



2021 MA Program Review with response

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: To prepare competent entry level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

CGCC Core Themes	MA Program Alignment	Related Objective
Building Dreams - Access	<ul style="list-style-type: none"> • Both The Dalles High School and Hood River students have access to prerequisite courses for the program and are eligible to begin the program as soon as they graduate. • Post COVID the program continues to offer a minimum of 2 courses online • Based on data collected from program based surveys, completed no earlier than 3 month post graduation, 100% of those that completed felt they were able to meet the cognitive, psychomotor and affective needs of the profession. 	Provide a supportive environment that enhances learning, instills confidence and supports students Inspire students to lifelong learning and service to others.
Transforming Lives - Education	Rates for the last 25 years: <ul style="list-style-type: none"> • Retention <i>last 5 years</i> 94% • Job Placement <i>last 2 years</i> 77% • AAMA Exam Participation <i>last 5 years</i> 98% • Exam Passage <i>last 5 years</i> 91% <p><i>Note: Significantly lower enrollment for the 2018-2019 cohort.</i></p>	Prepare students to sit for the AAMA certifying exam and pass with confidence.
Strengthen our Communities - Partnerships	<ul style="list-style-type: none"> • Annual surveys to extern sites as well as local employers and individual staff members that work closely with our students. • The program’s Advisory Board, that meets 1-2 times annually, includes representatives from a minimum of 4 area clinics. • An additional survey is returned with each externship to have been completed by that office’s training staff. 	To constantly be working to improve instructional processes, teaching styles, classroom experiences, technical expertise, and current technologies.



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Compliance with the MAERB (AAMA) Review Board:

Over the past 3 years the Medical Assisting Program has been updating to meet the MAERB (Medical Assisting Education Review Board) 2015 Standards and Objectives. This project was to be accomplished during the summer of 2017 with the changes to every course. While there were numerous changes made by the previous Program Coordinator, we did fall short during the 2018 On-Site Survey by the MAERB in the following areas, due to incomplete documentation or lack of coverage.

- 14 Standards
- 60 Cognitive Competencies
- 41 Psychomotor Competencies
- 22 Affective Competencies

A Request for Reconsideration was submitted and approved giving the opportunity to correct the majority of the incomplete competencies and standards. In September of 2019 the program was awarded continued accreditation after meeting the requirements of all but 1 Standard and 12 Competencies. The remaining standards or competencies required 2 years of reviews or documentation that could not be produced.

The next On-Site Survey will be conducted in 2027. We have made great strides in implementing new tracking methods and meeting the required reviews and tracking. The On-Site Survey looks at the last 2 years, meaning all updates must be in place no later than 2025. I'm confident we will easily meet the deadline with the recent addition of Nikki Gray, CMA to the team. This will free up some time for the Program Coordinator to focus on Coordinator responsibilities.

Section Two: Action on Previous Review's Recommendations

The following list are the recommendations from the 2017 review and the actions taken toward implementation of those recommendations.

A. 2017 Recommendation	B. Actions Taken
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	○ Mimi Pentz, CMA-AAMA was brought on in September 2017 and meets all necessary requirements



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<p>teaches if the new coordinator has a different educational background.</p>	
<p>1. 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.</p>	<ul style="list-style-type: none"> ○ Numerous adaptations have been made with consideration to the new Program Coordinator experience as a medical assistant in the field.
<p>1. Change the math prerequisite from Mth 60 to Mth 98 to better reflect the math knowledge appropriate to the work of a medical assistant.</p>	<ul style="list-style-type: none"> ○ It was determined by the Program Director, the Dean of Nursing & Health Occupations at that time, and the Advisory Committee that raising the Math requirement was unnecessary at this time. ○ MA136 has undergone numerous changes, not limited to a new textbook that includes more focus on the mathematics of medication administration
<p>1. Revise the faculty job descriptions to better reflect the need of each course and the department. Note: This process was started in 2012 but never completed; the job descriptions for some instructional roles in the MA program do required more precise knowledge than others.</p>	<ul style="list-style-type: none"> ○ Job descriptions reflect the requirements of the MAERB and do not require further revision at this time.
<p>1. 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.</p>	<ul style="list-style-type: none"> ○ Unfortunately the requirements put in place by the AAMA to be able to offer approved CEUs we would need to form an official AAMA chapter. At this time this would require more man hours than we can spare.
<p>1. Invest in a computerized Medical records system to use in the laboratory setting for courses MA124 and MLT100.</p>	<ul style="list-style-type: none"> ○ In 2020 we implemented SimChart by Elsevier into multiple classes including, but not limited to, MA124 and MLT100.
<p>1. 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</p>	<ul style="list-style-type: none"> ○ Due to licensing requirements and HIPPA regulations it's not feasible to get access to another entity's EPIC system. In 2020 we implemented SimChart by Elsevier into multiple classes including, but not limited to, MA118 and MP150.



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<p>enhanced ability to document electronically once hired by these entities.</p>	
<p>1. 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.</p>	<ul style="list-style-type: none"> ○ MA118, MA132, MP140, MA131, MA122 were moved to an online course as of Fall 2020 and will remain online.
<p>1. Purchase 3 pieces of equipment to enhance the CLIA(Clinical Laboratory Improvement Amendments)-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 a unit-by-unit basis.</p>	<ul style="list-style-type: none"> ○ After careful review of the MAERB competency requirements the Program Coordinator and Advisory Committee determined that it would be more beneficial to focus more on the different types of CLIA waived tests: hematology, chemistry, urinalysis, microbiology and immunology and proper collection for each test type. The hope that this would free up some funds to be spent on implementing the EHR as well as updating EKG machines, as well as additional staff to add lab time to the medications course (MA136). ○ Automated Urinalysis machines were purchased in 2020 to give students the experience of a commonly used automated machine. Most CLIA-waived testing devices are designed for simplicity and function similarly. ○ Discussions related to commonly used equipment are part of each Advisory meeting to be sure we are keeping up with local trends but avoiding purchasing equipment that will be outdated within a few years.
<p>1. 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.</p>	<ul style="list-style-type: none"> ○ Getting practice sites to make time for their trainers to attend has continued to be an issue. In Spring 2020 we were going to be rolling out and 2 hour pre and 2 hour post Externship Meeting. However this was set aside due to COVID. ○ The Preceptor binders that are provided to each office that hosts a student were updated with new material in 2020.



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	<ul style="list-style-type: none"> .Orientation package now includes links to videos to help with training .An abbreviated version of MAERB competency requirements so trainers know what the students were instructed in. .A Learning Style Inventory for the student(s) they are hosting with a brief summary of the results written by the student(s) themselves. .A timeline of the expected evolution of the student’s transition from observing to supervised acting medical assistant. .A recommended schedule of how often to meet with students including topic recommendations .A “Suggestions” version of the competency checklist they are to complete with the student(s) that provides recommendations on simple ways they can be demonstrated.
<p>1. 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. 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.</p>	<ul style="list-style-type: none"> o Google Forms have been created and in use since 2017, with minimal improvement in participation from students. The survey’s are to be sent not to past preceptors but to employers of past students. These are still proving to be difficult to get however I believe that has more to do with the large amount of turn over in some of the major employers over the last 3 years. I expect to see marked improvement within the next 2 years. o This will be added to the Advisory Board Agenda as well to discuss other options.

C. Other actions taken that were not based on previous review recommendations.

Action	Prompt (assessment, evidence, or need)
<p>MLT100 textbook was replaced with the correlating section of Today’s Medical Assistant Clinical and</p>	<p>The previous textbook was becoming outdated and the newest edition was going to be double the cost. Utilizing a text they already had helped to reduce additional cost to the students.</p>



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Administrative Procedures text.	
SimChart and Elsevier textbooks and workbooks have been utilized in multiple classes throughout the course.	Elsevier provides a MAERB crosswalk with their medical assisting materials that show when, where, and in some cases how, MAERB competencies are met as well as potential options to ease in tracking competency completion for each individual student.
MA180 course has been and will continue to shift toward a focus on prior authorization submission and coding structures.	The new program coordinator discussed with the Advisory Committee the need for coding in the MA clinical and administrative roles and it was determined that in the post-EHR(Electronic Health Record) world it is rare that you find any detailed coding done by MAs or AAs beyond prior authorizations/referrals.

Section Three: Current Department Assessment – Describe, Assess, Analyze & Identify Needs

A. Student Learning

1. Course-Level Outcome Achievement

Course # and Assessment Date(s)	Average % of Achieved Outcomes	Summary Analysis	Assessment-driven Changes	Effectiveness
<i>from most recent assessment</i>				
MA112 Fall '18	96%	Motivation of extra credit for attending AAMA chapter meetings has increased the amount that attend.	No changes were indicated.	N/A
MA117 Fall '18	89%	There was a great deal of confusion regarding the homework assignment that can easily be improved by	Additional scenarios were created to review in class prior to students completing	Pass rate for this particular section greatly improved in following years.



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		doing a few examples in class beforehand.	scheduling assignments.	
MA118 Fall '18	57%	There was a switch in instructors 2 weeks into the term resulting in a difference in grading that was confusing for students as well as an antiquated computer program that was difficult for most students to navigate.	The following year we updated to SimChart which has changed this class entirely and it is now taught online.	Based on student pass rates there is improved comprehension.
MA131 Winter '18 Winter '19	88%	Students were given handouts to fill in and follow along with, instructor asked questions to involve students in lecture, gave students a review to study before the test make up tests of the first three tests were allowed due to an abnormal low score	The instructor at the time of this assessment retired. A new curriculum and textbook have since been used.	The addition of a traditional textbook seems to have helped students follow better.
MA132 Spring '18	92%	<i>Re Outcome #2: Increase sick and well-patient awareness of community resources</i> The expectations may have been set too high, or the grading system may need changing. The lower grades for the presentations were more due to lack of effort or spelling and grammar. In future years I hope to dedicate time earlier in the program year to presentation preparation, reports, flow, and spelling and grammar. This should help future assessments to reflect understanding and knowledge of the material by being less affected by	A very specific grading rubric was created in addition to progressive presentation projects starting in Fall term to bring them up to standard over the course of the program.	Due to COVID these projects were changed to video presentations which has been an adjustment in styles. The overall grades have improved.



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		the issues mentioned above.		
MA136 Spring '18	100%	Feedback from students indicated that the video PowerPoint lectures were helpful. The grading was straightforward. Students were kept on a tight timeline due to externships starting midterm. This may have hurt some students due to the volume of information that needs to be absorbed. Student feedback also indicated that they would have appreciated the chance to ask questions during the lectures.	The instructor at the time of this assessment retired. A new curriculum and textbook have since been used.	Externship sites and past students have indicated an improvement in medication pronunciation which has been a large area of concern in past years
MA270 Spring '18	100%	92% of students achieved an average of 4.0 or greater on evaluations	Student surveys indicated frustration with the sizeable difference in EHRs as well as frustration in using paper charts in our demos in skills lab	The following year we began using SimChart in many classes which has helped students with the transition.
MLT100 Spring 2018	91%	<i>Re Outcome #2: Perform CLIA-waived urinalysis, hematology, chemistry, serology and microbiology procedures using the necessary controls, standards, and instrumentation. Properly calculate and record laboratory data obtained.</i> Homework scores were outweighed by written test scores. Had I included Ch. 2 practical exam in the assessment it would have been met with a 86%. This outcome will need to be assessed again in the future to determine if there is a	The following year we changed textbooks to use a format students were more familiar with. 2020 updated to using SimChart for recording and calculating results	Test scores significantly improved with changes as well as utilizing a presentation format that requires students to fill in parts during the lecture.



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		pattern in the discrepancy between practical and written.		
MP111 Winter '18 Spring '19 Winter '20	75.6%	I will suggest asking someone to proofread their papers, as well as always using spell and grammar checks. For the students who need to use The Writing Desk, I'll suggest this in the instructions for each paper.	Information was added to the syllabus.	No new data
MP140 Winter '18 Fall '18	96%	MP150 is another class that could potentially be offered online since students did not seem to feel the actual In-class/group assignments were not beneficial	Textbooks and lectures were updated. This seemed to assist in improving comprehension	Class was successfully moved to an online format.

1. Degree/Certificate/Program-Level Outcomes

Program Outcomes are evaluated at the completion of extern and are reflected in the data collected for the MAERB Annual reports over 2017-2019

Enrollment, Retention, Graduation Summary

MAERB Threshold: 60%

Total Enrolled	# "IP" or Stopped out	Attrition	Number graduated to date	Retention Rate
40	2	2	36	
Retention Percentage				90%
2017 Program Review Results				90.4%

Job Placement Summary

MAERB Threshold: 60%

Total Number of Graduates	# of Grads Employed as MA OR a Related Field	Placement Rate
36	31	86%
2017 Program Review Result		81.3%

Exam Success Summary

MAERB Threshold: 60%

Number of Graduates	Number that took a certification exam	Total number passing exam	Overall Pass Rate based on number of graduates	Pass Rate based on number taking the exam



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36	35	30	83%	86%
2017 Program Review Result				85.4%

Graduate Survey Results based on Enrollment Date

MAERB Threshold: 80%

Total Number of Graduates	Number of Surveys Returned	Percent Returned	# with Positive responses - Cognitive	# with Positive responses - Psychomotor	# with Positive responses - Affective	Graduate Survey Satisfaction %
36	22	61%	22	21	22	98%
2017 Review Result		53%				100%

Employer Survey Results based on Enrollment Date

MAERB Threshold: 80%

Total Number of Graduates Employed	Number of Surveys Returned	Percent Returned	# with Positive responses - Cognitive	# with Positive responses - Psychomotor	# with Positive responses - Affective	Employer Survey Satisfaction %
31	12	38%*	11	11	11	92%
2017 Review Results		60.7%				100%

*record low of 20% Employer Participation in 2017 when switched to digital survey

Ultimately success is measured by students passing the AAMA exam and getting a job. Coincidentally those are at 86%. While we, as an institution, have never actually picked an official goal in regards to these percentages as you can see the MAERB has set both at 60% minimum.

Related Instruction for the MA certificate is one of the few remaining at CGCC that uses a combination of stand-alone courses and embedded instruction as outlined below.

Related Instruction Category	Related Instruction Outcomes	Course	MAERB Outcomes/Objectives That Align <i>Achievement demonstrated by 70% or higher grade in individual course</i>
Communication	Engage in purposeful communication processes that accomplish goals;	MA122	V.C.6. Define coaching a patient as it relates to a. health maintenance; b. disease prevention; c. compliance with treatment plan; d. community resources; e. adaptations relevant to individual patient needs
	Respond to the needs of diverse audiences and contexts;	MA122	V.C.3. Recognize barriers to communication
	Read actively, think critically, and write purposefully and capably for academic and/or, professional audiences;	MA117	V.P.8. Compose professional correspondence utilizing electronic technology



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			V.P.11. Report relevant information concisely and accurately
	Demonstrate appropriate reasoning in response to complex issues; and	MA117	VII.A.2. Display sensitivity when requesting payment for services rendered VIII.A.2. Display tactful behavior when communicating with medical providers regarding third party requirements
	Locate, evaluate, and ethically utilize information to communicate effectively.	MA122	V.C.3. Recognize barriers to communication
		MA117	XII.A.1. Recognize the physical and emotional effects on persons involved in an emergency situation
Computation	Use appropriate mathematics to solve problems; and	MA123	II.C.5. Identify abbreviations and symbols used in calculating medication dosages
	Recognize which mathematical concepts are applicable to a scenario, apply appropriate mathematics and technology in its analysis, and then accurately interpret, validate, and communicate the results.	MA124	II.P.4. Document on a growth chart II.C.3. Define basic units of measurement II.C.1. Demonstrate knowledge of basic math computations II.C.2. Apply mathematical computations to solve equations
		MA123	II.C.6. Analyze healthcare results as reported in: a. graphs; b. tables
Human Relations	Develop a personal and workplace human relations philosophy,	PSY101	As an approved stand-alone course students demonstrate achievement of all outcomes by passing the course.
	Demonstrate an understanding of the evolving dynamics of interpersonal and group interactions,		
	Demonstrate abilities to address and deal with conflict with safe and satisfactory results,		
	Define your personal leadership style and demonstrate how that style		



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	can be effective in specific situations,		
	Explain how cultural intelligence is a positive influence in relationships with others, and		
	Clarify and demonstrate communication techniques to include body language, oral and written communication, and good listening skills to assist in relationships and meeting goals.		

Program-level student learning outcomes assessment-driven changes:

Over the years there has been concern over the number of N/A tasks clinics are marking on student's Externship Evaluations. In large part this is due to the evolution of the medical assistant position becoming more clinically/ back-office based. The Program Outcome Assessment Data over 2017-2020 indicates 18% of the competency responses were deemed not-applicable. As mentioned in Section Two, Recommendation 10, in 2020 a "Suggestions" version of the competency checklists was introduced to clinics that provides recommendations on simple ways each competency can be demonstrated. As 2020 was a difficult year as far as normalcy, the effectiveness of this tool will need to be reevaluated as clinics return to normal work practices.

1. Core Learning Outcomes: Not-Applicable
1. Comparative Transfer Data: Not-Applicable
1. Completion Rates
 - Program Completion is evaluated at the end of externship as part of the MAERB Accreditation Data Collection on page 11. Currently 90% of students who enroll in the program complete and graduate.

B. Curriculum

1. Alignment with professional and national standards
 - On September 20, 2019 the Commission on Accreditation of Allied Health Education Programs, upon the recommendation of the MAERB, judged the program to be in compliance with the national established standards.



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In their ranking of *24 Best Medical Assistant Programs*, GradReports listed our program as #10. These ranking look at tuition, average, total debt of students in their first year, and the annual salary of students in their first year after graduating.

1. Enrollment

Aside from the one-off of 2018 when enrollment fell by 40%. The program has a steady average of 15 student enrollment. In past years there has continued to be a waitlist for entry into the program ranging anywhere from 2-10. The demand for medical assistants has and is anticipated to continue to rise as there are more medical insurance companies covering additional support for more complex and aging patients.

c. Teaching and Faculty Development *Until Winter 2020-21 there was no additional faculty for the last 2 years*

1. Instructional best practices and their effectiveness

The largest effort in instructional practice has been incorporating Moodle. This was started prior to the COVID pandemic and all classes were created to Quality Matters standards. This has resulted in increased comprehension due to the ability for students to review the lecture as well as additional materials that may not have been utilized before due to ease of access. Additionally this year a shared Google Drive Folder for students as a group and individually has made forms, policies, and learning materials readily available as well as giving another avenue for direct feedback for students on projects and assignments.

1. Department's professional development activities

- The Program Coordinator attends the Fall and Spring in-services at the college level.
- The Program Coordinator regularly attend the following:
 - Annual regional AAMA meetings in Portland
 - Monthly in-service opportunities sponsored by the AAMA
 - Monthly meetings of the RCCMA Education Forum in Portland.

1. Faculty Support of the college

- The Program Coordinator is a member of the CGCC Curriculum Committee
- The Program Coordinator attends on campus and community events when possible
- The Program Coordinator has held a table at multiple job fairs over the last 3 years

1. Quantity and balance of full and part time faculty

Since 2019 there has essentially only been the Program Coordinator as consistent faculty. This has created some challenges managing the duties of the Coordinator in relation to updating the program to the MAERB standards. With the recent addition of Nikki Gray, CMA and as part time faculty the program should be back up to balanced staff. Should the enrollment cap be increased again in the future further faculty may be required.

D. Budget

The program has operated within budget with minimal to no concerns. The loss of 3 part time faculty in 2018 and the change in CLIA-waived test kit brands largely contributed. Despite the additional expenditure of the Program Coordinator having to work through Summer 2020 due to



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COVID closures we continue to be in line to fall within budget. There will be a need for further review in the next couple years to determine what equipment updates will be possible.

Section Four: Recommendations

A. Provide recommendations for the next review cycle.

- For the 2021-2022 year we are increasing our enrollment cap to 24. Marketing strategies to be discussed with the marketing dept and Dean for recommendations and suggestions.
- Determine what other College Now opportunities are available for student recruitment,
- Discuss how to increase high school outreach. Considering annual “Medical Office Careers” presentations at local schools.
- The Program Coordinator should review the budget with the Dean to gain further understanding. Along those lines, would also suggest further education on grant information avenues.
- Revisit becoming an Approved AAMA chapter, to be able to offer CEUs, based on program growth and staffing.
- All Intended Outcomes and Core Content will need to be updated to reflect the MAERB 2015 Objectives more clearly.
- MA180 should be assessed as to its necessity and consider whether it should continue to be offered or replaced with something more pertinent to the changing areas of focus in clinical and administrative settings.
- A tracking system should be put in place to track each student's objective in a way that encourages them to be accountable for tracking them. It preferably would also be electronic and include a method for documenting corresponding grades. Elsevier has some pdfs with fill-in portions that have potential.
- Create a brief practicum training video for preceptors to review prior to externs to refresh them on expectations, the process, and the documentation requirements.
- Advisory Committee meeting attendance and tracking need to be addressed. Switching to Zoom for meetings should help with attendance. Consider delivering some kind of snack with a reminder the morning of the meeting. To meet MAERB standards without question their Meeting Agenda form should be utilized in the future.
- Any assignment that specifically addresses a MAERB objective should be flagged and clearly marked as such.
- There continues to be difficulty following up with students after they graduate to complete their survey which determines which employers are then sent surveys. Consider more aggressive ways of tracking students as well as a set timetable for send out and follow updates.



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- MA136 Medications needs to have lab hours added so the medication administration section from MA124 can be moved over allowing for more time to focus on office procedures as requested by Advisory Committee members.
- Telephone confidence continues to be an area of concern based on extern site surveys. consider semi-scripted practice conversations and how best to get a realistic simulation. Consider recorded Zoom assignments. Possibly overhaul any of the Medical Office Assistant classes. Alternatively could be worked into MA180 or replace it entirely.
- Consideration should be given to Related Instruction outcomes, communication, and computation, to determine if it's feasible to change to stand-alone courses considering the high workload already given to students.

B. Recommendation tracking and assessment methods

Most recommendations will be easily assessed as part of Course Assessments, MAERB reviews, or institutional reports. Recommendations that are appropriate should be added to the Advisory Committee agenda to follow to completion.