optimal for student success. The benchmark for identifying content area strengths is any domain scoring above 80%. The rationale for this benchmark stems from a Curriculum Committee decision that above 80% reflects a B or A grade which supports a successful PANCE outcome.

First-Time PANCE Pass Rate by Exam Year

	National	SCU
Cohort 2018	93%	85%
Cohort 2019	95%	91%
Cohort 2020	93%	91%
Cohort 2021	92%	67%
Cohort 2022	92%	81%

*Each cohort is compared against the calendar year in which all graduates took the PANCE (e.g., Cohort 2018 is compared against national first-time pass rates for the 2019 calendar year)

Outcome: The program did not meet the PANCE goal for Cohorts 2018-2022.

Cohort 2022 consisted of 47 students that graduated in December of 2022. In Cohort 2022, 100% of students took their PANCE in 2023. Therefore, this cohort is compared to national averages by the exam year of 2023.

The first-time pass rate for Cohort 2022 is 81%; 38 students were successful and 9 students were unsuccessful on first attempt. An upward trend from Cohort 2021 (pass rate of 67%) was identified. The national average for the first-time exam takers for the exam year of 2023 was 92%. Therefore, the program did not achieve its goal of preparing graduating students to achieve a first-time pass rate that meets or exceeds the national average.

The Performance Report for the Exam Year of 2023 was analyzed. A total of 8 domains scored more than 3 percentage points below the national average and were identified as areas in need of improvement. This is an upward trend when compared to Cohort 2021 where a total of 17 domains scored more than 3 percentage points below the national average.

The content area averages for Cohort 2022 were analyzed. Two domains scored below the 70% program benchmark for areas in need of improvement. This is an improvement from Cohort 2021 where there was a total of four domains scoring below benchmark. Additionally, Cohort 2022 had one domain score above the strength benchmark of 80%. Therefore, a positive trend was identified in that Cohort 2022 had less domains scoring below benchmark, one domain scoring above benchmark for strength, as well as a higher overall pass rate.

Implementation Strategies: Through the program's self-assessment process, several modifications have been made to the program including the following: implementation of a new organ systems-based curriculum with both vertical and horizontal curricular alignment, multiple course modifications, implementation of an early intervention remediation process, the provision of extensive tutorial support, the addition of a PANCE Preparedness Program, an increase in models and trainers for laboratory courses, an increase in the use of technology throughout the curriculum, including implementation of the SonoSim ultrasound software, a more robust summative evaluation process, the addition of a board preparation program and NCCPA practice exams, student access to practice question banks including Rosh Review, UWorld, HIPPO, and Kaplan, and more.

Diversity

PROGRAM GOAL #2

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

Benchmark: The program will matriculate individuals who identify as Hispanic or Latino, Black or African American, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander at a rate that meets or exceeds their national representation within the U.S. population. This will be assessed using race and ethnicity data from the Centralized Application Service for Physician Assistants (CASPA). The program established the following benchmarks for matriculation of underrepresented populations based on demographic estimates published in the American Community Survey.

≥20% of matriculants who identify as Hispanic or Latino
≥16% of matriculants who identify as Black or African American
≥4% of matriculants who identify as American Indian and Alaska Native
≥2% of matriculants who identify as Native Hawaiian and Other Pacific Islander

Implementation Strategy: To recruit a diverse and equitable student body, we implemented recruitment and admissions strategies to increase the number of applicants in our target populations. These focused strategies include outreach to organizations with large representations of our target populations, 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 offers 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 2026 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 met or exceeded our benchmark for matriculated students identifying as Hispanic or Latino and American Indian and Alaska Native. We did not meet our benchmark for students identifying as Black or African American and Native Hawaiian and Other Pacific Islander.

Matriculated Students by Race and Ethnicity
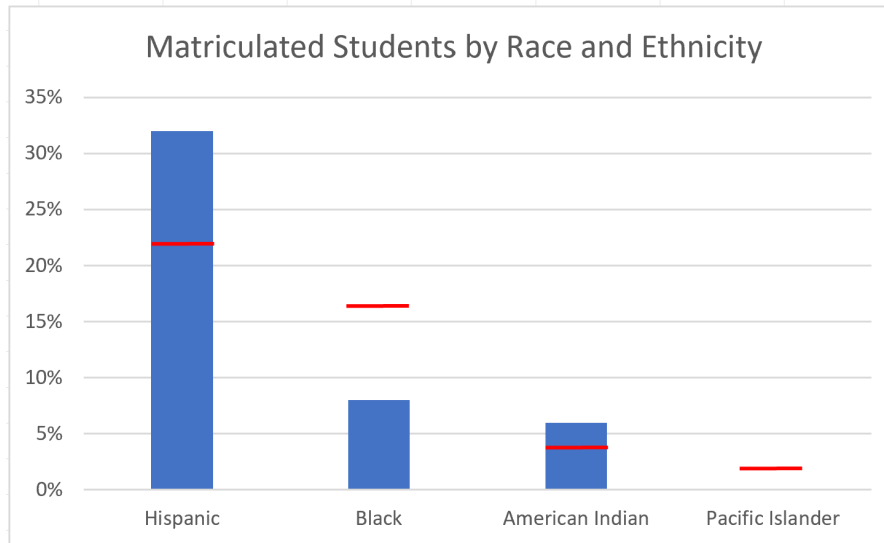
Additionally, we noted that the percentage of applicants applying to our program who identified as Black or African American, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander was lower than our target. The program identified this as an area to improve through recruitment efforts specifically targeting these groups.

All Applicants by Race and Ethnicity
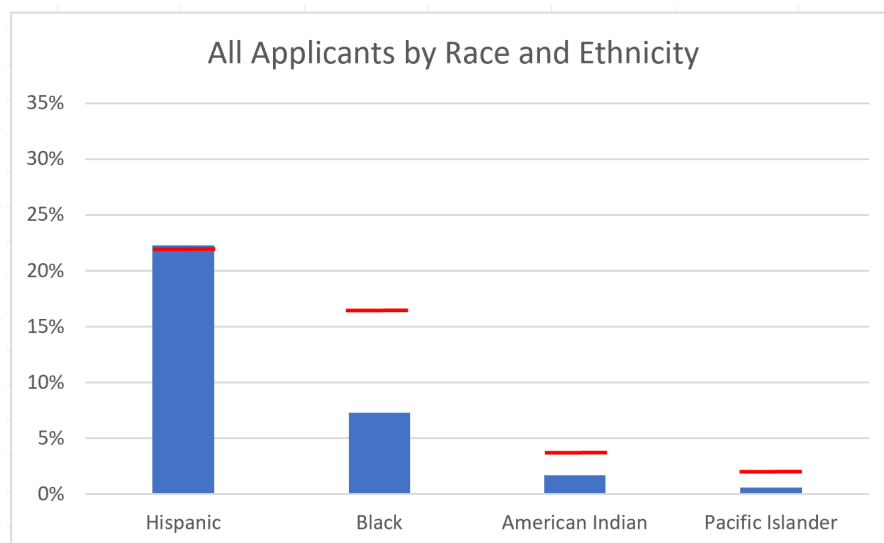
Integrative Healthcare

PROGRAM GOAL #3

Goal: Students will demonstrate knowledge of the integrative health practitioner to include their scope of practice, role in patient care, and role as a member of the healthcare team.

Benchmark: We will survey clinical preceptors for the integrative health supervised clinical practice experience (SCPE) using the End of Rotation Evaluation to assess the student's knowledge of the integrative health practitioner. Additionally, we will survey students to self-evaluate their knowledge of the integrative health practitioner on the Graduate Exit Survey distributed at program completion. All survey instruments will use a 5-point Likert scale (1 - Strongly Disagree, 2 - Disagree, 3 - Neither Agree Nor Disagree, 4- Agree, 5 - Strongly Agree). The program benchmark of 3.5 on a 5-point Likert scale which correlates with a score of 70% on survey items will be used to assess our goal.

Implementation Strategy: After evaluating our goals and outcomes from earlier cohorts, our curriculum was revised and an Integrative Health Promotion course series was implemented in the didactic portion of the program. This course series functions to increase students' knowledge of the roles and responsibilities of the integrative health practitioner and to assist with overall student preparation for the clinical year. Additionally, we bolstered the quantity and quality of clinical sites for our core integrative health rotation.

Outcome: For Cohort 2023, we exceeded our benchmark for student knowledge of the integrative health practitioner as assessed by both students and preceptors. The average rating of the students' knowledge of the integrative health practitioner was 4.72/5 (RR 100%) on the End of Rotation Evaluation for the integrative health rotation and 4.55/5 (RR 25%) on the Graduate Exit Survey.