

South College Orlando PA Program

Program Goals and Outcomes

Public Outcomes Narrative

The South College Orlando Physician Assistant Program (SCOPA) uses a systematic process to evaluate achievement of its program goals. Each goal is assessed using defined quantitative and, when appropriate, qualitative measures. Benchmarks are established in advance, results are reviewed by cohort and over time, and findings are used to guide continuous program improvement.

Because the Orlando program's first cohort matriculated in Fall 2025 and will graduate in 2027, some outcome measures are not yet available. For transparency, measures without an available data set are identified as pending rather than interpreted as having met or failed to meet a benchmark. The program will update these results as each cohort progresses through the didactic phase, clinical phase, graduation, and national certification.

Summary of Current Goal Status

Program Goal	Current Determination	Basis
Goal 1: Select highly qualified applicants	Meeting based on available measures	All three currently available admissions benchmarks are met for the Classes of 2027 and 2028; graduation-rate data are pending.
Goal 2: Evidence-based clinical decision-making	Not yet fully measurable	The available Evidence-Based Medicine course outcome exceeds benchmark; remaining longitudinal measures are pending.
Goal 3: PANCE performance	Not yet measurable	The first PANCE outcome data will become available after the Class of 2027 graduates and tests.
Goal 4: Patient-centered care	Not yet measurable	Measures are collected later in the didactic and clinical curriculum and at graduation.
Goal 5: Develop a highly effective faculty team	Meeting	All four currently reported measures meet or exceed benchmark.

Goal 1: Evaluate and select highly qualified applicants for admission into the program.

How achievement is determined: The goal is considered met when at least three of four measures meet or exceed benchmark. Measures below benchmark are reviewed even when the overall goal is achieved.

Measure	Benchmark	Current Result	Status
Mean undergraduate GPA	≥ 3.50	2027: 3.54; 2028: 3.52	Met
Mean undergraduate science GPA	≥ 3.40	2027: 3.42; 2028: 3.41	Met
Mean patient care experience	≥ 500 hours	2027: 3,064; 2028: 3,079 hours	Met
PA program graduation rate	> 90%	First Orlando cohort has not yet graduated	Pending

Analysis: The admissions profile of both matriculated cohorts meets the program's academic and healthcare-exposure expectations. Mean undergraduate GPA and science GPA are above the established thresholds, while mean patient care experience substantially exceeds the 500-hour benchmark. These findings indicate that the program is enrolling students with strong academic preparation and meaningful prior exposure to healthcare environments. Graduation rate cannot yet be evaluated because the first Orlando cohort has not reached graduation.

Current determination: Based on the three measures currently available, the goal attainment criterion is met. The graduation-rate measure remains pending and will be incorporated when the Class of 2027 graduates.

Action plan: Continue the current admissions review process and monitor incoming cohort characteristics annually. No modification to the admissions benchmarks or selection process is indicated by the available data. Graduation outcomes will be added to the analysis when available and will be reviewed in conjunction with entering academic and experiential characteristics.

Goal 2: Provide students with a rigorous educational curriculum that prepares them for evidence-based clinical decision-making.

How achievement is determined: The goal is considered met when at least five of six measures meet or exceed benchmark. The measures intentionally span the didactic and clinical phases and include course performance, student perception, observed performance, and clinical preceptor evaluation.

Measure	Benchmark	Current Result	Status
PAS 5351 Evidence-Based Medicine final grade, cohort mean	≥ 80%	Class of 2027: 98.4%	Met
Didactic Summative OSCE: evidence-based treatment plan	≥ 80% of cohort scores ≥1	Available after didactic summative assessment	Pending
End-of-Didactic Survey: EBM/lifelong learning preparation	Mean ≥ 3.5/5	Available at end of didactic phase	Pending
Clinical preceptor evaluation: evidence-based treatment plan	Mean ≥ 3.5/5	Available after SCPE 4	Pending
Clinical Summative OSCE: evidence-based treatment plan	≥ 80% of cohort scores ≥1	Available during clinical summative course	Pending
Graduate Exit Survey: EBM preparation	Mean ≥ 3.5/5	Available after graduation	Pending

Analysis: The first available outcome is strong: the Class of 2027 achieved a 98.4% cohort mean in PAS 5351 Evidence-Based Medicine, well above the 80% benchmark. This provides early evidence of mastery of foundational evidence-based medicine concepts. However, the program intentionally evaluates this goal longitudinally, including whether students can apply evidence during standardized encounters and clinical rotations and whether graduates perceive that the curriculum prepared them to use evidence in practice.

Current determination: The overall goal cannot yet be fully determined because five of the six planned measures have not reached their scheduled collection point. The single available measure meets benchmark.

Action plan: Continue current instruction and monitoring. Collect and analyze didactic summative, end-of-didactic, clinical preceptor, clinical summative, and graduate exit data as they become available. Any measure below benchmark will undergo focused review to determine whether changes to curriculum, assessment, instructional methods, or student support are warranted.

Goal 3: Prepare students to pass the Physician Assistant National Certifying Examination (PANCE) at a rate at or above the national average.

How achievement is determined: The program evaluates first-attempt PANCE pass rate, all-taker pass rate, and mean PANCE score against the corresponding national averages. The goal is considered met when all three measures are at or above the national comparison. If the national pass-rate average were to fall below the ARC-PA threshold used by the program, the program will apply a pass-rate benchmark greater than 85% for that year.

Measure	Benchmark	Current Result	Status
First-attempt PANCE pass rate	At or above national average	First data expected Spring 2028	Pending
All-taker PANCE pass rate	At or above national average	First data expected Spring 2028	Pending
Mean PANCE total score	At or above national average	First data expected Spring 2028	Pending

Additional qualitative review: For graduates who are unsuccessful on their first PANCE attempt, the program will review qualitative feedback addressing perceived academic preparation, knowledge or content gaps, clinical-year preparation, assessment alignment, study strategy, timing of preparation, use of program resources, self-assessment and readiness, response to performance data, test-taking factors, well-being or external factors, the transition from graduation to PANCE, unexpected aspects of the examination, and opportunities for program improvement. A recurring topic will be treated as a program-level theme when identified in at least three responses within a cohort.

Analysis: PANCE outcomes are not yet available because the first Orlando cohort has not graduated or taken the certification examination. The program has nevertheless established the measures, benchmarks, and qualitative review process in advance so that results can be evaluated consistently once available.

Current determination: Goal attainment cannot yet be determined. The first complete PANCE data set is expected in Spring 2028.

Action plan: No outcome-driven curricular action is indicated before the first PANCE results are available. The program will collect NCCPA program performance data, compare program outcomes with national results, review content and task-area trends, and analyze qualitative feedback from first-attempt non-passers when applicable. Findings will be used to identify targeted curricular, assessment, remediation, or board-preparation improvements.

Goal 4: Prepare students to practice patient-centered care.

How achievement is determined: The goal is considered met when at least four of five measures meet or exceed benchmark. Assessment occurs across the didactic and clinical phases using student perception, standardized patient performance, clinical preceptor evaluation, and graduate feedback.

Measure	Benchmark	Current Result	Status
End-of-Didactic Survey: patient-centered counseling/education	Mean $\geq 3.5/5$	First data expected Q1 2027	Pending
Didactic Summative OSCE: integrates patient-specific factors	$\geq 80\%$ of cohort scores ≥ 1	Available at end of Fall 2026	Pending
Clinical preceptor evaluation: patient-specific decision-making	Mean $\geq 3.5/5$	Available after SCPE 4	Pending
Clinical Summative OSCE: integrates patient-specific factors	$\geq 80\%$ of cohort scores ≥ 1	Available during clinical summative course	Pending
Graduate Exit Survey: preparation for patient-centered care	Mean $\geq 3.5/5$	First data expected Q1 2028	Pending

Analysis: The planned measures evaluate whether students can move beyond disease-centered decision-making and incorporate individual patient characteristics, values, circumstances, and clinical needs. Because the Class of 2027 is still progressing through the curriculum, the first outcome measures for this goal have not yet reached their scheduled collection points.

Current determination: Goal attainment cannot yet be determined from outcome data.

Action plan: Collect the first didactic-phase measures as scheduled, followed by clinical preceptor, clinical summative, and graduate exit data. Results will be reviewed for consistency across assessment methods and phases of training. Any measure below benchmark will prompt review for potential curricular, assessment, clinical education, or student-support improvements.

Goal 5: Develop a highly effective faculty team that contributes to the success of the program.

How achievement is determined: The goal is considered met when at least three of four measures meet or exceed benchmark. The program triangulates faculty effectiveness using student evaluations of teaching, student progression, retention, and direct classroom observation.

Measure	Benchmark	Current Result	Status
Student evaluations of teaching, faculty mean	≥ 4.25/5	Class of 2027: 4.60	Met
First-attempt course pass rate	> 90%	Class of 2027: 100%	Met
Cohort retention	≥ 90%	Class of 2027: 98%	Met
Faculty classroom observations, faculty mean	≥ 4.25/5	Class of 2027: > 4.25	Met

Analysis: All currently reported measures meet or exceed benchmark. Student evaluations indicate strong satisfaction with faculty teaching, and classroom observations demonstrate instructional performance at or above the program's high faculty benchmark. The Class of 2027 has maintained a 100% first-attempt course pass rate at the reported measurement point and 98% cohort retention. Together, these measures support the conclusion that the faculty team is effectively delivering the curriculum and supporting student progression while maintaining program academic standards.

Current determination: Goal 5 is met for the Class of 2027 / 2025-2026 academic reporting period based on all four available measures.

Action plan: Continue current faculty evaluation, classroom observation, and student-support processes while monitoring results for trends as additional cohorts progress through the program. Any future measure below benchmark will be reviewed to determine whether faculty development, curricular changes, assessment refinement, or student-support interventions are indicated.

Continuous Program Evaluation

Program goal assessment is an ongoing process. Results are reviewed as data become available and are considered both individually and collectively. A goal may include measures collected at different points in the curriculum; therefore, the program distinguishes between measures that meet benchmark, measures that do not meet benchmark, and measures that are not yet available. This approach allows the program to identify emerging trends while avoiding premature conclusions based on incomplete cohort data.

As additional cohorts matriculate and graduate, the program will expand its longitudinal analysis to include cohort-to-cohort comparisons, five-year means, variability over time, qualitative themes where applicable, and the effectiveness of any implemented action plans. Program goals, benchmarks, and action plans will be reviewed periodically to ensure that they remain meaningful, appropriately rigorous, and aligned with the program's mission and expected graduate outcomes.

Primary Data Sources

Data used in program goal assessment include South College PA Department admissions, progression, retention, course, assessment, clinical evaluation, faculty evaluation, and survey data; Physician Assistant Education Association (PAEA) Program and Student Reports; and National Commission on Certification of Physician Assistants (NCCPA) PANCE Program Performance Reports when available.