# Program Review Medical Assisting

## For Cycle 2012-13 (2nd Year Group)

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<td>The Medical Assisting Programs overall enrollment has decreased in the 3 year period. In 2009-2010 it was 260, in 2010-2011 it was 223, and in 2011-2012 it was 203. Our WSCH remained even going from a low of 558 to a high of 716.8. Our FTES also remained relatively consistent staying around 20 for each period. The enrollment by term was even from Fall 2009 with 141 until Spring 2012 when it dropped to 79. This is also reflected in the success rate for those periods.</td>
<td>The overall success rate has a high of 77.69% in 2009-2010, 69.96% in 2010-2011, and 69.8% in 2011-2012. These percentages are higher than the college wide rates.</td>
<td>There is 1 Full Time faculty member and 1 Part Time faculty member. The Part Time instructor only teaches one evening course.</td>
<td>The Medical Assisting Program has 4 SLOs. The achievement level for each is 75% or better achieving a satisfactory grade.</td>
<td>In order to maintain the relevancy of our course offerings, we will continue to monitor them to assure that we are up to industry standards. We also do this to keep them up to date with State and National regulatory requirements.</td>
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### 1. Enrollment Patterns

- Overall enrollment has decreased in the 3 year period.
- 2009-2010: 260
- 2010-2011: 223
- 2011-2012: 203
- WSCH remained even:
  - Lowest: 558
  - Highest: 716.8
- FTES remained consistent:
  - Around 20 for each period
- Enrollment by term was even:
  - Fall 2009: 141
  - Spring 2012: 79

### 2. Achievement Data

- Overall success rate: 77.69% (2009-2010), 69.96% (2010-2011), 69.8% (2011-2012)
- Higher than college wide rates

### 3. Staffing

- 1 Full Time faculty member
- 1 Part Time faculty member
- Part Time instructor teaches one evening course

### 4. SLOs

1. **Vital Signs**
   - Accurately assess a patient’s vital signs
   - 84% of sampled students met this criteria

2. **Medical Records**
   - Analyze medical records and accurately construct a medical insurance claim form
   - 88% of sampled students met this criteria

3. **Electrocardiogram**
   - Inspect and correctly troubleshoot artifacts while performing an electrocardiogram
   - 81% of sampled students met this criteria

4. **Medical Asepsis**
   - Apply common practices of Medical Asepsis in a physician’s office and daily living
   - 85% of sampled students met this criteria

### 5. Goals

- Maintain relevancy of course offerings
- Monitor and assure up to industry standards
- Keep up to date with State and National regulatory requirements
- Replace retired Full Time faculty member
- Teach Medical Assisting and Allied Health courses
- Affiliations with more physician’s offices and medical clinics
- Expand program and accept more students

### 6. College Wide

**Overall – How does this information fit with the College Wide Goals?**

- The MA program trains students to be professionals in the healthcare field.
- Requires critical thinking.
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provide an industry standard patient care. Our students must be able to communicate with patients, peers, and the staff of healthcare facilities. This requires a high level of verbal and written communication skills. They are using sophisticated equipment that requires a technical and computer knowledge base. Since they are interacting with the community, they present themselves as ambassadors of the college. They must also have a good working knowledge of anatomy and physiology plus how to maintain their physical and mental well-being. We have a WSCH: FTEF of 697 which exceeds college wide averages.

The purpose of Program Review is to summarize and interpret the data and information collected from the resources listed above, reflecting how your department program(s) have been successful and incorporated the information into improvements, where necessary. As a part of the overall college planning process, a meaningful Program Review will be the primary document CPC and other college committees will rely on for qualitative and quantitative information on a program, informing enrollment management, budgeting (cap outlay, grants), hiring priorities, and accreditation.

The questions below are designed to help you create, primarily, a narrative review (roughly 5-10 pages). Each question includes the “Feedback Rubric Prompts” that will be used by the committee to read, reflect, and provide feedback on your Program Review; please use these to guide the formulation of your responses. Each program (curriculum guide) within your department requires a separate Program Review Document.

Program Review Questions

Name of Program being reviewed: Medical Assisting

1– 3. Enrollment, Achievement, and HR Data

Summarize and interpret the data for each of the first three above as they relate to your program.

Response:

1. Our enrollment has declined over the periods covered. This is largely due to having only one Full Time instructor with no back-up. This required that we offer fewer sections thereby decreasing our overall enrollment. We also had a retirement in the Allied Health area causing our 1 MA instructor to take over a few of those courses. There was also an influx of proprietary schools in the area that decreased our student base. This has changed recently with the cutting off of government funding for those schools. There are students on waiting lists each year and many of the government work programs are sending students to our program.

2. The success rate is better than the college rate, but lower then we would like it to be. Our student population consists of many single mothers and people that are coming back to college to rejoin the workforce. Many of our students are ESL students and have limited English skills. Since all of our students are medicine as a second language learners this puts the ESL students at a further disadvantage. We have also linked student’s reading and math entrance scores to success rate. We are instituting measures to aid these learners to help them succeed. Working with the Reading department and the Math learning center we will
try and steer these students into courses to help them better their reading and math skills and gear it to the program.

3. Adding a Full Time instructor that can work both Medical Assisting and Allied Health would enable the program to accept more students and create a better environment for the students. The shortening of the semesters creates less time for the instructor to interact with each student in the lab setting.

4. SLOs

   a) Summarize the collected program data

   **Response:**

   #1 Vital Signs-Accurately assess a patient’s vital signs. Students must demonstrate proper assessment of vital signs and relate them to patient conditions. They will demonstrate the proper methods of vital sign assessment by taking the vital signs of a patient. This will be evaluated through a grading rubric. A random student from each clinical site will be selected to perform this assessment.
   Of the sampled students, 84% met this criteria. The main failing of the 16% was an inability to correctly relate the vital signs to the patient condition.

   #2 Medical Records-Analyze medical records and accurately construct a medical insurance claim form. Students will be able to enter information appropriately in a medical record in assigned office/clinic. This will be evaluated through a grading rubric. A random student from each site will be evaluated.
   88% of the sampled students met this criteria. This is an important aspect of the profession. Entering information incorrectly can adversely affect the patient or cause the physician to not be reimbursed for their services.

   #3 Electrocardiogram-Inspect and correctly troubleshoot artifacts while performing an electrocardiogram. All students will perform a minimum of 6 electrocardiograms on patients and properly inspect and troubleshoot any artifacts. This will be evaluated through a grading rubric. A random student from each site will be evaluated.
   81% of the sampled students met this criteria. All of the sampled students could successfully perform an electrocardiogram, but not all of them could correctly troubleshoot artifacts that arose during the exam.

   #4 Medical Asepsis-Apply common practices of Medical Asepsis in a physician’s office and daily living. Students will be able to apply common practices of Medical Asepsis in Clinical situations. They will also be asked to identify how they carry on this practice in their daily lives. This will be evaluated through a grading rubric. A random student from each site will be evaluated.
   85% of the sampled students met this criteria. This is a good number, but it needs to increase. One of the fastest ways to pass on disease is by not following basic Medical Asepsis.
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b) Based on analysis of course and program SLO assessment:

- How are program-level and course-level SLOs being implemented, assessed, and used for program improvement?

  **Response:**

  The program has been conducting SLOs for a long time. As a vocational program, we have been required to perform SLOs all along. We are constantly modifying our course offering based on the results of our assessments. The grading rubric we use for the SLOs has been updated as the courses evolve. Since there is only 1 Full Time instructor and 1 Part Time instructor, gathering the data is not a problem. Finding the time to evaluate the results is the main problem.

- Summarize how the program has responded to SLO assessment results.

  **Response:**

  Overall, we have been pleased with the results. We have isolated a few areas for improvement that mainly stem from language barriers. We have also assessed a need to have a tailored reading program that will follow the curriculum.

- Discuss how each action/change is based on ASLO results and how it will contribute to the improvement of the program.

  **Response:**

  As above, we have isolated some problem areas that we are in the process of addressing. Math for meds, reading geared to Medical Assisting texts, and the possibility of targeted ESL training for the medical field. All of these would greatly improve the success rate of our students. It would also increase patient care as a result.

5. Goals

a) Based on the data from questions 1 – 4 and any other relevant internal or external data your department has collected, how have your department and program goals developed and changed over the past three years?

  **Response:**

  We recognized the need for updated equipment in the lab. Our equipment had been with us since the 70’s. We are constantly looking for ways to improve the success rate of our students. We keep out curriculum
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up to date with the industry standards. Insurance billing and patient privacy evolve yearly. Asepsis changes with the discovery of new germs and viruses.

Replacing our retired Allied Health instructor with a Full Time MA/AH instructor would vastly improve our ability to help the students succeed.

Finding new clinical affiliates would allow us to increase our enrollment and expand course offerings for our students. Clinical facilities and Physicians offices have tailored offerings. The best overall training would be in a General Practitioners office, but specialty offices could be a way of further training students that want to enter those fields.

b) Discuss the steps you have taken to address each goal. What have been the results of these efforts?

Response:

We recently upgraded our lab through VATEA funding and grant monies. We are going to use future funding to update our curriculum and course offerings. We are also studying better ways for course delivery.

There are no plans to hire anyone at this time. We hope that in the near future this position will be funded.

We are constantly talking to clinical sites and physician’s offices in order to create new affiliates.

c) Based on the new data collected (4), what are your plans for change in the future?

Response:

Our main goal is to keep offering a quality education to our students. We will always strive to stay current with our offerings and our equipment. We will be moving to a swing space and then to our final destination in the D building. We are planning on revamping our lab area to include a computer lab in the new space and to expand our program, if possible.

6. College Wide

Discuss how the program SLOs as well as the department goals integrate, articulate, and complement the institutional goals and initiatives. (How does your department fit into the big picture?)

Response:

Our SLOs and goals are there to aid the students. We strive to improve their lives by improving their knowledge base. Many of our graduates are fist time college success stories. Many are the first in their
family to achieve a degree. Many are single mothers with a family to support. We are ethnically diverse and comparing the overall success rate by ethnicity we are pretty much equal across the board. The Healthcare industry has a strict ethical code that our students adhere to. We teach them to be good citizens in the medical community and community as a whole. They have timelines for completing requirements and they are held responsible for those deadlines.

Our students must be able to communicate with Physicians, Patients, and other Healthcare professionals. They must be able to deal with a variety of equipment that takes computer skills and interpersonal skills. It takes critical think and creativity to give the Physician when they need to give a correct diagnosis. We are in an ever changing and chaotic environment that calls for flexibility and the ability to remain calm. We are a service industry and our students are taught how to provide this service in a safe and correct way. We teach them how to maintain personal and mental wellness. They need to have this in order to adequately care for their patients. Our program produces qualified and competent Medical Assistants that are valued members of the healthcare community.