Syllabi, Program Competencies, Learning Outcomes & Instructional Objectives

A Guide for PA Program Faculty©

Standards 6th Edition - May 2026

Contents

This document is provided strictly as a resource for PA program faculty. Adherence to any suggestions is completely voluntary and does not ensure compliance with any accreditation standard(s) or a successful accreditation outcome

Introduction

This resource uses the ARC-PA Standards, 6th edition, effective September 1, 2025, clarified through December 2025. Several of the ARC-PA standards are related to program competencies, learning outcomes, and instructional objectives and are important to keep in mind when developing and revising the program curriculum, course syllabi, and student assessment tools.

The purpose of this document is to:

- Identify key ARC-PA standards used to develop syllabi, *learning outcomes,* and *instructional objectives*
- Describe the general role and content of a syllabus
- Differentiate between *instructional objectives, learning outcomes,* and program *competencies*
- Provide a brief overview of evidence-based writing of *learning outcomes* and *instructional objectives*
- Provide examples to increase understanding of terms used in the 6th edition Standards

Relevant 6th Edition Standards

B1.01b The curriculum is consistent with program *competencies*.

B1.01d The curriculum provides the necessary breadth and depth to prepare students for the clinical practice of medicine.

B1.03 For each didactic and clinical course (including *required* and *elective rotations*), the program defines and publishes for students the following detailed information in syllabi or an appendix to the syllabi:

a) course name
b) course description
c) faculty instructor of record
d) course goal(s)
e) course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies*
f) *instructional objectives* in measurable terms that guide student learning
g) outline of topics to be covered that align with *learning outcomes* and *instructional objectives*
h) description of the student assessment(s) and evaluation(s)
i) plan for grading

B3.03 *Supervised clinical practice experiences* enable all students to meet the program's *learning outcomes* for:

a) preventive patient encounters
b) acute patient encounters
c) chronic patient encounters

B3.05 *Supervised clinical practice experiences* support the achievement of *learning outcomes* across the following domains:

a) medical knowledge
b) interpersonal skills
c) *clinical skills*

d) *technical skills*
e) professional behaviors
f) clinical reasoning and problem-solving abilities

B3.06 Preceptors for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for:
a) family medicine
b) emergency medicine, including emergent care
c) internal medicine, including elderly patients
d) surgery, including pre-operative, intra-operative, and post-operative care
e) pediatrics, including care for infants, children, and adolescents
f) women's health, including prenatal and gynecologic care
g) behavioral and mental health care

B4.01 The program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* for both didactic and *supervised clinical practice experience* components. The evaluations:
a) align with what is expected and taught
b) allow the program to identify and address any student deficiencies in a *timely* manner

B4.03 The program conducts and documents a *summative evaluation* of each student within the final four months of the program to verify that each student meets all program-defined *competencies* required to enter clinical practice, including:
a) *clinical and technical skills*
b) clinical reasoning and problem-solving abilities
c) interpersonal skills
d) medical knowledge
e) professional behaviors

In addition, Standards A2.05 and A2.12 should be reviewed regarding the individuals responsible for developing program competencies and curricular revisions. Finally, one additional standard that affects programs applying for Accreditation Provisional is listed below.

D1.03 The institution-approved complete curriculum is submitted with the application of record**.**

Course Syllabus

The course syllabus serves as a contractual agreement between students and faculty, providing an early point of contact and connection. It places the course in a broader context within the curriculum and provides a general conceptual course framework. Additionally, it serves several very important functions:

- Sets the course tone
- Describes the course goal(s)
- Provides the course information (e.g. location, meeting dates/times, etc.)
- Provides an outline of the course topics

- Defines the student responsibilities for success
- Describes the expected student learning outcomes
- Lists the instructional objectives
- Describes the requirements and deadlines for course completion
- Lists the required textbooks and available learning resources
- Communicates the use of technology in the course

In addition to the functions listed above, the syllabus helps students become effective learners. As such, it may include information related to the development of learning skills, such as effective note-taking or time management. It is not simply designed to meet an institutional or accreditation requirement; it is essential for guiding student learning. The syllabi should be formatted consistently across the PA program curriculum and will likely have institutional formatting requirements. However, each syllabus also includes essential content to support students' learning.

For accreditation purposes, the ARC-PA expects the program to have a course syllabus for every didactic and clinical course (including *required* and *elective rotations*) in the curriculum. Each syllabus, at a minimum, will include:

a) course name,
b) course description,
c) faculty instructor of record
d) course goal(s)
e) course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies*
f) *instructional objectives* in measurable terms that guide student learning
g) outline of topics to be covered that align with *learning outcomes* and *instructional objectives*
h) description of the student assessment(s) and evaluation(s)
i) plan for grading

Course Name, Description, and Instructor of Record

As the course syllabus serves as a point of contact for students, it must provide accurate reference to the name of the course, description of the course, and the faculty instructor of record as cataloged by the registrar of the supporting institution. The course name includes both the institution's approved course number, department to which the course is assigned, and the unabbreviated course name to eliminate confusion with similar course offerings from the supporting institution. The course description provides students with a clear, concise overview of what the course offers. While initial provisional programs may not yet have assigned a faculty instructor of record to each course in the curriculum prior to matriculation of its students, a placeholder for instructor of record should be in the syllabus until the course instructor is assigned. The course name, course description, and faculty instructor of record must be distinctly published in each of the course syllabi that comprise the program curriculum.

Course Goals

Course goals are utilized in course syllabi to provide a broad, overarching statement of what students need to understand and be able to do by the end of a course. Goals serve as a roadmap for developing a curricular component, inform assessments, and help students understand the purpose of a course. Course goals help instructors develop course content and design assessments that align with the course's main objectives. Course goals usually align with the broader goals of the program, ensuring consistency in the learning experience for students across the curriculum.

Course Goals are broad, overarching statements that serve as a roadmap for the course.

Example Course Goal: The purpose of this course is to provide an understanding of the role of physical examinations in clinical practice. It also prepares students to perform a variety of physical examinations with a clear understanding of their purpose and application.

Topics

The topic list in a course syllabus outlines the subjects to be covered. The topics must align with the course *learning outcomes* and *instructional objectives*. If the program uses hyperlinks to external topic lists (e.g., PAEA EOR Exam, NCCPA PANCE), it must be prepared to demonstrate alignment with the course *learning outcomes,* instructional content*,* and *instructional objectives.* Included hyperlinks must be active and direct readers to the appropriate topic list for the course. While the outline of topics may be combined with the course lecture and learning activity schedule, the topic-schedule must still be included within the course syllabus and clearly labeled to identify it as a topic list.

Competencies

In health professions education, competency-based education is essential and clearly defines the knowledge, clinical skills, behaviors, and professional attributes required for safe and effective practice. *Competencies* should reflect current standards of care and societal needs and must be articulated in measurable terms to guide both instruction and assessment. Learner progression should be based on demonstrated achievement of these *competencies* rather than solely on time spent on coursework or clinical experiences. Competency-based education promotes transparency in expectations, consistency in evaluation, and accountability in preparing graduates who are practice-ready and responsive to contemporary healthcare demands.

Competencies are defined by the ARC-PA as "the medical knowledge, interpersonal skills, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities **required for PA practice**." They are summative in nature and set the tone for what is required of students upon completion of the program to enter clinical practice. When developing program *competencies*, programs need to identify the key qualities required from a graduate, addressing the medical knowledge, interpersonal, clinical and technical skills, patient care, and clinical reasoning and problem-solving abilities. Programs must conduct and document a *summative evaluation* of each student within the final four months of the program to verify that each student meets the

program-defined *competencies* required for entry into clinical practice. Well-written competencies are **specific, observable, and measurable**.

***Competencies* establish the target for completion of the training program.**
(The Big Picture)

Example Program Competency: Graduates can accurately formulate a differential diagnosis using patient history information, physical exam, laboratory, and diagnostic study findings.

Learning Outcomes

Learning outcomes are defined by the ARC-PA as "the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that have been **at the completion of a curricular component, course, or program**." *Learning outcomes* establish what the student must be able to do at the conclusion of a curricular component of the program.

A useful *learning outcome* should:

- Specific: Provide focused guidance for the development of the desired behavior
- Observable: Include a specific performance verb, an observable action
- Measurable: State the desired level of performance (e.g., identify, apply, create)

Learning outcomes reflect the program's expectations for what the student will be able to do upon completing the course of study.

***Learning Outcomes (LO)* are assessed to determine whether students met the desired targets.**
(The Key Milestones)

Example LO: When presented with a patient with chest pain, the student can perform an appropriate cardiac examination on a simulated patient.

Example LO: Based on history and physical exam findings, the student can formulate an appropriate differential diagnosis for a patient presenting with chest pain.

Instructional Objectives

Instructional objectives are statements that describe observable actions or behaviors the student is expected to demonstrate after completing a unit of instruction. *Instructional objectives* are designed to guide students in their studies and learning activities and also aid faculty in developing appropriate educational experiences.

Instructional objectives provide detailed steps to achieve the desired *learning outcomes*, guiding students on what to study, how to prepare, and what level of performance is required for success. *Instructional objectives* are **specific, observable, and measurable**, rather than broad, vague, and intangible. They are tools *that* guide students toward the acquisition of *learning outcomes*.

***Instructional Objectives (IO)* are the detailed steps the learner must take to reach the desired *learning outcomes*.**
(The Training Steps)

Example IO: Distinguish between the different auscultation points in the cardiac exam.
Example IO: Differentiate between cardiac and non-cardiac types of chest pain.
Example IO: Describe the steps of a problem – focused physical exam for a patient complaining of "chest pain".

Instructional objectives are categorized into three domains of cognitive, affective, and psychomotor.

Cognitive objectives are mainly used in instructional programs, whereas affective and psychomotor objectives are typically used for "hands-on" learning. Historically, objectives are developed using the revised Bloom's Taxonomy (2001), which classifies instructional objectives at different levels of higher-order thinking. There are six levels ranging from recalling information to evaluating and creating new ideas. The chart below is a quick reference. (Please consult the references at the end of the document for additional information.)

Taxonomy	Definition	Level	Description	Example Terms
Knowledge	Remembering	Lowest	Recall or recognize	Define, identify, list
Comprehension	Understanding		Low-level understanding	Describe, interpret, summarize
Application	Applying		Implementing information	Apply, determine, demonstrate
Analysis	Analyzing		Break information into component parts and describe the relationship	Distinguish, differentiate, diagnose, analyze
Evaluation	Evaluating		Make a judgment about materials	Evaluate, conclude, justify
Synthesis	Creating	Highest	Generate new ideas or ways of doing things	Design, plan, formulate, generate, construct

While Bloom's Taxonomy focuses primarily on cognitive complexity, Fink's Taxonomy broadens the lens to describe what makes learning truly *significant* and lasting. Fink proposes six interrelated dimensions of learning that move beyond knowledge acquisition alone:

1. **Foundational Knowledge** – Understanding and remembering information and ideas (similar to Bloom's lower levels).
2. **Application** – Developing skills, critical thinking, and the ability to use knowledge in practical situations.
3. **Integration** – Connecting ideas across disciplines, experiences, or contexts.
4. **Human Dimension** – Learning about oneself and others; developing professional identity and interpersonal awareness.
5. **Caring** – Developing new feelings, interests, values, or commitments.
6. **Learning How to Learn** – Becoming a self-directed, reflective, lifelong learner.

Unlike Bloom's hierarchical model, Fink's taxonomy is interactive rather than strictly sequential. Growth in one dimension often enhances the others.

Together, these frameworks support the development of well-rounded competencies by ensuring both depth of thinking (Bloom) and breadth of meaningful learning (Fink) as students progress toward program competencies.

To support student learning and ensure sufficient breadth and depth, *instructional objectives* are developed at multiple levels for each course in the curriculum and for individual sessions such as lectures or modules (lecture objectives). These objectives are written to align with the learner's expected level of cognitive development. Well-designed courses include a range of objectives that progressively advance in cognitive complexity, consistent with Bloom's Taxonomy, as students move through the course and overall curriculum.

Relating Instructional Objectives to Learning Outcomes and Expected Competencies

- Confusion often arises when *learning outcomes* and *instructional objectives* are used interchangeably; however, learning outcomes typically describe end results of learning, whereas instructional objectives describe the steps taken to reach those results. In modern curriculum design, especially within health professions education, the distinction is practical rather than hierarchical: *instructional objectives* operationalize *learning outcomes*, and *learning outcomes* collectively support achievement of program *competencies*. *Competencies* are the medical knowledge, interpersonal skills, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities **required for PA practice** and are summative in nature.
- *Learning outcomes* are the medical knowledge, interpersonal skills, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that are attained **at the completion of a curricular component (module or lecture, for example), didactic or clinical course, or program**. Didactic and clinical components should reflect all learning outcome domains to provide optimal expectations for the student.
- *Learning outcomes* are integral to achieving *competencies* and reflect the building blocks needed to be attained as the student progresses towards the acquisition of the program *competencies*. Similarly, *instructional objectives* focus on the content and skills important to each course or curricular component and provide the details necessary to help the student progress toward the acquisition of *learning outcomes*. As the program's curriculum advances and expectations shift toward higher-order thinking, a program-defined competency and a course learning outcome may align directly.
- *Learning outcomes* usually become more specific as expectations for learning progress through curricular components. For example, some *learning outcomes* will be defined by the medical discipline,

which is especially true of *learning outcomes* for supervised clinical practice experiences. Most commonly, discipline-specific *learning outcomes* relate to clinical and technical skills. While differentiation of clinical skills and technical skills can be challenging, the program is responsible for defining this differentiation in its *learning outcomes* and *instructional objectives.*

- *Clinical skills* are **skills used to make patient care decisions**, e.g., take a patient's history, perform a physical exam, take vital signs, and interpret a diagnostic study.
- *Technical skills* are **procedural skills**, e.g., obtaining an EKG, injections, fingerstick, venipuncture, obtaining a Pap smear, casting/splinting, first-assist in the operating room, performing surgical scrubbing, followed by self-gowning and self-gloving.
- The program is expected to define both components within the *learning outcomes* of each discipline-specific SCPE syllabus, with the exception of behavioral and mental health, which is not required to include technical skills.

Each PA Program must develop *learning outcomes* for each course in the curriculum. The program should determine what the student is to achieve at the end of the course/rotation (what is expected of the student) and how this piece of the curriculum assists the student toward achieving the qualities identified in the program *competencies*.

As the program develops its *learning outcomes*, it must align the curriculum with the program's mission, goals, and *competencies*.

Clearly differentiating these elements supports curricular alignment, ensuring that outcomes, instructional activities, and assessments are intentionally linked, thereby creating a structured, learner-centered curriculum.

Writing Instructional Objectives and Learning Outcomes

Many PA programs have some *instructional objectives* that include a long list of problems or disease entities for which the student is expected to demonstrate some behavior (e.g., *Discuss in detail the clinical manifestations, diagnosis, initial management, and follow-up of the following problems/disease entities seen in an ambulatory care setting - followed by a list of diseases).*

When using such instructional objectives, programs is expected to ensure that the list of problems/disease entities included in the instructional objective is:

- Relevant to the discipline.
  - Example: Pediatrics instructional objectives should focus on pediatrics.
- Achievable within the course time frame.
  - Can the students accomplish what the program requires in the allotted course time, or is the objective list copied from a textbook without consideration of the time required to achieve proficiency?
  - Example: The instructional objectives published for a 4-credit hour course in the first didactic semester may differ in amount and order of thinking from the instructional objectives published for a 2-credit hour course in the last didactic semester.
- Appropriate for entry-level PA professional practice.
  - Does the list of topics include those that prepare a PA for practice?
  - Example: a course on documenting a problem-focused patient examination includes all the components of the history and physical, diagnostic studies, SOAP notes, etc.

Issues in Writing Instructional Objectives

It is easy to become overzealous in developing *instructional objectives*. Developing objectives that are too specific may result in an abundance of small-scope objectives. The resulting myriad of overly specific *instructional objectives* may overwhelm the PA student to the point that they disregard all the objectives.

The key to conceptualizing *instructional objectives* that help rather than hinder is to frame them broadly enough for faculty to sensibly organize instruction around them while ensuring they remain measurable.

Sometimes one broad, measurable objective subsumes many lesser or smaller-scope instructional objectives. This concept can be used when developing assessment items aligned with instructional objectives. Since taxonomies of learning build from the simpler to the more complex, it is reasonable to develop evaluation items that fit into a taxonomy level equal to or less than that of the objective. For example, being able to "discuss" typically requires a certain level of knowledge before the discussion can occur. In this case, it might be reasonable to create an evaluation item about knowledge level content that could be presumed under the verb "discuss."

Assessments must align with and fit within the respective instructional objectives.

Example Objective: Discuss lifestyle modifications for patients with coronary heart disease, stroke, and dyslipidemia.

Knowledge evaluation item: Which dietary pattern is commonly recommended for patients with cardiovascular disease?

A. Ketogenic diet
B. Mediterranean diet
C. Paleo diet
D. Intermittent fasting diet

Instructional objectives should provide students with direct guidance for study. Students should not be expected to assume that an *instructional objective* implies more than what is provided. For example, an *instructional objective* that requires the PA student to "perform a physical exam" should not be assessed by an examination that requires the PA student to "name the physical exam test used to assess a low calcium level" or "describe the consequences of performing a portion of the exam incorrectly." The latter two activities are not subsumed under "perform a physical exam" and should be identified as separate objectives.

Curriculum Breadth and Depth

It is incumbent upon the program to define the breadth and depth of its curriculum to provide a baseline for student and program assessment.

Breadth, in the context of a curriculum, refers to the full span of knowledge within a subject. For example, the breadth of a PA program's curriculum is often represented by organ systems, patient age groups, diseases, and organ systems and task areas on the PANCE.

Depth in the context of a curriculum refers to the extent to which topics are explored. For example, some topics are covered with a single *instructional objective*. In contrast, more complex topics may require multiple *learning outcomes* and *instructional objectives* to guide the student to the level of knowledge necessary for competence in that area. The program should keep in mind that foundational or core instruction is followed by more complex topics, and it should reflect this scaffolding in its course development and curriculum sequencing. Faculty and student evaluations can be used to assess the depth of the curriculum. Performance verbs from Bloom's Taxonomy, as discussed above, can be helpful in defining the desired depth of a given topic.

Methods of Assessment and Evaluation

All student assessment tools for a given curricular component should be linked to *the learning outcomes* the student is expected to attain upon completion of that curricular component. **Assessing and reporting on every *instructional objective* for each PA student is not practical. However, assessing all learning outcomes serves as a foundation for evaluating the student's knowledge, skills, and performance.** Student assessment tools must provide verification that each student has acquired the knowledge, skills, and abilities expected by the program, as described in the *learning outcomes,* and is progressing to meet the program *competencies*. Assessment tools for each didactic course and *rotation* must align with the expected *learning outcomes* identified in the course syllabi. While it is not required that grading rubrics used to evaluate students on specific learning outcomes be published in the course syllabus, it is necessary that performance expectations and grading plans (see below) be readily available to students.

It is required that course syllabi contain a description of each evaluation and assessment tool that is linked to a graded component of the course, including the assignment of grades based on completion. An appropriate description of each evaluation method helps students understand both what is expected of them and how the method of assessment aligns with the course grading plan.

Assessments evaluate student achievement of the learning outcomes by the end of the course.

- Conduct a history and physical exam and formulate a differential diagnosis for a patient presenting with chest pain on a standardized patient *(Assessment Description).*
- Students will be evaluated in real-time based on the OSCE rubric provided in Appendix A *(Assessment Expectation).*
- This assessment will account for 10% of the course grade per the course grading plan *(Grading Component).*

Plan for Grading

Course syllabi include a grading plan that serves as a clear, transparent contract between the instructor and the student, defining how and when a student will be graded. It explains which graded components (e.g., exams, papers, projects, etc.) will be used and each component's contribution to the final course grade. The grading plan may also include criteria for student success in the course and policies for specific issues, such as late work.

This section of the course syllabus provides the student with a roadmap for time management, prioritizing assignments across simultaneous courses, and performance expectations for the entire course.

When formatting plans for grading in the course syllabus, programs should ensure that the plan for grading includes:

- Grading breakdown with all graded components listed
    - Is the final course grade calculated through percentage weighting or total points?
    - Example: "(Quizzes (5) = 5%, Exams (2) = 50%, OSCES (2) = 40%, Case Based Learning (1) = 5%) = 100% Total. Where more than one assessment makes up a percentage of the grade (e.g., quizzes), all assessments are equally weighted."
- Grading Scale
    - How is the final numeric grade converted to a letter grade per program/institutional policy?
    - Example: 93-100 = A, 90-92 = A-, etc.

Course Syllabi Checklist

Syllabi Basics Checklist	
	Course name
	Course description
	Course instructor
	Course goal(s)
	Course learning outcomes in measurable terms that are assessed and guide student acquisition of required competencies
	Instructional objectives in measurable terms that guide student learning
	Outline of topics that align with learning outcomes and instructional objectives (specific to the course)
	Description of the student assessment(s) and evaluation(s)
	Plan for grading
	Updated policies and procedures as the program and instructor deem necessary

Writing Instructional Objectives Checklist	
	Clearly written and understandable to the learner
	Not vague/intangible but specific to the expected outcome
	Developed using appropriate action verbs that indicate the depth of "understanding" or performance expected; Consider thinking about, “once the student knows this, what will they be able to do?” That will provide the action verb to use in the instructional objective.
	Developed using a method of appropriate higher-order thinking (e.g., revised Bloom’s)
	Observable and measurable by the faculty
	Achievable by the learner within the timeframe of the course
	Guides student acquisition of knowledge or skills towards the achievement of learning outcomes for the course or other curricular component.
	A complete statement as written.

	All the objectives as a group form an accurate picture of the expected learning outcomes for the course and align with the methods of evaluation for the course.

Assessment and Evaluation Checklist	
	Ensure that each learning outcome is linked to an appropriate assessment(s)
	Specific descriptions of each assessment method are provided in the syllabus
	Expectations of the learner for each assessment are readily available to students (e.g., grading rubric, instructions, timing for feedback, etc.)
	Graded components for each assessment item are outlined in the plan for grading
	Assessment items are appropriately developed to the level of the learner and the timing of the course within the curriculum (e.g., didactic vs. clinical, 1st semester vs. 4th semester)

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