

## *Medical Assisting Undergraduate Certificate Progress Report Report to the Provost February 2019*

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### **Description**

Medical assistants are multi-skilled health professionals specifically educated to work primarily in ambulatory care settings, such as physician's offices, clinics and outpatient care centers under the direct supervision of physicians, nurse practitioners or physician assistants. Medical assistants perform both administrative and clinical duties.

### **Progress Report**

The UAS Medical Assisting Certificate Program is accredited by The Commission on Accreditation on Allied Health Education Programs (CAAHEP).

The Medical Assisting program has significant annual program assessment requirements, which include evaluation of student learning outcomes. The requirements follow the annual report form (ARF) as required by the Medical Assisting Education Review Board (MAERB). Those requirements can be found at:  
<http://www.maerb.org/>.

In preparation for the spring 2017 site visit, an extensive self-study report was prepared and submitted to the MAERB. The following, summarizes some of the information from the self-study and prepared in response to the *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting Essentials/Standards initially adopted in 1969; revised in 1971, 1977, 1984, 1991, 1999, 2003, 2008, 2015 Adopted by the American Association of Medical Assistants Medical Assisting Education Review Board and the Commission on Accreditation of Allied Health Education Programs.*

### **Standard II Program Goals and Outcomes**

#### **A. Program Student Learning Outcomes (Program Goals for CAAHEP)**

The major goals of the Medical Assisting program graduates are to:

- To prepare competent entry-level medical assistants that meet or exceed national Medical Assisting Education Review Board standards in cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains
- Safely and effectively perform a variety of clinical and administrative tasks as an entry level medical assistant
- Display professionalism in the workplace and communicate effectively both verbally and in writing within a work environment
- Follow standards, policies and procedures of the physician's office within the medical assistant scope of practice demonstrating ethical and legal behaviors

#### **B. Appropriateness of Goals and Learning Domains**

The program regularly assesses its goals and learning domains and identifies and responds to changes in the needs and/or expectations of its communities of interest. An advisory committee meets a minimum of once a year to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Advisory Committee meetings are held in the spring and fall of each academic year and represent the communities of interest.

**Advisory Committee Members:**

- Current Student
- Graduate
- Physician(s) (PA, NP, DO)
- Employer(s) of Graduates Representative
- Public Member
- Other
- Faculty (ex officio)
- Program Director (ex officio)
- Sponsor Administration (ex officio)

**C. Minimum Expectations**

The major goals of the Medical Assisting program graduates are to:

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- Safely and effectively perform a variety of clinical and administrative tasks as an entry level medical assistant
- Display professionalism in the workplace and communicate effectively both verbally and in writing within a work environment
- Follow standards, policies and procedures of the physician's office within the medical assistant scope of practice demonstrating ethical and legal behaviors

**Standard III Resources**

**A. Type and Amount**

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes.

Resources must include, but are not limited to, faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory and ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in the Standards. The results of resource assessment are the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment. Resource surveys for the UAS Medical Assisting program have been developed to send to students, graduates and faculty each year and according to MAERB Standards.

**B. Personnel**

**1. Program Director**

According to the MAERB Standards, the sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes. The program director is fully qualified to meet the Standards required, and has maintained professional credentials and continuing education requirements.

## 2. Faculty and/or Instructional Staff

- a. Responsibilities: Medical assisting faculty and/or instructional staff must direct student learning and assess student progress in achieving the requirements of the program in the appropriate learning domains.
- b. Qualifications: Medical assisting faculty and/or instructional staff must be current and competent in the *MAERB Core Curriculum* objectives included in their assigned teaching, as evidenced by education and/or experience, and have instruction in educational theory and techniques. Full-time and adjunct faculty credentials are maintained in a faculty workbook, submitted to MAERB, and updated as appropriate.

## 3. Practicum Coordinator

- a. Responsibilities: The practicum coordinator must:
  - 1) select and approve appropriate practicum sites.
  - 2) provide orientation for the on-site supervisors.
  - 3) provide oversight of the practicum experience.
  - 4) ensure appropriate and sufficient evaluation of student achievement in the practicum experience.
- b. Qualifications: The practicum coordinator must be knowledgeable about the *MAERB Core Curriculum*, knowledgeable about the program's evaluation of student learning and performance, and effective in ensuring appropriate and sufficient evaluation of student achievement in the practicum experience.

The responsibilities of the practicum coordinator are fulfilled by the Program Director. Effectiveness of the Practicum Coordinator is evaluated by students and practicum sites and the end of the Medical Assisting Practicum Course.

## C. Curriculum

1. The curriculum ensures the achievement of program goals and learning domains. Instruction is an appropriate sequence of classroom, laboratory, and clinical activities according to MAERB Standards. Instruction is based on clearly written course syllabi that includes course description, learning objectives, methods of evaluation, topic outline, and competencies required for graduation.

Courses with Psychomotor and Affective competencies are embedded into the four Medical Assisting courses (HS 133, 233, 142, 242). According to the Standards, cognitive objectives are taught prior to clinical skills lab intensives to prepare students for practice and assessment of psychomotor and affective competencies. Students take prerequisite courses prior to enrollment into MA courses. The Practicum course is considered the capstone and enrollment is by permission only. The Program Director reviews and maintains the Master Competency Sheet for completion prior to allowing registration for the Practicum course, which is the last course of the program.

***Learning objectives include The MAERB Core Curriculum cognitive objectives and psychomotor and affective competencies. The MAERB Core Curriculum is divided into five specific Academic Subjects:***

- Foundations for Clinical Practice
- Applied Communications
- Medical Business Practices
- Medical Law and Ethics
- Safety and Emergency Practices

Within those five specific areas, there are a total of 12 content areas:

- Anatomy & Physiology
- Applied Mathematics
- Applied Microbiology/Infection Control

- Nutrition
- Concepts of Effective Communication
- Administrative Functions
- Basic Practices Finances
- Third Party Reimbursement
- Procedural and Diagnostic Coding
- Legal Implications
- Ethical Considerations
- Protective Practices

Each of the twelve content areas is divided into three specific learning domains: cognitive, psychomotor, and affective. The items listed within the cognitive domain are referred to as “objectives,” while the items listed within the psychomotor and affective domains are “competencies.” The reason for that distinction is consistent with educational terminology; “objectives” are ideas, concepts, and information that need to be learned and acquired intellectually, while the “competencies” need to be performed.

The MAERB defines the domains in the following manner:

Cognitive: Knowledge; mental skills; observable and unobservable skills such as comprehending information, organizing ideas, and evaluating information and actions.

Psychomotor: Manual or physical skills; use of basic motor skills, coordination, and physical movement.

Affective: Behaviors related to feelings, attitudes, interest, attention, awareness, and values are demonstrated by affective behaviors.

It is required of any CAAHEP-accredited program that all the cognitive objectives and the psychomotor and affective competencies be taught and assessed. Traditionally, the cognitive objectives are tested, while the competencies are practiced and then evaluated. Students need to successfully achieve 100% of the psychomotor and the affective competencies. In addition, the programs need to ensure that in students in any class pass 100% of the psychomotor and the affective competencies that are taught in that class in order for them to pass the course.

**2017 Competencies:** 100% passed the psychomotor and affective competencies with an 85% or higher.

2. The program must demonstrate that the content and competencies included in the program’s curriculum meet or exceed those stated in the *MAERB Core Curriculum*. A curriculum map is maintained by the UAS Medical Assisting Program Director and updated as curriculum changes are made.

### 3. Practicum

a) An unpaid, supervised practicum of at least 160 contact hours in an ambulatory healthcare setting, demonstrating the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and administrative duties, must be completed prior to graduation. The UAS MA Program places students at their practicum sites for 180 hours.

b) On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession. The Practicum Coordinator ensures all applicable cognitive objectives and psychomotor and affective competencies be achieved prior to the start of any practicum in accordance with the Standards and regularly reaches out to site preceptors via email, phone and in person while students are in practicum.

## Standard IV

### Program Evaluation

All accredited medical assisting programs submit an annual report (ARF) that focuses on the level of achievement of the outcomes designated in the CAAHEP Standards and Guidelines. CAAHEP-accredited programs submit this annual report to evaluate the following thresholds which have been taken from Policies & Procedures Manual for CAAHEP Accredited Medical Assisting Programs, August 2015:

#### Outcome

Retention

Job Placement

Graduate Survey Participation

Graduate Survey Satisfaction

Employer Survey Participation

Employer Survey Satisfaction

Credential Exams Participation

Credentialing Exams Passage Rate

#### Threshold

60% (based upon the trigger course defined below and/or formal admission into the program)

60% placed in medical assisting or related field, or continuing with their education, or entering the military.

30% of all graduates

80% of returned surveys

30% of all graduates placed in medical assisting or related field

80% of returned surveys

30% of all graduates (implemented with the 2014 ARF and monitored with the 2018 ARF)

60% of all the students who graduated within the specific year who took the exam (implemented with the 2014 ARF and monitored with the 2018 ARF)

#### Retention based on the Trigger Course

The trigger course is the first course in the medical assisting program curriculum in which the student is taught and achievement measured on any psychomotor and/or affective competencies within the MAERB core curriculum. The formal admission cohort will be the group of students who have successfully completed the trigger course. For the UAS Medical Assisting Program, the trigger course is HS 133 Administrative Procedures I. This course is offered each fall semester and student tracking begins after successful completion of the course.

#### Enrollment, Retention, and Graduation

The following information is included: How many total students were admitted; how many from among those students dropped out; how many have graduated; and how many are still active in the program.

**2017 Enrollment: 9 enrolled**

**Dropped: 0% dropped**

**2017 Graduates to Date: 9 graduates**

**2017 Retention Rate: 100%**

Enrollment Date for each 2017 Admission Cohort (e.g., March 2017)	# of New Students Enrolled in the Cohort	# of New Students Transferring In	Total # of Students in the Admission Cohort (column E = columns C + D)	# of Students "In-Progress" or "Stopped-Out"	Attrition (# who dropped out) for Non-Academic reasons	Attrition (# who dropped out) due to Gen Ed courses	Attrition (# who dropped out) due to Professional (i.e., MA) courses	# of the Cohort that has Graduated, to-date	Program's Retention Rate for 2017 Admission Cohorts
<b>August 2017</b>	<b>10</b>	<b>1</b>	<b>11</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>5</b>	
January 2017			0	0					#DIV/0!
February 2017			0	0					#DIV/0!
March 2017			0	0					#DIV/0!
April 2017			0	0					#DIV/0!
May 2017			0	0					#DIV/0!
June 2017			0	0					#DIV/0!
July 2017			0	0					#DIV/0!
August 2017			0	0					#DIV/0!
September 2017			0	0					#DIV/0!
October 2017			0	0					#DIV/0!
November 2017			0	0					#DIV/0!
December 2017	9	0	9	0	0	0	0	9	100.0%
<b>Totals for 2017:</b>	<b>9</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>100.0%</b>
May 2016	8	0	8	1	0	0	0	7	100.0%
December 2016	11	0	11	-1	0	0	0	12	100.0%
<b>Totals for 2016:</b>	<b>19</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>100.0%</b>
<b>2-Yr Total:</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>100.0%</b>
								<b>MAERB threshold:</b>	60%

Job Placement

Included is the following information: How many graduates were hired as medical assistants or into a related field.

**2017 Positive Job Placement: 100%**

Calendar Year	# of Graduates	# of Grads Employed as Medical Assistant OR a Related Field	# of Grads who continued with education OR went into military	# of Grads whose job status is unknown	Positive Placement Rate
<b>2017</b>	12	12	0	0	<b>100%</b>
<b>2016</b>	7	5	0	2	<b>71%</b>
<b>2-yr Total:</b>	<b>19</b>	<b>17</b>	<b>0</b>	<b>2</b>	<b>89%</b>
<b>MAERB positive placement threshold:</b>					60%

Graduate Survey

Included is the following information: How many graduate surveys were sent out; how many graduates returned the survey; and how many responded positively to the cognitive, psychomotor and affective questions.

**2017 Graduate survey participation: 83.33%**

**2017 Graduate survey satisfaction: 100%**

Calendar Year	# of Graduates	# of Graduate Surveys Sent	# of Graduate Surveys Returned	Graduate Survey Participation %	# of Positive Responses - Cognitive	# of Positive Responses - Psychomotor	# of Positive Responses - Affective	Overall Positive (i.e., the rounded average of columns G, H, and I)	Graduate Survey Satisfaction %
2017	12	12	10	83.33%	10	10	10	10	100%
2016	7	7	7	100.00%	7	7	7	7	100%
<b>2-yr Total:</b>	<b>19</b>	<b>19</b>	<b>17</b>	<b>89.47%</b>	<b>17</b>	<b>17</b>	<b>17</b>	<b>17</b>	<b>100%</b>
<b>MAERB participation threshold:</b>				<b>30%</b>	<b>MAERB satisfaction threshold:</b>			<b>80%</b>	

Employer Survey

Included is the following information: How many employer surveys were sent out; how many employers returned the survey; and how many employers responded positively to the cognitive, psychomotor and affective questions.

2017 Employer survey participation: 83.33%

2017 Employer survey satisfaction: 100%

Calendar Year	# Employed as MA or Related Field	# of Employer Surveys Sent	# of Employer Surveys Returned	Employer Survey Participation %	# of Positive Responses - Cognitive	# of Positive Responses - Psychomotor	# of Positive Responses - Affective	Overall Positive (i.e., the rounded average of columns G, H, and I)	Employer Survey Satisfaction %
2017	12	12	10	83.33%	10	10	10	10	100%
2016	5	5	3	60.00%	3	3	3	3	100%
<b>2-Yr Total:</b>	<b>17</b>	<b>17</b>	<b>13</b>	<b>76.47%</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>100%</b>
<b>MAERB participation threshold:</b>				<b>30%</b>	<b>MAERB satisfaction threshold:</b>			<b>80%</b>	

CMA (AAMA) Exam Results

The CMA (AAMA) participation and exam results for those individuals from each graduation cohort and took the CMA (AAMA) exam.

2017 Exam Participation rate: 83%

Calendar Year	# of Graduates	# who took CMA (AAMA) exam	# who took RMA (AMT) exam	# who took NCMA (NCCT) exam	# who took CCMA (NHA) exam	# who took CMAC (AMCA) exam	# who took MORE THAN ONE exam	Exam Participation Rate %
2017	12	10	0	0	0	0	0	83%
2016	7	7	0	0	0	0	0	100%
<b>2 Yr Total:</b>	<b>19</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89%</b>
<b>MAERB participation threshold:</b>								<b>30%</b>

2017 Exam Success rate: 90%

Calendar Year	Total # of persons who took an exam	# who passed CMA (AAMA) exam	# who passed RMA (AMT) exam	# who passed NCMA (NCCT) exam	# who passed CCMA (NHA) exam	# who passed CMAC (AMCA) exam	# who passed MORE THAN ONE exam	Exam Success Rate %
2017	10	9	0	0	0	0	0	90%
2016	7	6	0	0	0	0	0	86%
<b>2 Yr Total:</b>	<b>17</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>88%</b>
<b>MAERB success threshold:</b>								<b>60%</b>

The Annual Report Form is designed so that if programs do not meet a threshold in the year prior to the current reporting year, a program is required to fill out dialogue questions and create an Action Plan. Specific Dialogue Questions are required to have responses in this case.

***All thresholds were met for the 2017 report.***

In addition, MAERB Policy 110 requires that all CAAHEP-accredited Medical Assisting programs publish at least one outcome, with the option of publishing more than one, from the MAERB Annual Report Form. The published outcome will be advertised on the Sitka campus website under the Outcomes tab.

2017 UAS Program Retention Rate-100%

2017 Employer satisfaction-100%

2017 Graduate satisfaction-100%