CTE Outcome Assessment Analysis for degrees or certificates

AAS or Certificate: Medical Assisting Certificate 2014-15

Assessment: I did not change the assessment tool from last year because my focus was to work with the preceptor sites to understand the assessment tool better and use it more appropriately. That said there continue to be some required competencies that our extern sites are not completing. They are primarily office functions, billing and insurance process that are done at a corporate level and not at the clinic level. I am now attending meetings with other Program Coordinators to see how they assess their students. I am hoping they have some ideas to handle the business functions of the offices that are now outsourced.

As I said last year, the assessment tool was used properly this year, meaning we had more 5, 4 or 3 replies than we have had before and fewer NA responses. In many cases, especially with affective domain questions and questions regarding legal and ethical issues, the preceptors were not looking for those types of skill sets but need to be reminded that most likely the student is doing those "skills" every day. This worked well this year because at every visit, I reviewed the list and informed both the preceptor and the student on what the various skill sentences actually meant.

In conclusion: Overall, good performance and the process worked as planned but still does not meet the Assessment goals. – I plan to do the following prior to the next Program Assessment in 2015-16:

- 1. Given the way the data is collected, discuss with key players (Advisory Committee) whether the goals should be altered to better represent the fact that all the offices do not perform all the stated tasks. Perhaps, we should use 90% for 3.0 -5.0 and keep the 70% for 4.0 - 5.0. I am not in favor of this approach because students should be doing all of the tasks listed. Outcome #5 should be at 100% because these are core functions of a medical assistant no matter what kind of office they are in.
- 2. At the MA Advisory Committee meeting on June 17, 2015, we discussed changing the goal and overwhelmingly the committee wanted to keep the 100% target for the 3.0-5.0 range on all measurements and continue with the effort to alter the itemized skills to better reflect the electronic world and the changing centralization of administrative tasks. I will pursue have the administrative extern piece be at the end of the Fall term for 1 week and have the student focus only on the administrative and other "non-clinical" skills such as safety and state and federal regulations.
- 3. Continue to revise the outcomes lists to make them more appropriate and more easily understood. I will reword some of the outcomes to reflect what the student might actually do during extern. For example, rather than just say "perform procedural coding" and "perform diagnostic coding"; give these more detail by saying "perform procedural coding in conjunction with pre-authorizations and referrals"
- Work with Extern managers to help them find creative ways to assess student performance in the "soft" skills mostly communication and affective domains. Continue with the workshop for the preceptors in April to go over the checklist with ideas on how to encourage the student and evaluate the student in those areas. At the workshop, specifically discuss ways the student could gain skills in the skills that are not done in the office; such as perform Lab tests, perform quality control, and perform sterilization procedures.
- 5. I did change the assignments of students so they were sent to different locations for a week so they can get a chance to observe and perform more administrative tasks such as billing, insurance, managed care and accounts receivable. However, even though they went to a different site, they really only went back into observe mode in the back and did not really do any administrative tasks.

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- 6. I had a requirement that the extern sites and I would jointly look at student progress in the areas that are consistently more difficult to measure on my periodic visits. I made appointments with them to help facilitate their understanding about how to rate the student but a majority of the time, they were too busy to meet with me.
- 7. Honestly, I need these sites to complete the externship so I am reluctant to be too demanding so I am going to visit with each preceptor early in the process to get their commitment to have the student learn all of the skills and not simply use the 5 weeks to train them to the job that they ultimately might be hired to do. This is a delicate balancing act but I think I can be persuasive to get better compliance with the tool.
- 8. Lastly, work with the advisory committee to evaluate my corrective action and give suggestions for how to change the tool or get more sites to be more creative in assessing student performance.

Plan Submitted by: Diana Lee-Greene Date: June 1, 2014 Assessment Completed by: Diana Lee-Greene Date: June 17, 2015