

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).

Benchmark: At the conclusion of the calendar year, the program utilizes the National Commission on Certification of Physician Assistants (NCCPA) 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 more than 3 percentage points below the national average for two consecutive years. The rationale for this value is that more than 3 percentage points 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 percentage point or more 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 2020	93%	91%
Cohort 2021	92%	67%
Cohort 2022	92%	81%
Cohort 2023	92%	83%
Cohort 2024	91%	78%

*Each cohort is compared against the calendar year in which all graduates took the PANCE (e.g., Cohort 2024 is compared against national first-time pass rates for the 2025 calendar year)

Outcome: The program did not meet the PANCE goal for Cohorts 2020-2024.

Cohort 2024 consisted of 48 students that graduated in December of 2024. A total of 46 graduates took their PANCE in 2025. Therefore, this cohort is compared to national averages by the exam year of 2025. The remaining two graduates are scheduled to take the PANCE in 2026 and these results are still pending.

The first-time pass rate for Cohort 2024, as of March 1, 2026, is 78%; 36 students were successful, and 10 students were unsuccessful on the first attempt. The national average for the first-time exam takers for the exam year of 2025 is 91%. 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. However, an upward trend from Cohort 2021, the lowest scoring cohort (pass rate of 67%), was identified.

The Performance Report for the Exam Year of 2025 was analyzed. A total of 17 domains scored more than 3 percentage points below the national average and were identified as areas in need of improvement. Three of these domains also scored below the 70% benchmark.

Implementation Strategy: Through the program's self-assessment process, several modifications have been made to the program to improve PANCE outcomes.

The didactic curriculum has been made more robust with course credits reallocated to the Clinical Medicine series and the Emergency Medicine, Trauma, and Surgery course. Additionally, a new Clinical Reasoning course series has been established. The Pharmacology and Pathophysiology course series have been modified to a flipped-classroom approach to better support adult learners. The program has acquired additional models, trainings, and software to support the students in the hands-on clinical skills courses.

Early intervention and remediation processes are in place to support learners. Group tutoring is offered for the majority of didactic courses. A robust PANCE Preparedness Program is in place to provide additional support for students identified at risk for being unsuccessful on the exam. The program continues to offer question banks during both the didactic and clinical phase of the program. Lastly, a professional PANCE board prep course is provided to the graduates upon completion of the program.

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

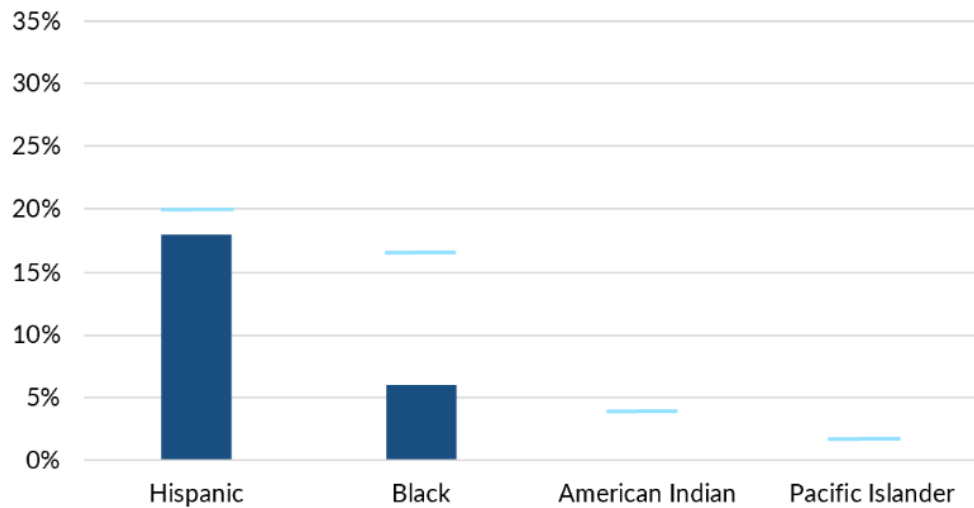
≥2% of matriculants who identify as Native Hawaiian and Other Pacific Islander

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 directed 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). An HBCU Alliance program was created to encourage graduates from an HBCU to apply to our program. To support retention and graduation of underrepresented populations in healthcare, 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 2028 from the Centralized Application Service for Physician Assistants (CASPA) and compared this to our benchmarks. After reviewing the data, the following outcomes were noted:

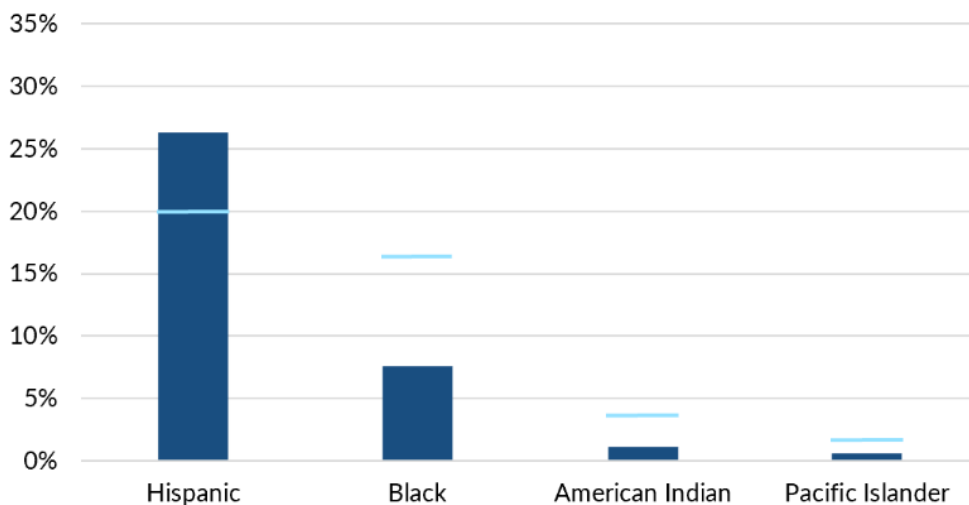
We did not meet our benchmark for matriculated students identifying as Hispanic or Latino, Black or African American, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander.

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 - Neutral, 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.

Outcome: For Cohort 2026, 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 4.81/5 (RR 100%) on the End of Rotation Evaluation for the integrative health rotation and 3.91/5 (RR 96%) on the Graduate Exit Survey.

Implementation Strategy: After evaluating our goals and outcomes, a new Interprofessional Education course series was developed. 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.