D'Youville University PA Program

Program Success in Achieving Program Goals

Goal #1 Train students to serve patients across the lifespan, promote health and wellness in primary care, and engage in interprofessional collaboration.

Measure 1: Successful Completion of Pediatrics, Family Medicine, and Geriatric Rotations

Benchmark: No more than 10% of cohort requiring remediation

| Cohort | Cohort N number | # That Passed Initial Assessment Method | # Requiring Remediation | FTPR | Benchmark Met? |
|--------|--------------------|--|----------------------------|------|----------------|
| 2023 | 44 | 44 | 0 | 100% | YES |
| 2022 | 41 | 40 | 1 (Geriatrics) | 97% | YES |
| 2021 | 35 | 35 | 0 | 100% | YES |
| 2020 | 36 | 35 | 1 (Family Medicine) | 97% | YES |

Measure 2: Successful Completion of Interprofessional Education sessions

Benchmark: No more than 10% of cohort requiring remediation

| Cohort | Cohort N number | # Completing IPE Sessions | # Requiring Remediation | % Successful in Meeting Benchmark | Benchmark Met? |
|--------|--------------------|------------------------------|----------------------------|--------------------------------------|----------------|
| 2023 | 44 | 44 | 0 | 100% | YES |
| 2022 | 41 | 41 | 0 | 100% | YES |
| 2021 | 35 | 35 | 0 | 100% | YES |
| 2020 | 36 | 36 | 0 | 100% | YES |

Measure 3: Successful Completion of Primary Care Project

Benchmark: No more than 10% of cohort requiring remediation

| Cohort | Cohort N number | # That Passed Initial Assessment Method | # Requiring Remediation | FTPR | Benchmark Met? |
|--------|--------------------|--|----------------------------|------|----------------|
| 2023 | 44 | 44 | 0 | 100% | YES |
| 2022 | 41 | 41 | 0 | 100% | YES |
| 2021 | 35 | 35 | 0 | 100% | YES |
| 2020 | 36 | 36 | 0 | 100% | YES |

Measure 4: Preceptor Evaluation of Student Interaction with Other Health Professionals

Benchmark: 80% of cohort with score of 4 or higher on Question 13 of preceptor evaluation form

| Cohort | Cohort N number | # That Passed Initial Assessment Method | # Requiring Remediation | FTPR | Benchmark Met? |
|--------|--------------------|--|----------------------------|------|----------------|
| 2023 | 44 | 44 | 0 | 100% | YES |
| 2022 | 41 | 40 | 1 | 97% | YES |
| 2021 | 35 | 35 | 0 | 100% | YES |
| 2020 | 36 | 36 | 0 | 100% | YES |

Goal #2 Train students to serve diverse patient populations.

Measure 1: Graduates will have completed clinical rotations in rural, suburban, and urban settings.

Benchmark: 100% of graduates successfully complete rotations in at least 2 of the 3 settings.

| Cohort | Cohort N number | % Completing in a RURAL setting | % Completing in a SUBURBAN setting | % Completing in an URBAN setting | Benchmark Met? |
|--------|--------------------|---------------------------------|------------------------------------|-------------------------------------|----------------|
| 2023 | 44 | 59% | 100% | 100% | YES |
| 2022 | 41 | 76% | 100% | 100% | YES |
| 2021 | 35 | 77% | 100% | 100% | YES |
| 2020 | 36 | 58% | 100% | 100% | YES |

Measure 2: Completion of PA 305 Behavioral Medicine Course

Benchmark: 100% of graduates successfully complete the course on first attempt.

| Cohort | Cohort N number | # That Passed Initial Assessment Method | # Requiring Remediation | FTPR | Benchmark Met? |
|--------|--------------------|--|----------------------------|------|----------------|
| 2023 | 44 | 44 | 0 | 100% | YES |
| 2022 | 41 | 41 | 0 | 100% | YES |
| 2021 | 35 | 35 | 0 | 100% | YES |
| 2020 | 36 | 36 | 0 | 100% | YES |

Measure 3: Cohort participation rate in LGBT Health Disparity Workshop

Benchmark: 100% cohort participation in LGBT Health Disparity Workshop activities

| Cohort | Cohort N number | Cohort Participation Rate (%) | Benchmark met? |
|--------|--------------------|----------------------------------|----------------|
| 2023 | 44 | 100% | YES |
| 2022 | 41 | 100% | YES |
| 2021 | 35 | 100% | YES |
| 2020 | 36 | 100% | YES |

Goal #3 Equip students with the knowledge and skills necessary to become exemplary clinicians.

Measure 1: Cohort Performance on Core Rotations. This includes the following SCPEs: Internal Medicine, Family Medicine, Surgery, Pediatrics, Women's Health, Behavioral/Mental Health, Emergency Medicine, Geriatrics, Orthopedics, and Primary Care.

Benchmark: ≥ 95% of each cohort will complete all required rotations successfully on first attempt.

| Cohort | Cohort N number | #Students Requiring Rotation Repeat | Cohort FTPR Core Rotations (%) | Benchmark Met? |
|--------|--------------------|--|-----------------------------------|----------------|
| 2023 | 44 | 0 | 100% | YES |
| 2022 | 41 | 2 | 95% | YES |
| 2021 | 35 | 0 | 100% | YES |
| 2020 | 36 | 1 | 97% | YES |

Measure 2: Cohort Performance on Summative Evaluation

 $\textbf{Benchmark}: \geq 80\% \text{ cohort successfully passes each part of the summative evaluation on first attempt.}$

| Cohort | Cohort N number | Written Exam FTPR | Technical Skills FTPR | Physical Exam Proficiency FTPR | Interpersonal skills/Professionalism on Prec. Evaluation | Benchmark Met? |
|--------|--------------------|-------------------|-----------------------|-----------------------------------|--|----------------|
| 2023 | 44 | 98% | 100% | 86% | 100% | YES |
| 2022 | 41 | 100% | 100% | 93% | 100% | YES |
| 2021 | 35 | 94% | 100% | 100% | 100% | YES |
| 2020 | 36 | 100% | 100% | 89% | 100% | YES |

Goal #4 Students demonstrate professionalism across multiple areas of clinical practice.

Measure 1: Cohort Performance on Professional Component of Summative Evaluation

Benchmark: 100% average score per cohort of 3 or higher on Question 15 of preceptor evaluation form across all required clinical rotations in the last three months of the program (corresponds with Summative Evaluation section)

| Cohort | Cohort N number | # That Passed Initial Assessment Method | # Requiring Remediation | FTPR | Benchmark Met? |
|--------|--------------------|--|----------------------------|------|----------------|
| 2023 | 44 | 44 | 0 | 100% | YES |
| 2022 | 41 | 41 | 0 | 100% | YES |
| 2021 | 35 | 35 | 0 | 100% | YES |
| 2020 | 36 | 36 | 0 | 100% | YES |

Measure 2: Professionalism Violations

Benchmark: Cohort with no incidences of professionalism violations leading to dismissal as measured by referral to Student Progress Committee for professionalism violations.

| Cohort | Cohort N number | # of Dismissals due to Professionalism Violations | Benchmark Met? |
|--------|--------------------|---|----------------|
| 2023 | 44 | 0 | YES |
| 2022 | 41 | 0 | YES |
| 2021 | 35 | 0 | YES |
| 2020 | 36 | 0 | YES |

Goal #5 Students demonstrate competence in medical and evidence-based research through scholarly activity.

Measure 1: Defense of Master's Research Project

Benchmark: No more than 10% of cohort requiring remediation

| Cohort | Cohort N number | # Requiring Remediation | Successful Defense Rate (%) | Benchmark Met? |
|--------|--------------------|----------------------------|--------------------------------|----------------|
| 2023 | 44 | 0 | 100% | YES |
| 2022 | 41 | 0 | 100% | YES |
| 2021 | 35 | 0 | 100% | YES |
| 2020 | 36 | 0 | 100% | YES |

Measure 2: Completion of PA 603 Research Methods Course

Benchmark: No more than 10% of cohort requiring remediation

| Cohort | Cohort N number | # That Passed Initial Assessment Method | # Requiring Remediation | FTPR | Benchmark Met? |
|--------|--------------------|--|----------------------------|------|----------------|
| 2023 | 44 | 44 | 0 | 100% | YES |
| 2022 | 41 | 41 | 0 | 100% | YES |
| 2021 | 35 | 35 | 0 | 100% | YES |
| 2020 | 36 | 36 | 0 | 100% | YES |

| KEY / LEGEND: | | | | |
|---------------|--|--|--|--|
| ВМ | Benchmark | | | |
| Cohort | Defined as the year a student graduated the DYU PA program. | | | |
| FTP/FTPR | First-Time Pass Rate: # or % of all takers who passed an assessment on the first attempt | | | |
| FTT | First-Time Test Takers | | | |
| LGBT | Lesbian, gay, bisexual, and transgender. Includes LGBTQIA+ population. | | | |
| LOA | Leave of Absence | | | |
| PANCE | Physician Assistant National Certifying Examination | | | |
| SD/Std. Dev. | Standard Deviation | | | |
| IPE | Interprofessional Education activities | | | |
| Remed. | Remediation | | | |