



Katz

Katz School
of Science and Health

M.S. in Physician Assistant Studies

YU PA Program Goals & Outcomes

YU PA Program Goals

Goal 1 - Clinical Excellence: Provide students with a strong foundation of medical knowledge to practice at an entry-level proficiency

Goal 2 - Professionalism: Enable students to provide health care with integrity, respect, accountability, ethics, and compassion

Goal 3 - Cultural Competence: Prepare students to serve traditionally medically underserved communities

Goal 4 – Leadership: Encourage students to contribute to and enrich the PA profession

GOALS & OUTCOMES | ASSESSMENT & PLANS

Goal 1 - Clinical Excellence: Provide students with a strong foundation of medical knowledge to practice at an entry-level proficiency

Goal 1 is designed to ensure students acquire the knowledge and skills necessary to serve as effective, exemplary, and professional physician assistants. Four quantitative measures, namely results of preceptor evaluations of students, first-time PANCE pass rate data, summative examination (EOC) scores, and student surveys are monitored to ensure students achieve the expectations of Goal 1. The quantitative data is reviewed by the Assessment Committee to determine whether each cohort has met each of the following benchmarks:

Measure 1 — Quantitative Benchmark (Preceptor Evaluation of Student): Greater than 85% of students per cohort earn an aggregate score equivalent to B or higher on the medical knowledge domains in each clerkship course.

Quantitative Strength Benchmark (Preceptor Evaluation of Student): ≥90% of students earn an aggregate score equivalent to B or higher for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Clinical preceptors assessed each PA student's medical knowledge on an 8-point scale (A, A-, B+, B, B-, C+, C, F)

Data Results:

Goal 1: Measure 1	2023	2024
Preceptor evaluation of students: Medical Knowledge	100%	94%

Analysis: In 2023, 100% of students earned an aggregate score equivalent to a B or higher on medical knowledge in each clerkship course, and in 2024, 94% of students met this threshold. Both years exceeded the program benchmark of greater than 85%, indicating that the program benchmark was successfully met for each cohort. However, the strength benchmark—defined as 90% or more of students earning a B or higher for three consecutive years—cannot yet be determined, as only two years of data are currently available. Therefore, while the program benchmark is met, the strength benchmark is not yet achieved.

Measure 2 — Quantitative Benchmark (First-Time PANCE Pass Rate): First-time annual PANCE pass rate is \geq the national average first-time taker PANCE overall pass rate.

Quantitative Strength Benchmark (First-Time PANCE Pass Rate): Annual first-time taker PANCE pass rate for the program is \geq 2 percentage points higher than the national average first-time taker PANCE pass rate for three consecutive years. If the national first-time taker PANCE pass rate is \geq 98%, the strength benchmark will be 100% first-time take PANCE pass rate.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 1: Measure 2	2023	2024
First-Time PANCE Pass Rate	100%	100%
National Average	92%	92%

Analysis: In both 2023 and 2024, the program achieved a 100% first-time PANCE pass rate, exceeding the national average of 92%. This performance meets the program benchmark, which requires the cohort’s pass rate to be at or above the national average. However, the strength benchmark—defined as a first-time pass rate that is at least 2 percentage points higher than the national average for three consecutive years—cannot yet be confirmed, as only two years of qualifying data are currently available. Therefore, the program benchmark is met, but the strength benchmark is not yet achieved.

Measure 3 — Quantitative Benchmark (EOC Pass rate): Greater than 85% of students will pass the EOC summative written exam on the first attempt.

Quantitative Strength Benchmark (EOC Pass rate): First time pass rate is \geq 90% for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 1: Measure 3	2023	2024
Summative Exam Outcomes (EOC exam pass rate)	N/A	100%

Analysis: The PA program began to use the PAEA End of Curriculum exam with the class of 2024 and 100% of students passed the End-of-Curriculum (EOC) summative written exam

on the first attempt, exceeding the program benchmark of greater than 85%. However, since there is no data available for 2023 and only one year of outcomes currently meets the threshold, the strength benchmark—which requires a $\geq 90\%$ first-time pass rate for three consecutive years—cannot yet be determined. Therefore, the program benchmark is met, but the strength benchmark is not yet achieved.

Measure 4 — Quantitative Benchmark (Student surveys): A mean response of 4 on a 5-point scale (80) to the question “I feel confident that the faculty and instructors have prepared me to enter clinical practice” in the Exit Survey. A benchmark response rate of at least 50% is the threshold for reliability. Response rates below 50% are interpreted with caution.

Quantitative Strength Benchmark (Student surveys): Strength Benchmark: A mean response of 4.5 on a 5-point scale (90) for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 1: Measure 4	2023	2024
Student Exit Survey: Prepared for clinical practice	4.55	3.98
<i>Response Rate:</i>	91%	68%

Analysis: In 2023, the student survey response to the statement “I feel confident that the faculty and instructors have prepared me to enter clinical practice” yielded a mean score of 4.55, exceeding both the program benchmark of 4.0 and the strength benchmark of 4.5. In 2024, the mean score was 3.98, which falls just below the program benchmark. As a result, the program benchmark was met in 2023 but not in 2024, and the strength benchmark was not met, as it requires three consecutive years of scores at or above 4.5. Therefore, this measure reflects inconsistent performance, with only one year meeting strength-level expectations.

For Goal 1, the program triangulates data from the four benchmarks to determine whether the program is meeting Goal 1 or whether Goal 1 is a potential program strength or a potential area in need of improvement. The program considers Goal 1 to be met when a minimum of three out of four benchmarks are successfully met. Goal 1 is considered to be a strength if a minimum of three out of four benchmarks are met at the strength level and no benchmarks are unmet for a period of three years. Goal 1 is considered to be an area in

need of improvement when three or more benchmarks are rated as areas in need of improvement over a period of two years.

Overall Goal 1 Summary

Across the four measures used to evaluate this goal, three met the program benchmark, while one reflected inconsistent performance. According to the program's triangulation criteria, this goal is considered met, as at least three of the four measures meet the program benchmark. However, the goal does not qualify as a program strength, since all measures have only two years of data and one measure fell below the program benchmark. Ongoing monitoring and targeted improvements—particularly in student perceptions—will be important to maintain and strengthen this goal over time.

Goal 2 - Professionalism: Enable students to provide health care with integrity, respect, accountability, ethics, and compassion

Goal 2 is designed to ensure that students demonstrate professional behaviors essential for effective and ethical clinical practice. To evaluate student attainment of this goal, three quantitative measures are monitored: Preceptor Evaluation of PA Student professional behaviors, performance on the Summative OSCE, and the Graduate Self-Assessment of Professionalism. These measures collectively assess how well students embody professionalism through their actions, clinical interactions, and self-reflections. Annual data for each measure is reviewed by the Assessment Committee to determine whether the cohort has met the defined benchmarks, ensuring the program fosters graduates who consistently uphold the standards of professional practice.

Measure 1 — Quantitative Benchmark (Preceptor Evaluation of PA Student professional behaviors): 90% of students per cohort earn an aggregate score in the professional domains equivalent to B or higher in each clerkship.

Quantitative Strength Benchmark (Preceptor Evaluation of PA Student professional behaviors): ≥95% of students earn an aggregate score equivalent to B or higher for three consecutive years

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Clinical preceptors evaluate each PA student's professionalism on an 8-point scale (A, A-, B+, B, B-, C+, C, F)

Data Results:

Goal 2: Measure 1	2023	2024
Preceptor evaluation of PA student professional behaviors	100%	94%

Analysis: In 2023, 100% of students earned an aggregate score equivalent to a B or higher in professional behaviors across clerkships, and in 2024, 94% of students met this threshold. Both years exceed the program benchmark of 90%, indicating consistent compliance with program expectations for professionalism. However, the strength benchmark, which requires ≥95% of students to meet this threshold for three consecutive years, is not yet achieved, as only one of the two years meets the strength threshold, and a third year of data is not yet available. Therefore, the program benchmark is met, but the strength benchmark is not yet achieved.

Measure 2 — Quantitative Benchmark Summative OSCE (Professionalism Section): Cohort average of the summative OSCE Professionalism section is $\geq 90\%$.

Quantitative Strength Benchmark (Summative OSCE (Professionalism Section): Cohort average score on the OSCE is ≥ 95 for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 2: Measure 2	2023	2024
Summative OSCE: Professionalism	97.40%	99.00%

Analysis: In 2023, the cohort achieved a 97.40% average on the Professionalism section of the summative OSCE, and in 2024, the average increased slightly to 99%. Both results exceed the program benchmark of 90%, demonstrating strong cohort-wide performance in professionalism. While these two years also meet the annual threshold of the strength benchmark ($\geq 95\%$), the benchmark requires three consecutive years of such performance. As only two years of data are currently available, the strength benchmark is not yet achieved. Therefore, the program benchmark is met, and the strength benchmark remains in progress.

Measure 3 — Quantitative Benchmark (Graduate Self-Assessment of Professionalism): A mean response of 4 on a 5-point scale (80%) in the student exit survey. Response rates below 50% are interpreted with caution.

Quantitative Strength Benchmark (Graduate Self-Assessment of Professionalism): A mean response of 4.5 on a 5-point scale (90%) for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 2: Measure 3	2023	2024
Student Exit Survey: Professionalism	4.85	3.73
<i>Response Rate:</i>	91%	68%

Analysis: In 2023, graduates reported a mean self-assessment score of 4.85 for professionalism, exceeding both the program benchmark of 4.0 and the strength

benchmark of 4.5. However, in 2024, the score declined to 3.73, which falls below the program benchmark. This indicates inconsistency in graduate perceptions of their professionalism. As a result, the program benchmark was met in 2023 but not in 2024, and the strength benchmark is not achieved, as it requires a score of ≥ 4.5 for three consecutive years. Therefore, this measure reflects partial performance and highlights a need for further attention to ensure consistency.

For Goal 2, the program triangulates data from the three benchmarks to determine whether the program is meeting Goal 2 or whether Goal 2 is a potential program strength or a potential area in need of improvement. The program considers Goal 2 to be met when a minimum of two out of three benchmarks are successfully met. Goal 2 is considered to be a strength if a minimum of two out of three benchmarks meet the strength level and no benchmarks are unmet for a period of three years. Goal 2 is considered to be an area in need of improvement when two or more benchmarks are rated as areas in need of improvement over a period of two years.

Overall Goal 2 Summary

Across the three measures used to evaluate this goal, two consistently met the program benchmark, while one reflected a decline in performance. Based on the program's triangulation criteria, this goal is considered met, as two of the three measures achieved the program benchmark. However, the goal does not qualify as a program strength, the two measures that met the strength benchmark still needs three consecutive years of data and one measure fell below the program benchmark. Continued attention to graduate perceptions and sustained excellence in performance evaluations will be necessary to support future goal advancement.

Goal 3 - Cultural Competence: Prepare students to serve traditionally medically underserved communities

Goal 3 is designed to ensure that students are prepared to deliver equitable, respectful, and effective care to diverse populations, including those in traditionally medically underserved communities. Four quantitative measures are monitored to assess achievement of this goal: opportunities for community service, the number of students completing clinical rotations in medically underserved and diverse communities, Preceptor Evaluation of Cultural Competence, and the Graduate Self-Assessment of Cultural Competency (Exit Survey). These measures evaluate both the scope of student exposure to diverse clinical environments and the degree to which students develop the attitudes and skills necessary for culturally responsive care. The data are reviewed annually by the Assessment Committee to determine whether each cohort has met the defined benchmarks for cultural competence.

Measure 1 — Quantitative Benchmark (Opportunities for Community Service): 75% of each cohort participates in community service.

Quantitative Strength Benchmark (Opportunities for Community Service): 90% of each cohort participate in community service for three consecutive Years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 3: Measure 1	2023	2024	2025
Participation in community service	85%	95%	94%

Analysis: From 2023 to 2025, matriculated student participation in community service was 85%, 95%, and 94%, respectively. Each year exceeded the program benchmark of 75%, demonstrating consistent engagement across cohorts. However, the strength benchmark—which requires 90% or higher participation for three consecutive years—was not met, as the 2023 participation rate was below the threshold. Therefore, the program benchmark is met, but the strength benchmark is not achieved.

Measure 2 — Quantitative Benchmark (Number of students completing clinical rotations in medically underserved and diverse communities): 90% of students per cohort completed clinical rotations in medically underserved and diverse communities.

Quantitative Strength Benchmark (Number of students completing clinical rotations in medically underserved and diverse communities): 95% of students per cohort completed clinical rotations in medically underserved and diverse communities for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 3: Measure 2	2023	2024
Students completing clinical rotations in medically underserved and diverse communities	100%	100%

Analysis: In both 2023 and 2024, 100% of students completed a clinical rotation in a medically underserved and diverse community. These results exceed the program benchmark of 90% for both years. While the performance also meets the annual threshold for the strength benchmark (100%) the strength benchmark requires three consecutive years of such performance. As only two years of qualifying data are currently available, the program benchmark is met, but the strength benchmark is not yet achieved.

Measure 3 — Quantitative Benchmark: (Preceptor Evaluation of Cultural Competence): 90% of students per cohort earn an aggregate domain score equivalent to B or higher in each clerkship.

Quantitative Strength Benchmark (Preceptor Evaluation of Cultural Competence): Strength Benchmark: 100% of students per cohort earn an aggregate score equivalent to B or higher in each clerkship for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Clinical preceptors assessed each student's cultural competence on an 8-point scale (A, A-, B+, B, B-, C+, C, F)

Data Results:

Goal 3: Measure 3	2023	2024
Preceptor evaluation of cultural competence	100%	100%

Analysis: In both 2023 and 2024, 100% of students earned an aggregate score equivalent to a B or higher in cultural competence, based on preceptor evaluations. These results exceed the program benchmark of 90% for both years. While the performance also meets the annual threshold for the strength benchmark (100%), the strength benchmark requires three consecutive years of such performance. As only two years of qualifying data are currently available, the program benchmark is met, but the strength benchmark is not yet achieved.

Measure 4 — Quantitative Benchmark: (Graduate Self-Assessment of Cultural Competency - Exit Survey): Graduates rated their cultural sensitivity and competency. Benchmark is a mean response of 4 on 5-point scale. Response rates below 50% are interpreted with caution.

Quantitative Strength Benchmark (Graduate Self-Assessment of Cultural Competency (Exit Survey): Strength Benchmark: A mean response of 4.5 on 5 point scale for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 3: Measure 4	2023	2024
Student Exit Survey: Cultural competency	4.80	4.37
<i>Response Rate:</i>	<i>91%</i>	<i>68%</i>

Analysis: In 2023, the graduate self-assessment of cultural competency yielded a mean score of 4.80, exceeding both the program benchmark of 4.0 and the strength benchmark of 4.5. In 2024, the mean score was 4.37, which remains above the program benchmark but falls below the strength threshold. As a result, the program benchmark is met for both years, but the strength benchmark is not achieved, as it requires scores of ≥ 4.5 for three consecutive years.

For Goal 3, the program triangulates data from the four benchmarks to determine whether the program is meeting Goal 3 or whether Goal 3 is a potential program strength or a

potential area in need of improvement. The program considers Goal 3 to be met when a minimum of three out of four benchmarks are successfully met. Goal 3 is considered to be a strength if a minimum of three out of four benchmarks are met at the strength level and no benchmarks are unmet for a period of three years. Goal 3 is considered to be an area in need of improvement when three or more benchmarks are rated as areas in need of improvement over a period of two years.

Overall Goal 3 Summary

The program met the benchmark for all four measures. Based on the program's triangulation criteria, this goal is considered met, as at least three of the evaluable measures achieved the program benchmark. However, it does not qualify as a strength, as fewer than three measures met the strength benchmark. Continued monitoring and full implementation of all measures will support more complete evaluation in future cycles

Goal 4 – Leadership: Encourage students to contribute to and enrich the PA profession

Goal 4 is designed to ensure that students are prepared to actively engage in the physician assistant profession through leadership, advocacy, and professional involvement. Two quantitative measures are monitored to evaluate progress toward this goal: PA program cohort membership in professional organizations such as NYSSPA and AAPA, and the number of students who seek leadership roles in student government or professional organizations. These measures reflect the program’s emphasis on fostering professional identity, service, and leadership within the PA community. Data are reviewed annually by the Assessment Committee to determine whether each cohort meets the defined benchmarks, supporting the development of future leaders in the profession.

Measure 1 — Quantitative Benchmark (PA Program Cohort membership in NYSSPA and AAPA-Student participation in events): 90% of each cohort will join NYSSPA (New York State Society of PAs) and AAPA (American Academy of PAs).

Quantitative Strength Benchmark (PA Program Cohort membership in NYSSPA and AAPA-Student participation in events): 100% of each cohort will join NYCCPA and AAPA for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 4: Measure 1	2023	2024	2025
NYSSPA (New York State Society of PAs) membership	100%	100%	100%
AAPA (American Academy of PAs) membership	100%	100%	100%

Analysis: From 2023 to 2025, 100% of students in each cohort were members of both NYSSPA (New York State Society of PAs) and AAPA (American Academy of PAs). This performance not only exceeds the program benchmark of 90% membership per cohort but also satisfies the strength benchmark, which requires 100% participation for three consecutive years. The consistent full membership across all three years demonstrates a sustained culture of professional engagement and affirms the program’s success in promoting active participation in state and national PA organizations.

Measure 2 — Quantitative Benchmark (achieve leadership positions in student government, or volunteer organization): 5% of students per cohort will achieve leadership positions.

Quantitative Strength Benchmark (Achieves leadership position in student government, professional organization): 10% of students per cohort will achieve leadership positions for three consecutive years.

Area in Need of Improvement: Failure to meet the benchmark for two consecutive years.

Data Results:

Goal 4: Measure 2	2023	2024	2025
Achieve leadership positions in student government, professional organization	9%	23%	20%

Multiple positions in the student government provide students with the opportunity to gain leadership experience.

Analysis: The class of 2023 had two available student government positions (Class President and Vice President) Both positions were filled, and the benchmark was met for the class of 2023. The strength benchmark, however, was not achieved that year. The following positions are available for PA Program student government beginning with the class of 2024.

- Class President
- Vice President
- Secretary
- Student Academy Representative
- State Chapter Student Representative
- Student Diversity Representative
- Social media Chairperson

All positions were filled for the cohorts 2024 – 2025 and the benchmark was met for these cohorts but the strength benchmark was not achieved as it requires three years of $\geq 10\%$.

For Goal 4, the program triangulates data from the two benchmarks to determine whether the program is meeting Goal 4 or whether Goal 4 is a potential program strength or a potential area in need of improvement. The program considers Goal 4 to be met when a minimum of one out of two benchmarks is successfully met. Goal 4 is considered to be a strength when two out of two benchmarks are met at the strength level and no benchmarks

are unmet for a period of three years. Goal 4 is considered to be an area in need of improvement when two benchmarks are rated as areas in need of improvement over a period of two years.

Overall Goal 4 Summary

Across the two measures used to assess this goal, both met the program benchmark. Based on the program's triangulation criteria, this goal is considered met as at least one of the evaluable measures achieved the program benchmark. However, this goal does not qualify as a strength as only one measure met the strength benchmark for 3 consecutive years.

Based on the program's triangulation criteria, this goal cannot yet be considered strength. Full implementation and evaluation of Measure 2 will be necessary for a comprehensive assessment in future cycles.

YU PA Program Goals Checklist

Legend

✓ = Met the benchmark

* = Did not meet the benchmark

The program considers Goal 1 to be met when a minimum of three out of four benchmarks are met.

Goal 1 – Clinical Excellence: Provide students with a strong foundation of medical knowledge to practice at an entry-level proficiency	2023	2024	2025
1. Preceptor Evaluation of Students: Medical Knowledge	✓	✓	<i>Pending</i>
2. First-Time PANCE pass rate	✓	✓	<i>Pending</i>
3. End of Curriculum pass rate	N/A	✓	<i>Pending</i>
4. Exit Survey - Prepared to enter clinical practice	✓	*	<i>Pending</i>

The program considers Goal 2 to be met when a minimum of two out of three benchmarks are met.

Goal 2 – Professionalism: Enable students to provide health care with integrity, respect, accountability, ethics, and compassion	2023	2024	2025
1. Preceptor Evaluation of PA Student professional behaviors	✓	✓	<i>Pending</i>
2. Summative OSCE (Professionalism section)	✓	✓	<i>Pending</i>
3. Exit Survey - Professionalism	✓	*	<i>Pending</i>

The program considers Goal 3 to be met when a minimum of three out of four benchmarks are met.

Goal 3 – Cultural Competence: Prepare students to serve traditionally medically underserved communities	2023	2024	2025
1. Participate in community service	✓	✓	✓
2. Number of students completing clinical rotation in medically underserved and diverse communities	✓	✓	<i>Pending</i>
3. Preceptor Evaluation of Cultural Competence	✓	✓	<i>Pending</i>
4. Exit Survey: Cultural Competency	✓	✓	<i>Pending</i>

The program considers Goal 4 to be met when a minimum of one out of two benchmarks are met.

Goal 4 – Leadership: Encourage students to contribute to and enrich the PA profession	2023	2024	2025
NYSSPA (New York State Society of PAs) membership	✓	✓	✓
AAPA (American Academy of PAs) membership	✓	✓	✓
Achieve leadership positions in student government, professional organization	✓	✓	✓