

VII. Assessment of Success in Meeting Program Goals (Standard C1.01.g)

VII.A. Goal #1: Graduate students who are prepared to enter the Physician Associate profession as a new graduate.

Data Sources/Timing and Frequency of Collection & Analysis/Committee or Persons Responsible for Data Collection and Data Analysis:

	Name of Data Source	Collection of Data	Analysis of Data	Committee/Person Responsible for Data Collection	Committee Responsible for Analysis
#1	PANCE pass rate (first time taker)	September-December, annually	December, annually	NCCPA Program Director will provide DAC with data.	Data Analytics Committee
#2	Cohort Performance on EOR Exams	Post each SCPE cycle and in August, annually	September, annually	Director of Clinical Education	Data Analytics Committee
#3	Cohort Performance on Summative Evaluation Experience	May – August, annually	September, annually	Director of Academic Education	Data Analytics Committee
#4	Preceptor Evaluation of Student Readiness to Enter the Profession	During 7 th and 8 th SCPE, annually	September, annually	Director of Clinical Education	Data Analytics Committee
#5	Exit Survey	End of Curriculum August, annually	September, annually	Curriculum Committee	Data Analytics Committee

VII.A.1. Data Source #1: First-time taker PANCE Pass Rate

Rationale for Benchmark: The first-time taker pass rate on the PANCE is a key indicator of a program's effectiveness in preparing students for entry into clinical practice. Establishing a benchmark that the program's first-time pass rate will equal or exceed the national average ensures alignment with national performance standards and affirms the quality of the curriculum, instructional methods, and assessment strategies. Achieving or surpassing the national average demonstrates that graduates possess the knowledge and competencies expected of entry-level physician assistants. See also #4 and #5 on Key Principle Guiding the Assessment Plan.

Sources for Triangulation of Data: Remediation data, EOR exams, PACKRAT I and II, End of Curriculum Exam, and as determined by DAC.

Data Source: PANCE		
Benchmark for Quantitative Data	Identification of Areas in Need of Improvement	Identification of Areas of Strength
The annual first-time PANCE pass rate for a cohort will meet or exceed the national average.	The annual first-time PANCE pass rate for a cohort falls below the national average for two consecutive years.	The annual first-time PANCE pass rate exceeds the national average for two consecutive years. 100% of students within a cohort pass the PANCE on the first attempt.
The annual first-time PANCE pass rate shows an upward trend during the program's first five years.	Failure to improve the program's overall first-time PANCE pass rate for two consecutive years.	An upward trend in cohort scores over a five-year period.

VII.A.2. Data Source #2: Cohort performance on EOR Exams

Rationale for Benchmark: End of Rotation (EOR) exams are nationally standardized and widely used across PA programs. As such, they provide a reliable measure for comparing student performance to peers nationwide. The benchmark requiring that the average score on the PAEA EOR exams for the cohort in each of the required specialties be within 1.0 standard deviation of the national average sets a high, yet appropriate, standard for clinical knowledge and competency. This benchmark promotes early detection of instructional or curricular deficiencies and reflects a commitment to educational excellence and accountability. It also reinforces student preparedness for the PANCE and supports the development of competent, practice-ready graduates. If a cohort's

aggregate score on a PAEA EOR exam in any required specialty falls outside one falls below the national average by more than 1 standard deviation, it will prompt a formal evaluation of the didactic curriculum and instructional methods related to that specialty to identify potential gaps in student preparation.

Sources for Triangulation of Data: Performance on PACKRAT I & II, Didactic Summative Exam performance, Preceptor EOR evaluation of student, Curriculum mapping, and as determined by DAC.

Data Source: EOR Exam Scores		
Benchmark for Quantitative Data	Identification of Areas in Need of Improvement	Identification of Areas of Strength
The average score on the PAEA OR exam in each of the required specialties will be within 1.5 standard deviations below the national average.	The cohort average score on the PAEA EOR exam in any of the required specialties is below the national average by > 1.5 standard deviation.	The average score on the PAEA OR exam in any of the required specialties is above the national average by > 1 standard deviation.

VII.A.3. Data Source #3: Cohort Performance on Summative Evaluation Experience

Rationale for Benchmark: Requiring all students to earn a minimum of 80% on each sub-competency evaluated during the Summative Evaluation Experience ensures that graduates demonstrate a consistent and sufficient level of competence across all domains required for entry-level PA practice. This benchmark aligns with the ARC-PA Standards which require programs to assess each student's ability to integrate and apply knowledge, skills, and professional behaviors before graduation. By setting a minimum benchmark across each sub-competency, rather than an aggregate score, the program ensures that no critical area—such as medical knowledge, patient care, clinical reasoning, professionalism, or interpersonal communication—is overlooked or compensated for by strengths in other areas.

Sources for Triangulation of Data: EOC scores, Preceptor Readiness to Enter Profession as a New Graduate survey scores, EOR exam performance, Exit surveys and interviews.

Data Source: Summative Evaluation Experience		
Benchmark for Quantitative Data	Identification of Areas in Need of Improvement	Identification of Areas of Strength
All students earn a minimum of 80% on each sub-competency evaluated in the Summative Evaluation Experience.	Scores <80% on any of the sub-competencies evaluated in the Summative Evaluation Experience for two consecutive years.	75% of a cohort score above 80% on any of the sub-competencies evaluated in the Summative Evaluation Experience for two consecutive years.

VII.A.4. Data Source #4: Preceptor Evaluation of Student Readiness to Enter the Profession

Survey Constructs (Concepts to Measure): A) Clinical Knowledge and Skills, B) Clinical Judgement and Decision-Making, C) Professionalism and Interpersonal Skills, and D) Readiness for New Graduate Practice.

Rationale for Benchmark: The preceptor evaluation serves as an important measure of a student's ability to integrate and apply the knowledge and skills they have acquired throughout the program in a clinical setting. Achieving a median score of 4.0 or higher in each of the items evaluated is an indication that the student is proficient in the key competencies needed to practice as a physician assistant. This includes clinical skills, patient interaction, decision-making, and professionalism. The 95% threshold is set to ensure that most students are not only meeting minimum competency but are excelling at a level that makes them ready to transition from student to clinical practice as a new graduate physician associate. Less than 95% of students achieving a median score of 4.0 or higher in all the items assessed by the preceptor would indicate a need to explore both the individual student's performance and gaps in the curriculum. See also #4 and #5 on Key Principle Guiding the Assessment Plan.

Sources for Triangulation of Data: Data sources will be selected depending on areas of weakness identified by the survey, but may include: didactic summative experience exam performance, Preceptor Evaluation of Student Readiness for the Clinical Phase, professionalism rubrics, and as determined by the DAC.

Data Source: Preceptor Evaluation of Student Readiness to Enter the Profession		
Benchmark for Quantitative Data	Identification of Areas in Need of Improvement	Identification of Areas of Strength
95% of students will score a median of 4.0 on items under constructs A-D prior to completion of their 8 th SCPE.	<95% of students will score a median of 4.0 on items under constructs A-D prior to completion of their 8 th SCPE for two consecutive years.	>95% of students will score a median of 4.0 on items under constructs A-D prior to completion of their 8 th SCPE for two consecutive years.

VII.A.5. Data Source #: Program Exit Survey

Survey Constructs (Concepts to Measure): D) Medical Knowledge, E) Clinical Skills, D) Clinical Reasoning and Problem-Solving, E) Technical/Procedural Skills, F) Interpersonal Skills and G) Professional Behaviors

Rationale for Benchmark: See #4 and #5 on Key Principle Guiding the Assessment Plan.

Sources for Triangulation of Data: Effectiveness of the Didactic Curriculum, Effectiveness of the Clinical Curriculum, and DAC selection of relevant data sources.

Data Source: Exit Survey			
Benchmark for Quantitative Data	Benchmark for Qualitative Data	Identification of Areas in Need of Improvement	Identification of Areas of Strength
A median score of 4 for items under constructs D-G.	The same theme is present in ≥10% responses to open-ended questions.	A median score of 4 for any item under constructs D-G for two consecutive years. The same negative sentiment theme appears in ≥10% of responses for two consecutive years.	A median score of 5 for any item under constructs D-G for two consecutive years. The same positive sentiment theme appears in ≥10% of responses for two consecutive years.