Medical Assisting Program

Section One: Mission and Goals

Mission: The Medical Assisting Program at Columbia Gorge Community College offers comprehensive health care training to those students who:
1. Desire to work in the community supporting service to patients;
2. Declare their desire to serve others; and
3. Promote their own personal development.

Goals and objectives for the Medical Assisting program:

Goals: To recruit and inspire students who desire to work in a health care environment that is both rewarding and promotes health and wellness to patients.

Objectives:
1. Provide a supportive environment that enhances learning, instills confidence and supports students
2. Inspire students to lifelong learning and service to others.
3. To constantly be working to improve instructional processes, teaching styles, classroom experiences, technical expertise, and current technologies.
4. Prepare students to sit for the AAMA certifying exam and pass with confidence.

Compliance with the MAERB (AAMA) Review Board:

For the past 8 years after the initial AAMA Certification, the Medical Assisting Program has taught its curriculum to meet the 2008 Standards and Objectives. In the summer of 2016, the MAERB Board published the 2015 AAMA Standards which were to be implemented by the 2016-17 academic year.   This project was accomplished during the summer of 2017 with the change to every course to include the following:

- MA136 and MA131 both required changes to course descriptions and/or outcomes; and were approved in November 2016 for use Winter and Spring term of 2017.
- All other courses required extensive expansion which included more detail and change of terminology in course content to meet the new standards. In most of those courses, content was being taught but it was not indicated in the CCOG that the content was being taught so the CCOG were changed for MA112, MA122, MA132, MA117, MA118, MA123, MA124, MA131, MA136, MA180, MP140, MP150 and MLT100
- Instructors were all informed of the updated content and were instructed to verify that the new list of content was in fact being taught in the course. That process has continued throughout the 2016-17 academic year and has successfully been completed.

- The document used for the externship evaluation was changed to language that better represented the work that is actually being done. This document was discussed and approved at the first Advisory Committee Meeting on October 26, 2016. Skills not done at extern will be evaluated in the classroom to demonstrate achievement of those skills.
- MAERB also requires that our program publish the five-year weighted average of one of your outcomes and the MAERB is notified. That process was completed on April 24, 2017.

Section Two: Action on Previous Review's Recommendations

The following list are the recommendations from the 2012 review and the actions taken toward implementation of those recommendation.

1. Develop a Service Learning project for MA122 Seminar
   - We did not develop a service learning project because the Advisory Council determined the students did not have enough time in the curriculum and assignments to complete such a project.
   - We did change the MA132 course to be presentations from area patient assist agencies to education the students on services available to patients in the community.

2. Work closely with Gorge Health Connect – with a goal to focus all of the Electronic Medical Record courses (MA118, MA180, and MP201) into the same format and similar software to what is currently being used in the community.
   - Gorge Health Connect was not able to help with this project and they essentially disbanded.
   - The program coordinator has been working with the three main employers in the region (Providence, MCMC and One Community Health who all use the EPIC system) to allow us to create a symbiotic relationship to train our students on their EPIC system as part of our MP150 course to better prepare them for externships and further employment.
   - This is very slowly gaining some traction but has not yet been approved. I hope the new coordinator will be more successful in this endeavor especially if they are an ex-employee of either of those agencies.

3. Bring in more guest speakers with specific expertise to aid in the learning of complex material for the students; specifically targeting pharmacology, and legal courses.
   - We were able to hire a pharmacist to teach the MA136 course which is real bonus to the students to work with someone who serves the outpatient population and has intimate knowledge of outpatient medications
   - We were not successful in bringing in guest speakers for the legal course. I would still hope this could be accomplished. Guest speakers in the area of human resources and end of life issues would be very interesting to get a real life perspective.

4. Write course outcomes for those courses not yet revised in the last 3 years.
    *   All courses have successfully been approved by the curriculum committee.
    *   This last year, the AAMA and CAAHEP significantly updated and changed their standards and all courses had either descriptions, outcomes and/or content changed accordingly. This work took most of the summer of 2016 to have them ready for the 2016-17 academic year. (this was discussed on page 1 as part of the MAERB Report)

5. Have a coordinated program of Medical Assisting continuing education to work in conjunction with other health care related programs currently being offered.
    *   This did not get accomplished but would be wonderful if the MA Coordinator could work with nursing to create such CME opportunities

6. Improving the Annual Report percentages with regard to Survey return rates and exam taking percentage.
    *   Survey Return rates did not really improve. I would suggest enlisting the help of on-line to get the survey on line for both students and extern sites to improve the percent returned. (Data: Student return rate went from 50% to 53% and Practice Site return rate went from 51.7% to 60.7%.
    *   We implemented incorporating the application and cost of sitting for the exam into the program fees. In the last 3 years since implementation, 41 students have taken the exam with 35 passing which is an 85% pass rate.

7. Our Program retention rate has improved from 75% in the 2011 report to 90.4% average in the last 5 years.

8. Our job placement is well above the AAMA required 60%. Our placement rate at our last review was 78.2% and now over the last 5 years is 81.3%

9. This academic year, we successfully integrated 1 student into the Medical Assisting Administrative Assistant certificate. We have had some taking courses in the fall term but did not complete the legal course (MP140) in the Winter term. Honestly, I am still not sure if this certificate is worth the work but it is still in its infancy.

10. There is still high demand for trained Medical Assistants. The number of physician offices that have openings and want to interview potential students for externships is growing and continues to be a great way to match students into offices that eventually offer them full-time positions.

Section Three: Description of the Department

A. Medical Assisting Certificate Schedule

PREREQUISITES

MP 111	Medical Terminology	4.0	(44 hours)
BI 121	Intro to Human Anatomy & Biology I	4.0	(33 hours/ 33 lab hour
Mth 60	Beginning Algebra	4.0	(44 hours)
WR 121	English Composition	4.0	44 hours)
	Total Credits	16.0	

FIRST TERM/FALL

MA 112	Seminar 1	1.0	(11 hours)
MA 117	Medical Office Admin Procedures	3.0	(33 hours)
MA 118	Medical Office Admin Procedures Lab	2.0	(66 lab hours)
MA 180	Coding and Reimbursement	2.0	(22 hours)
PSY101	Psychology & Human Relations	4.0	(44 hours)
BI 122	Intro to Human Anatomy & Biology II	4.0	(22 hours/ 33 lab hours)
	Total Credits	16.0	

SECOND TERM/WINTER

MA 122	Seminar 2	1.0	(11 hours)
MA 123	Medical Office Clinical Procedures	3.0	(33 hours)
MA 124	Medical Office Clinical Proc Lab	2.0	(66 lab hours)
MA 131	Intro to Medical Science	5.0	(55 hours)
MP 140	Intro to Health Law & Ethics	3.0	(33 hours)
HE113	First Aid & CPR	1.0	(11 hours)
	Total Credits	15.0	

THIRD TERM/SPRING

MA 136	Medications	2.0	(22 hours)
MA 132	Seminar 3	1.0	(11 hours)
MP 150	Intro to Electronic Health Records	3.0	(33 hours)
MLT100	Med Office Laboratory Procedures	4.0	(33 hours/ 33 lab hours)
MA 270	Clinical Practicum	6.0	(192 hours)
	Total Credits	16.0	
	Program Total Credits	47.0	

B. Faculty included in the program. Position descriptions are in the addendum.

1. One Program Coordinator and full-time instructor is one position
   - The program coordinator teaches the following: MA117, MA118, MA123, MA124, MA112, MA122, MA132 and MA270;
   - MLT100 requires an instructor with Medical Laboratory experience other than CLIA-Waived testing;
   - MA180 requires an instructor who is very familiar with medical coding;

- MP140 requires someone who has worked in a medical office management position; and
2. Two Instructors who are full-time for the college but instruct one medical assisting course.
    - Annette Byers teaches MTH 60
    - Jules Burton teaches BI121 and BI122
3. Three adjunct instructors who each teach one course (two of those teach on-line)
    - Joyce Burkhardt teaches MP111 taught on-line
    - Jen Newcomer teaches MA136 taught on-line
    - Dave Mason teaches PSY101 taught face-to-face
4. Two adjunct instructors who each teach one course and function as lab assistant in another.
    - Miriam Pentz teaches MP150 on-line and is lab assistant for MA124
    - Terry Emmons teaches MA131 face-to-face and is lab assistant for MLT100

C. **Provide the current budget resources for personnel, essential supplies, and equipment necessary to support the program and student success. See Appendix C**

2016 Annual Report - Accreditation Data Collection MAERB Analysis

Enrollment, Retention, Graduation Summary (data from 2011-2016)

	Total Students	# "IP" or Stopped out	Attrition	Number graduated to date	Retention Rate
Totals	83	8	0	75	
Percentage					90.4%

Job Placement Summary

	Total Number of Graduates	Number of Positive Placement	Graduates employed as MA or in related Field	Placement Rate
Totals	75	61	61	
Percentage				81.3%

Exam Success Summary based on Graduation Date

Calendar Years 2011 - 2015	Number of Graduates	Number of graduates taking the exam	Total number passing exam	Overall Pass Rate based on number of graduates	Pass Rate based on number taking the exam
	70	41	35	50%	85.4%

Graduate Survey Results based on Enrollment Date

Calendar 2011 thru 2015	Total Number of Graduates	Number of Grad Surveys sent	Number of Grad Surveys Returned	Percent of Surveys Returned (participation)	Number of Surveys with Positive responses - Cognitive	Number of Surveys with Positive responses - Psychomotor	Year Number of Surveys with Positive responses - Affective	Number of Positive Responses Percent Grad Survey Success
	75	72	38	53%	38	38	38	100%

Employer Survey Results based on Enrollment Date

Calendar 2008 thru 2010	Total Number of Graduates Employed as MA or in Related Field	Number of Employer Surveys Returned	Percent of Surveys Returned (participation)	Number of Surveys with Positive responses - Cognitive	Number of Surveys with Positive responses - Psychomotor	Year Number of Surveys with Positive responses - Affective	Number of Positive Responses Percent Grad Survey Success
	61	31	60.7%	31	31	31	100%

Section Four: Assessment of Key Functions and Data Elements

Use assessment spreadsheet or prepare a qualitative summary to review the department's key functions and data elements:

- **Faculty census (number of adjunct and full-time faculty)**
  - ◦ Faculty numbers have not changed. We have one full-time faculty who is also the Program Coordinator. She currently teaches MA112, MA122, MA132, MA117, MA118, MA123, MA124, MA180, MP140, MLT100 and MA270 for a total of 30 credits. (8 credits Fall Term, 9 credits Winter Term, and 11 credits Spring Term)
  - ◦ 6 adjunct faculty who have primary responsibility for MP111, PSY101, MA131, HE113, MP150 and MA136. BI122 is taught by a full-time biology instructor.
  - ◦ I suspect this number will change with a new Program Coordinator who will have different skills than the current Program Coordinator. This might require perhaps 1 adjunct instructor who can teach more than just one course.

- **Use of Professional Development funds to improve teaching and learning strategies**
  - ◦ This has not been done unfortunately. There have been a couple of years where funds were not available and therefore, instructors stopped asking for CEU courses. I would hope that this will change in next year with a new program coordinator who might need some CEU credits and more encouragement for adjunct faculty to gain some CEU credits in their field

- **Courses reviewed as per department schedule or within the last three years**
    - ◦ The following courses were approved under the IICA (Initial Independent Course Approval) process
        - ▪ MA112 Medical Office Assistant 1 – Approved 10-8-2013
        - ▪ MA122 Medical Office Assistant 2 – Approved 12-3-2013
        - ▪ MA132 Medical Office Assistant 3 – Approved 12-3-2013
        - ▪ MA117 Medical Office Administrative Procedures – Approved 12-3-2013
        - ▪ MA118 Medical Office Administrative Procedures Lab – Approved 12-3-2013
        - ▪ MA123 Medical Office Clinical Procedures – Approved 9-1-2012
        - ▪ MA124 Medical Office Clinical Procedures Lab – Approved 11-14-2014
        - ▪ MA131 Pathophysiology for the Medical Assistant – Approved 11-3-2016
        - ▪ MA136 Medications – Approved 11-3-2016
        - ▪ MA180 Coding and Reimbursement – Approved 11-4-2014
        - ▪ MA270 Clinical Practicum – Approved 11-4-2014
        - ▪ MP140 – Intro to Health Law and Ethics – Approved 12-4-2014
        - ▪ MP150 – Intro to Electronic Health Records – Approved 5-13-2014
        - ▪ MLT100 – Medical Office Lab Procedures – Approved 3-11-2014

    - ◦ MLT100, MP140 and MP150 are all proposed to go to Curriculum in Fall 2017 for a course number change so it fits within the Medical Assisting Program more cohesively.

- **Other activities and opportunities in which faculty have been engaged that support faculty success (internal training such as in-service workshops, training in the use of data or college systems, mentoring, internships with business, committee membership, etc.)**
    - ◦ The Program Coordinator and occasionally some of the adjunct faculty attend the Fall and Spring in-services at the college level.
    - ◦ Two of the adjunct faculty members regularly attends outside presentations to keep them abreast of developments in their field of study.
    - ◦ The Program Coordinator attended the following:
        - ▪ Annual regional AAMA meetings in Portland and one in Eugene in 2015
        - ▪ Monthly in-service opportunities sponsored by the AAMA
        - ▪ Monthly meetings of the RCCMA Education Forum in Portland which is a consortium of Program coordinators of AAMA MA programs in the Portland Area and Employers in the same are to discuss mutual interests and coordination of needs with Area Employers.

- **Enrollment data per year since the last review**
    - ◦ See the above report

- **Student retention in classes in the department, progression term to term and year to year, and graduation rates for the department (may be aggregated or done per discipline to provide best data for the department)**
  - ◦ See the above report

- **Faculty involvement in activities that support student success (examples may include the use of instructional technology, service learning, learning communities, Foundations of Excellence, involvement with and student attendance at co-curricular activities, involvement with new student orientation, etc.)**
  - ◦ Adjunct faculty do occasionally attend faculty in-services. I would like to make attendance mandatory. (for example, make a condition of continued employment into the next academic year)

Section Five: Evaluation of Student Learning Outcomes

1. All courses in the program were evaluation for accomplishment of student learning outcomes with the following results:
   - MA112 – evaluated in Jan, 2016 – plan to continue as is but make it a graded course so students take the assignments more seriously
   - MA117 – evaluated in Jan, 2016 – no changes planned – assignments are appropriate
   - MA118 – evaluated in Jan, 2016 - the course uses old computer technologies and is not web-based. Students would like working on a program that is more cohesive with current technology
   - MA122 – evaluated April, 2017 – same as MA112 – make this a graded course so students take the work more seriously
   - MA123 – evaluated in April 2016 – no changes planned – new textbook is much better than the last
   - MA124 – evaluated in April 2016 – except for trying to get an EMR system for charting – this course works well – students get frustrated because it moves very fast and they feel they are not able to perfect the skills at all
   - MA131 – evaluated April 2016 – Outcomes did not reflect what was being taught in the class so the outcomes were changed for the better in Dec. 2016
   - MA132 – evaluated Spring 2015 – course was changed from just listening to the speaker to documenting how the information can be used to help patients which made the talks more relevant to their chosen career.
   - MA136 – evaluated Spring 2014 – textbook was not appropriate for MA students so the book has since been changed and a pharmacist now teaches the course on-line – so much better.
   - MP140 – evaluated April 2015, students seem to enjoy this course and it helps them solidify their own beliefs and how they can follow the many laws and ethics of health care

- MA180 – evaluated Fall, 2016- fun class that the students enjoy so no changes anticipated
- MA270 – evaluated Summer, 2015 – this course has been changed significantly due to the 2015 MAERB standards which I do think will allow the practicum to be more aligned with the MAERB requirements.

2. The evaluation of the Program Outcomes are done at the completion of extern and are reflected in the data gathered for the AAMA program review on pages 5-6. That being said the ultimate success is measured by the students passing the AAMA exam and getting a job. Those numbers respectfully are 85% for passing the AAMA exam and 81% for job placement. We have never actually picked a goal but I would like all that take the exam to pass and all that want a job get one. The first is easy but the second not so much – for some the MA program is a stepping stone that students have not achieved yet.

3. How the program achieves Institutional learning outcomes has not actually been measured but the program primary purpose is to do all three. The MA Program, builds dreams, transforms lives and allows the student to work in the community; so that mission is fulfilled.

Section Six: Analysis of Assessment and New Recommendations

Based on analysis of the review: What new recommendations are being set by the department for the next review cycle? The following list is prioritized by importance and ease of implementation.

1. Successfully hire, train and facilitate the change from one Program Coordinator who has been with the program since its inception to a new coordinator who will take over the position mid-2017. This might also require hiring additional faculty to teach the courses that the current MA Program Coordinator teaches if the new coordinator has different educational background.

2. Adaptation of teaching assignments based on the new Program Coordinator experience. For Example: if the new Program Coordinator lacks medical laboratory or legal background and/or training, new instructors might need to be hired to teach those courses for which the new Program Coordinator might lack the expertise to teach.

3. Change the math prerequisite from Mth 60 to Mth 98 to better reflect the math knowledge appropriate to the work of a medical assistant. <u>Response to Feedback: Math instructors Annette Byers and John Evans believe that the content of Mth 98 fits with the use of math within the Medical Assisting Curriculum better than Mth 60. I have looked at the textbooks for both and although the content of the Mth 98 book fits better – It seems harder and some students may not be successful. I will prepare the paperwork for the new MA Program Coordinator to implement this change if they desire.</u>

4. Revise the faculty job descriptions to better reflect the need of each course and the department. <u>Response to feedback: There is no job description for AAMA as directed by</u>

MAERB, but there is a faculty workbook for each instructor which outlines the education and/or experience that that instructor has to be able to teach the content of the course. Actual job descriptions for the college were started in 2013 but have not been completed. In my opinion, the job descriptions for some instructional roles in the MA program do required more precise knowledge than others. For example: I believe the laboratory course is best taught by a MLT or MT laboratory professional. An MA does not have the desired laboratory background to explain some of the more complex laboratory topics.

5. Put the year-end review process on-line so participation improves dramatically. The annual report that is required every February by the AAMA requires forms to be sent to both past students and past preceptors about their experience that was over 6 months in the past. Response to Feedback: I would strongly recommend that the new program coordinator, begin this process in October with an on-line survey monkey kind of format. There may still be problems getting both students and past preceptors to participate but at least the complaint of "I lost the paper" would go away and it would streamline the process. Plan to definitely put the survey in a survey monkey format – ask Angela for help with this prior to Winter Term to be sure you have enough time to get the surveys returned and analyzed prior to the February deadline for the AAMA.

6. Work with Providence Hospital and/or Mid-Columbia and other community partners to allow our students the opportunity to use their EPIC computer system in place of courses MA118 and MP150. This way the students will have enhanced ability to document electronically once hired by these entities. Response to Feedback: The advantage to the practice sites would be that the student is very well trained on the computer system prior to going to extern. This would be a huge project but so well worth the effort. I have tried to work with all the institutions in the gorge to allow our students to use the EPIC system but have not had much success. If the above is not feasible, the it would be advantageous for the college and the students if there was a way to have the computer system used in MP150 be the same system that is used for the two clinical courses MA124 and MLT100.

7. We did successfully put two courses (MA136 and MP150) on-line which were a good fit for that format. I would also like to see MA118 which is also a computer applications course be put on-line also.

8. Purchase 3 pieces of equipment to enhance the CLIA-waived Testing training capacity in MLT100 to include Cholestech LDX to measure Lipids ($700.00), I-Stat Chemistry Analyzer ($1,200.00) and Prothrombin INRatio instrument ($1000.00). Note: most of these can be rented or purchased on unit-by-unit basis. Response to feedback: The reasons for wanting these instruments is to enhance the CLIA-waived portion of our MLT100 course. Many practice sites are performing these tests in their clinic and our students would be better prepared for extern if they had worked with these instruments in the classroom. This list has been provided

with catalog/ordering information to Angela Jones, NHO Admin. Asst., so that the NHO Department can follow-up on a way to acquire them.

9. Create a practicum training retreat for new preceptors so they are more familiar with the process and the documentation requirements. I have done this in the past successfully but in the last two years it has become increasingly difficult to get practice sites to commit to this training.

10. Work with community partners to explore offering continuing education opportunities approved by the AAMA and potentially by the Oregon Board of Nursing to promote continued education. Topics might include: The Immunization Data Base, Inflammatory Breast Disease, Prostate Screening, Pain Management and Diabetes Education. This has been a personal goal for quite some time. Response to Feedback: We have so many health care workers in The Gorge that it makes sense to have some continuing education opportunities for all types of healthcare workers so long-term care staff, clinical staff either medical assistants or nurses, and other medical workers who are required to have CEUs could attend without driving to Portland.

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Diana Lee-Greene, RMA(AMT), MT, MBA   CGCC Medical Assisting Program Coordinator

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Doris Jepson, RN, MSN, CCRN   Director of Nursing and Health Occupations

APPENDIX A

JOB DESCRIPTION

POSITION TITLE: Medical Assisting Faculty/Program Coordinator
DEPARTMENT: Instruction
EMPLOYEE CLASSIFICATION: Faculty
STATUS: Full-time (MAERB Required)
REPORTS TO: Director of Nursing and Health Occupations
DATE WRITTEN: January 4, 2007
REVISED: October 20, 2009; April 19, 2017

GENERAL NARRATIVE DESCRIPTION OF POSITION:

Responsible for organizing and carrying out structured learning processes for students in the Medical Assisting program, including course planning, organization, administration, review of curriculum, accreditation documentation, evaluation, assessment, community interaction with pre-allied health students and development. Administrative duties relate to ongoing administration of the program in terms of budgeting, scheduling of classes, accreditation and supervision of other instructors. Participates in the full range of professional and college-related activities including student advising, curriculum development, professional growth, departmental and college-wide meetings, committee activity, and community involvement.

ESSENTIAL JOB FUNCTIONS:

1. Oversee the administration of the Medical Assisting program. Reports directly to the Director of Nursing and Health Occupations.
2. Serve as an instructor for the Medical Assisting students in the lecture, lab and externship format. Meets education, licensure/credentials, and experience requirements set forth in MA Part Time Faculty Job Description.
3. Serve as practicum coordinator to select, approve and monitor externship sites, including on-site mentors' orientation/training.
4. Provide on-going assistance during externship to externship sites, including but not limited to regularly scheduled visits at least once per term with both student and supervisors on student progress.
5. Correspond with the Commission on Accreditation of Allied Health Education Programs and maintain all accreditation standards established for the program.
6. Oversee part-time instructors and lab assistants.
7. Work with Nursing & Health Occupations Administrative Assistant to purchase supplies and equipment as needed.
8. Monitor the Medical Assisting budget.
9. Assist with curriculum development within the program and oversee quality of instruction.
10. Attend department and other college meetings.
11. Work as part of the Health Occupations team.
12. Perform other tasks as assigned by the Director of Nursing and Health Occupations or the Chief Academic Officer.

The list of essential functions, as outlined herein, is intended to be representative of the tasks performed within this classification. It is not necessarily descriptive of any one position in the class. The omission of an essential function does not preclude management from assigning duties not listed herein if such functions are a logical assignment to the position.

MARGINAL JOB FUNCTIONS

1. Assist in the selection of new student applicants.
2. Assist in the hiring process of new medical assisting faculty.
3. Participate in academic advising of Medical Assisting students.

SUPERVISION RECEIVED:
The Director of Nursing and Health Occupations is responsible for supervision and evaluation under procedures developed by the Chief Academic Officer. The Chief Academic Officer confers with the Director in decisions regarding instructor's workload, professional growth, retention, and department staffing levels.

SUPERVISION EXERCISED:
Supervise part-time faculty and laboratory assistants.

REQUIREMENTS/QUALIFICATIONS

EDUCATION: Associate of Applied Science (AAS) Degree or higher in medical related field (AAMA 2015 Standards).

PREFERRED: The Practicum Coordinator must be knowledgeable about the MAERB Core Curriculum, as well as the program's evaluation of student learning and performance, and effective in ensuring appropriate and sufficient student achievement in the practicum experience. (MAERB)

LICENSURE AND OTHER CREDENTIALS: Be credentialed in good standing in Medical Assisting by an organization whose credentialing exam is accredited by the NCCA (AAMA 2015 Standards). Current Approved credentials are: CMA(AAMA), RMA(AMT), and NCMA (NCCA).

EXPERIENCE:
- Minimum of five years' recent full-time employment in a healthcare facility, including a minimum of 1 year in an ambulatory healthcare setting performing and observing administrative and clinical procedures as performed by medical assistants.
- PREFERRED: 1 year of experience **managing both** office staff and clinical staff in a medical office.
- Have a minimum of one year teaching experience in postsecondary and/or vocational/technical educations (MAERB requirement) Note: This includes teaching content that has specific outcomes that must be met and being able to measure that the content was taught and outcomes achieved.) Note for hiring: Sarah Marino, MAERB Director says that we can call her to verify a candidate before we hire them.

KNOWLEDGE, SKILLS, AND ABILITIES:
1. Thorough understanding of the curriculum in assigned instructional areas.
2. Knowledge of instructional delivery, the elements of effective teaching and learning, and the principles of adult education.
3. Ability to communicate effectively.
4. Ability to work cooperatively with staff, faculty, and students.
5. Ability to work independently and supervise others.
6. Current clinical knowledge and maintenance of clinical skills.
7. Ability to work effectively with clinical site staff.
8. Strong commitment to student success.
9. Strong commitment to innovation, collaboration, and quality.
10. Willingness to work and/or travel on a flexible schedule including some evenings and weekends.
11. Ability to stay current in the field through professional development and self-study.
12. Ability to use computer technology for communication and instructional purposes.

WORKING CONDITIONS
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Schedule:
Early morning, evening, and weekend work may occasionally be required.

Travel:
Travel may be required between campuses, externship sites and to other locations as needed.

PHYSICAL DEMANDS:
The physical demands are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently required to sit, bend, kneel, reach, stand, stand long periods, walk, talk, hear, use hands and fingers to operate computers or other objects. The employee is also occasionally required to lift, push, pull, carry or support patients or materials up to 50 pounds in weight.

APPENDIX B

Job Description

POSITION TITLE: Medical Assisting Instructor
DEPARTMENT: Instruction
EMPLOYEE CLASSIFICATION: Faculty
STATUS: Part-Time
REPORTS TO: Director of Nursing and Health Occupations
DATE WRITTEN: June 2, 2008
REVISED: April 17, 2017

GENERAL NARRATIVE DESCRIPTION OF POSITION:

Under the supervision of the Director of Nursing and Health Occupations, responsible for carrying out structured learning processes for students in the Medical Assisting program, including course development and planning, organization, administration, review of curriculum, accreditation documentation, evaluation, assessment, and community interaction with pre-allied health students.

ESSENTIAL JOB FUNCTIONS:

1. Reports directly to the Coordinator of the Medical Assisting Program.
2. Serves as adjunct instructor for the Medical Assisting students in the lecture, lab and clinical settings.
3. Assist with curriculum development within the program.
4. Attend department and other college meetings as assigned.
5. Work as part of the Health Occupations team.
6. Perform other tasks as assigned by the Director of Nursing and Health Occupations or the Chief Academic Officer.

The list of essential functions, as outlined herein, is intended to be representative of the tasks performed within this classification. It is not necessarily descriptive of any one position in the class. The omission of an essential function does not preclude management from assigning duties not listed herein if such functions are a logical assignment to the position.

MARGINAL JOB FUNCTIONS

1. Assist in the selection of new student applicants.
2. Assist in the hiring process of new medical assisting faculty.
3. Participate in academic advising of Medical Assisting students.
4. Assist with the oversight of clinical placement and supervision of students.

SUPERVISION EXERCISED: Medical assisting students in classroom, lab and clinical settings

REQUIREMENTS/QUALIFICATIONS:

EDUCATION: CGCC Professional Technical Education instructors shall meet one of the following minimum sets of criteria:
   A) Hold an Associate of Applied Science (AAS) degree in the subject area or professional education plus five (5) years of full-time, non-teaching experience in the field, OR
   B) Demonstrated competency and/or qualifications set by licensing organization in the field.

ACADEMIC CREDENTIALS: Instructors in all subject areas in which academic credentials are required shall have completed their education at institutions accredited by commissions associated with or similar to the Northwest Commission on Colleges and Universities.

LICENSURE AND OTHER CREDENTIALS: Current credential from one of three regulatory bodies is highly recommended but not required if current work experience and education are deemed adequate:
   A) CMA (AAMA)- Certified Medical Assistant through the American Association of Medical Assistants, or
   B) RMA (AMT) – Registered Medical Assistant through the American Medical Technologists, OR
   C) NCMA – Certified through the NCCA (National Commission for Certifying Agencies)

EXPERIENCE: See above.

KNOWLEDGE, SKILLS, AND ABILITIES:

1. Thorough understanding of the curriculum in assigned instructional areas.
2. Knowledge of instructional delivery, the elements of effective teaching and learning, and the principles of adult education.
3. Ability to communicate effectively.
4. Ability to work cooperatively with staff, faculty, and students.
5. Ability to work independently and supervise others.
6. Current clinical knowledge and maintenance of clinical skills.
7. Ability to work effectively with clinical site staff.
8. Strong commitment to student success.
9. Strong commitment to innovation, collaboration, and quality.
10. Willingness to work and/or travel on a flexible schedule including some evenings and weekends.
11. Ability to stay current in the field through professional development and self-study.
12. Ability to use computer technology for communication and instructional purposes.

SUPERVISION RECEIVED:

The Coordinator for the Medical Assisting Program and the Director of Nursing and Health Occupations are responsible for supervision and evaluation under procedures developed by the Chief Academic Officer.

The Chief Academic Officer confers with the Director in decisions regarding instructor's workload, professional growth, retention, and department staffing levels.

WORKING CONDITIONS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Schedule:

Early morning, evening, and weekend work may occasionally be required.

Travel:

Travel may be required between campuses, externship sites and to other locations as needed.

PHYSICAL DEMANDS:

The physical demands are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to sit, bend, kneel, reach, stand, stand long periods, walk, talk, hear, use hands and fingers to operate computers or other objects. The employee is also occasionally required to lift, push, pull, carry or support patients or materials up to 50 pounds in weight.

Appendix C – 2016-17 Budget

Account	Desc	Actual 2013-14	Actual 2014-15	Current 2015-16	Proposed 2016-17	Approved 2016-17	Adopted 2016-17	$Chg Incr(Decr)	% of Prior Bgt
100-12-131	MEDICAL ASSISTING								
	REQUIREMENTS								
	SALARY EXPENSE								
6401	FULL TIME INSTRUCTOR SALARIES	55,910	66,861	69,760	69,761	69,761	69,761	1	100%
6403	FTF OVERLOAD PAY	0	3,582	5,339	11,182	11,182	11,182	5,843	209%
6421	PART TIME INSTRUCTOR WAGES	9,777	8,720	10,020	10,009	10,009	10,009	(11)	100%
6442	SPECIAL PROJECT WAGES	632	350	600	857	857	857	257	143%
	TOTAL SALARY EXPENSE	66,319	79,513	85,719	91,809	91,809	91,809	6,090	
	OTHER PAYROLL EXPENSE								
6901	SOCIAL SECURITY	8,786	5,925	6,557	6,749	6,749	6,749	192	103%
6902	WORKERS COMPENSATION INS	328	384	399	1,224	1,224	1,224	825	307%
6903	STATE WORKERS BENEFIT FUND	30	27	38	40	40	40	2	105%
6904	UNEMPLOYMENT INSURANCE	862	762	1,457	1,500	1,500	1,500	43	103%
6905	PERS	8,208	6,454	7,961	7,214	7,214	7,214	(747)	91%
6906	DISABILITY INSURANCE	62	153	158	164	164	164	6	104%
6907	LIFE INSURANCE	432	16	16	16	16	16	0	100%
6908	HEALTH INSURANCE	8,115	10,105	11,374	12,064	12,064	12,064	690	106%
6951	PERS BENEFIT EQUALIZATION FUND	0	3,970	3,685	4,490	4,490	4,490	805	122%
	TOTAL OTHER PAYROLL EXPENSE	26,823	27,796	31,645	33,461	33,461	33,461	1,816	
	MATERIALS & SERVICES								
7206	INSTRUCTIONAL CONTRACTED SERV	3,376	2,938	4,416	4,980	4,980	4,980	564	113%
7510	POSTAGE	0	0	0	9	9	9	9	na
7521	SHIPPING & FREIGHT	261	267	200	200	200	200	0	100%
7601	PRINTING & DUPLICATING	0	0	0	525	525	525	525	na
8006	INSTRUCTIONAL SUPPLIES	6,392	3,699	5,332	6,000	6,000	6,000	668	113%
8201	CONFERENCE FEES	190	0	0	1,200	1,200	1,200	1,200	na
8205	EMPLOYEE TRAVEL	738	413	213	750	750	750	537	352%
8508	EQUIPMENT REPAIR	178	0	255	250	250	250	(5)	98%
8509	FOOD & REFRESHMENTS	221	60	0	0	0	0	0	na
8512	GIFTS EXPENSE	155	228	100	225	225	225	125	225%
8516	MEMBERSHIP FEES & DUES	1,545	1,550	2,250	2,350	2,350	2,350	100	104%
8803	INSTRUCTIONAL EQUIPMENT <$5000	656	0	0	0	0	0	0	na
	TOTAL MATERIALS & SERVICES	13,712	9,155	12,766	16,489	16,489	16,489	3,723	
	TRANSFERS								
9951	INTR DEPT SVCS IT	0	0	0	1,624	1,624	1,624	1,624	na
	TOTAL TRANSFERS	0	0	0	1,624	1,624	1,624	1,624	
	TOTAL EXPENDITURES	106,854	116,464	130,130	143,383	143,383	143,383	13,253	
100-12-131	**TOTAL MEDICAL ASSISTING**	106,854	116,464	130,130	143,383	143,383	143,383	13,253	

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Print Date 06/17/2016

APPENDIX D: Review Confirmation 2015-16 Academic Year

Medical Assisting Education Review Board
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606
Phone: 800/228-2262 www.maerb.org

March 17, 2017

Diana Lee-Greene, MBA, RMA (AMT), MT(ASCP)   Medical Assisting Program Coordinator
Columbia Gorge Community College
400 East Scenic Drive The Dalles,
OR 97058-3434

Dear Ms. Lee-Greene:

The Medical Assisting Education Review Board (MAERB) has reviewed the outcome results on your 2016 Annual Report Form (ARF) and thanks the Certificate Medical Assisting program at Columbia Gorge Community College (The Danes, OR) for submitting data to demonstrate compliance with the retention, job placement, graduate survey, and employer survey outcome thresholds for the year prior to the most recently reported year. As MAERB policy 205 indicates, the most recently reported year is not yet being monitored.

The ARF data undergoes a preliminary review by the MAERB office, but that review does not imply that the data has been verified. In future years, it is conceivable that you will be asked to submit the raw data to support the information on your ARF You are not, however, required to provide any further information for this reporting period.

MAERB currently does not monitor the exam participation and passage thresholds. You can consult Policy 205 if you have any questions about the thresholds and which exams are eligible to be counted in the exams threshold.
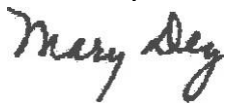
Over the past few years, your program has received email correspondence from MAERB, in which we detailed the process for publishing the five-year weighted average of one of your outcomes and for notifying MAERB of the same. By June 1, 2017, you will need to comply with MAERB Policy 210 and publish the five-year weighted average of one of the outcomes from your 2016 ARE If your program holds initial accreditation, you will be publishing the aggregate average that currently exists, be it two years, three

years and so on. You will need to publish the chosen outcome in a location that is accessible to prospective and current students, graduates, and the public. The program's webpage is the best method for achieving this goal. You will then report to MAERB what and where you have posted that information at the following link: https://www.surveymonkey.com/r/ARFOutcomesSPRlNG

The Accreditation Department staff is prepared to assist you with any questions you may have regarding this process. Please do not hesitate to contact them by phone or email (jliptay@maerb.org).

We appreciate your continued efforts in producing quality medical assistants.

Sincerely,

Mary L. Dey, CMA-AC (AAMA), BA MAERB Chair

cc: Frank Toda, PhD, President
        Lori Ufford, MSEd, Chief Academic and Student Services Officer
        Francine Palermo, EdD, MAERB Co-Vice Chair
        Rebecca L. Walker, CMA (AAMA), BS, CPC, MAERB Co-Vice Chair
        Sarah R. Marino, PhD, Executive Director, MAERB

Summary of Feedback for 2016-17 Medical Assisting Program Review

It is obvious that a great deal of effort has gone into this report. It's evident that that the Medical Assisting Program is providing quality training to "prepare students to sit for the AAMA certifying exam" and "work in the community supporting service to patients." This aligns with the college mission of providing training to strengthen the communities we serve. You have faculty and staff who are dedicated to providing quality training. Your numbers in recent years for students passing the AAMA exam (85%) and getting a job (81%) are impressive and to be commended.

Below are some recommendations that will be beneficial to your report:

1. Provide support in your report for your recommendations. A brief discussion (sentence or two) of what has occurred that has led you to make a particular recommendation (some analysis) would be helpful for any that do not already have information mentioned.
2. Prioritize your final list of recommendations for yourself and the person who will be taking over the MA Program coordination. Consider using a timeframe of more than 1 academic year as appropriate (the next MA Program Review won't occur for another 5 years)
3. Adjust your third recommendation to reflect that a review of the math prerequisite course options available at CGCC needs to occur by the MA Program Director them self to determine the appropriate math prerequisite course to better reflect the math knowledge appropriate to the work of a medical assistant. You have gotten feedback from the instructor who currently teaches the MTH 20 class that MTH 98 would be a better fit; recommend that you or your successor personally review the textbook and/or course outcomes/assignments to determine the best fit since you are the one seeing how students are doing in your class(es).
4. In your fourth recommendation, add some language to make sure faculty job descriptions meet <u>minimum</u> MAERB requirements for the specific courses you were concerned about. Please provide this information to your department director in writing so that it can be part current processes for hiring.
5. Recommend that you broaden your sixth recommendation to: "Continue to pursue including community partners who have access to EPIC EMR's to help support your students with training opportunities. Explore feasibility and cost of purchasing a computerized Medical records system to use in the laboratory setting for courses MA124 and MLT100."
6. As follow up to your ninth recommendation, follow what you have put with, "This list should be provided with catalog/ordering information to Angela Jones, NHO Adm Asst, so that the NHO Department can follow-up on a way to acquire it."
7. It might be good to add a twelfth recommendation on assessment. While number 11 is related to data for your annual report, it is recommended that you explore ideas on how to get surveys returned and/or feedback from clinical sites, partners and preceptors. Contact Angela Jones, NHO Adm Asst, for ideas and possible help with developing a SurveyMonkey for many of these things, including partner surveys, externship evaluation and employer surveys.

6.21.17: Response to feedback is underlined under Recommendations section.