CTE Outcome Assessment Analysis for degrees or certificates AAS or Certificate: **Medical Assisting Certificate 2015-16**

Notes: When comparing the data for the outcomes 1 – 5 – it was apparent that the data was much more accurate to the questions being asked. The rating was based on the list below for psychomotor skills and affective skills. However, as I state further in this report – some of the individual measurement questions could be worded differently to reflect all types of specialties.

Psychomotor Skills: 5 - The student was able to do the task proficiently and without supervision but the scales below 5 were graded as follows: 4 – Student was proficient but needed some supervision; 3 – Knowledgeable about the task but was always supervised; 2 – Had observed the task but not performed it and 1 – The task was performed in the office but the student had not observed the task nor perform it. And NA was used when the task was not used in the office.

Affective Skills: 5 – The preceptor saw the student always applying the principle; 4 – Preceptor saw the student mostly applying the principle with some lapses; 3 – Preceptor saw the student show awareness of the principle but did not apply the principle consistently; 2 – Preceptor explained the principle to the student but did not see application of the principle and 1 – The preceptor notices the student not performing the principle consistently; And NA when the preceptor did not observe the student applying the principle at all.

Assessment: Not much changed this year from last with the exception of working more closely with site preceptors and speaking with them at least twice a week during the 5 week externship time. The assessment tool was the same and I consistently mentioned to students and preceptors of the "soft skill" items and the items that required demonstration of administrative skills.

As I said in the past two years, the assessment tool was used even more appropriately this year than in the past. The spread between scores 1-5 was more obvious with fewer NAs but more 1 and 2. The 1 and 2 numbers did not help our percentages but did indicate more use of the assessment tool and an awareness of those skills actually being taught and observed. I also this year had two students who really struggled at extern and I had numerous meetings with both the student and the preceptors. The scores for those two students were in the 1-3 range more often than most.

In conclusion: Overall, the performance was not a good as years past but again the process worked as planned: however, still does not meet the Assessment goals. – I plan to do the following prior to the next Program Assessment in 2016-17:

1. *The AAMA revised the Medical Assisting Standards in 2015 which had to be implemented for the 2016-17 academic year. This would the optimum time to change the assessment tool, to better reflect to new updated standards and make assessing the student in the extern site easier. I will change to assessment tool to give examples of the skills. I meet regularly with other program coordinators and I will discuss with them how they are assessing the administrative tasks. This will give rise to a new tool that I will present to the advisory committee for approval that does not have so many options. 1-3 perhaps and no options for NA as an example.*

2. *We left the ranges the same as they have been since our inception; with an expectation of 100% of students getting at least a 3 or above on all tasks. Since the advisory committee did not want to change this number and keep it at 100%, I will again reinstitute having meetings with preceptors to discuss those items for which the student is not given the opportunity to achieve the stated objective.*

3. *I will instruct the sites to do the front desk piece in the first week of the practicum for a minimum of 1 week and have the student focus only on the administrative and other "non-clinical" skills such as safety and state and federal regulations. I will assess that at the end of the week and specifically look at the administrative tasks and the skills check off list for those skills.*

4. *Revise the checkoff list to be administrative and Clinical with some overlap of some skills into both administrative and clinical. Then I will collect the administrative checklist at the end of the second week to ascertain if the student was able to obtain skill or knowledge about those tasks.*

5. *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 knowledge about skills that are not done in the office; such as perform Lab tests, perform quality control, and perform sterilization procedures.*

6. *Met with the Advisory Board on October 26, 2016 to discuss the findings and decided to pull out skills not covered at the extern sites to allow the sites to have more appropriate skills to assess. Other suggestions that will be implemented are: 1) separate the assessment tool into separate documents for Administrative skills and Clinical Skills since most of the psychomotor skills do not duplicate. Some affective competencies do overlap and will be in both check-off sheets. 2) Skills not taught or tasks not done at the extern sites, will be pulled out of the document and those skills will be assess in the course in which the skill is taught. It will make data reporting a little more complicated but it will hopefully produce more accurate results with more success in the skills being taught and assessed.*

Date: October 28, 2016 Assessment Completed by: Diana Lee-Greene, MA Program Coordinator