

# Medical Assisting Program Review

## 2012-2013

### 1. Program/Department Description

#### 1A. Description

Ventura College's Medical Assisting Program is designed to prepare students for employment in the medical field as administrative and clinical medical assistants. This program is also an excellent training program for career enhancement for those seeking to expand their skills in the medical field and advance into new job positions. Jobs in this area include medical assisting positions in front office or administrative capacity, as well as jobs in a back office, performing tasks of a clinical nature in support of physicians.

#### Degrees/Certificates

A.S. Medical Assistant  
 Certificate of Achievement  
 Proficiency Award in Medical Insurance Billing

#### 1B. 2012-2013 Estimated Costs (Certificate of Achievement ONLY)

*Required for Gainful Employment regulations.*

	Cost		Cost		Cost		Cost
Enrollment Fees	\$900- \$1100	Enrollment Fees					
Books/Supplies	\$500- \$1000	Books/Supplies					
Total	\$1400 - \$2100	Total		Total		Total	

#### 1C. Criteria Used for Admission

#### 1D. College Vision

Ventura College will be a model community college known for enhancing the lives and economic futures of its students and the community.

#### 1E. College Mission

Ventura College, one of the oldest comprehensive community colleges in California, provides a positive and accessible learning environment that is responsive to the needs of a highly diverse student body through a varied selection of disciplines, learning approaches and teaching methods including traditional classroom instruction, distance education, experiential learning,

## **Medical Assisting Program Review** **2012-2013**

and co-curricular activities. It offers courses in basic skills; programs for students seeking an associate degree, certificate or license for job placement and advancement; curricula for

students planning to transfer; and training programs to meet worker and employee needs. It is a leader in providing instruction and support for students with disabilities. With its commitment to workforce development in support of the State and region's economic viability, Ventura College takes pride in creating transfer, career technical and continuing education opportunities that promote success, develop students to their full potential, create lifelong learners, enhance personal growth and life enrichment and foster positive values for successful living and membership in a multicultural society. The College is committed to continual assessment of learning outcomes in order to maintain high quality courses and programs. Originally landscaped to be an arboretum, the College has a beautiful, park-like campus that serves as a vital community resource.

### **1F. College Core Commitments**

Ventura College is dedicated to following a set of enduring Core Commitments that shall guide it through changing times and give rise to its Vision, Mission and Goals.

- Student Success
- Respect
- Integrity
- Quality
- Collegiality
- Access
- Innovation
- Diversity
- Service
- Collaboration
- Sustainability
- Continuous Improvement

### **1G. Program/Department Significant Events (Strengths and Successes)**

This program has proven to be an excellent work-training platform for students seeking careers in the medical field, advancement in their current medical career, and as a career pathway to careers in nursing, radiation technology, and coding. It serves a market of students not served elsewhere. The program is not offered at the other two colleges in our district. The program has been responsive to the medical training needs of the local medical community and been accepted as a source of newly trained medical assistants. Many of our students are currently working in local medical facilities, from physician offices to hospitals. Support from the medical community is evidenced by medical offices contacting our VC staff when they have job openings. Office managers from medical practices throughout Ventura County have volunteered to be a part of our Advisory Council and have demonstrated strong support of the program. Minutes of the Advisory Council were kept and are available for review. In addition, the local office managers' association (PAHCOM) donated \$3000 to assist with software and equipment costs as a show of support for the program.

## **Medical Assisting Program Review** **2012-2013**

In an effort to keep the program current and relevant, the A.S. Degree and Certificate of Achievement are being revised to reflect appropriate coursework. The program was also strengthened by the addition of a course in Electronic Health Records, which is one of the newest skills being required of medical assistants in today's medical practices. In addition, BUS V28A (Medical Assistant: Front Office) is currently being revised to a lecture and lab format to allow for more hands-on practical skills applications.

Students who successfully complete this program may be eligible to take the certification exam offered by the California Certifying Board for Medical Assistants to become a California Certified Medical Assistant.

In addition to the Medical Assisting Certificate and Degree Program, an alternative path to a career in medical assisting in an accelerated format is available to students. The accelerated course, BUS V97, was originally designed in 1998 to meet the need for accelerated training for those students needing to get into or back into the workforce. It has served special populations, such as Cal Works, re-entry students, displaced homemakers, and single parent students.

Due to the success of the accelerated course, it was expanded to the VCSP campus to serve the Santa Clara Valley residents, where there is a shortage of vocational training programs. BUS V97 operates at maximum capacity every semester at both campuses.

Students who successfully complete BUS V97 may be eligible to take the certification exam offered by the California Certifying Board for Medical Assistants to become a California Certified Medical Assistant – Administrative (CCMA-A) or Clinical (CCMA-AC).

A new Medical Assisting Certificate of Achievement and A.S. degree is currently being under consideration for approval by the Curriculum Committee and will incorporate the accelerated course, BUS V97. Had BUS V97 been part of the degree before, the number of certificates of achievement and degrees awarded would be much higher.

In 2010, the program was adversely affected by the loss of the Externship Program that afforded students the opportunity to gain meaningful work experience in local medical practices. The Advisory Committee strongly encouraged the reinstatement of the Externship Program.

**Medical Assisting Program Review**  
**2012-2013**

K. Organizational Structure

President: Robin Calote

Executive Vice President: Ramiro Sanchez

Dean: Kathleen Schrader

Department Chair: Jeff Stauffer

Instructors and Staff

<b>Name</b>	<b>Deborah Newcomb</b>
Classification	Full-Time
Year Hired	2009 Full-time 1993 Part-Time
Years of Work-Related Experience	30 years
Degrees/Credentials	Masters in Business Administration, Certified Medical Manager

Part-time faculty includes Lucy Barron-Donnelly, Linda Davis, Kathryn Dunlop, and Caroline Greeby.

# Medical Assisting Program Review

## 2012-2013

### 2. Performance Expectations

#### 2A. Student Learning Outcomes

##### 2A1. **2012-2013** - Institutional Student Learning Outcomes

1. Communication - written, oral and visual
2. Reasoning - scientific and quantitative
3. Critical thinking and problem solving
4. Information literacy
5. Personal/community awareness and academic/career responsibilities

##### 2A2. **2012-2013** - Program Level Student Learning Outcomes

###### *For programs/departments offering degrees and/or certificates*

1. Demonstrate performance of appropriate medical administrative or clinical skills.
2. Determine appropriate communication strategies for stakeholders in the medical environment.
3. Describe legal and ethical principles that affect the role of a medical assistant.
4. Apply appropriate procedures for complying with established risk management and safety practices.

##### 2A3. **2012-2013** - Course Level Student Learning Outcomes

*Attached to program review (See appendices).*

#### 2B. **2012-2013** Student SUCCESS Outcomes

1. The program will increase the number of certificates and degrees issued from the **program's** previous three-year average number of awards.
2. The program will maintain or increase its student retention rates from the **college's** previous three-year average retention rate.
3. The program will maintain or increase student success rates from the average of the **program's** prior three-year average success rates.

# Medical Assisting Program Review

## 2012-2013

### **2C. 2012-2013 Program OPERATING Outcomes**

1. Alternative technology will be acquired to improve student training in the use of Patient Management System technology.
2. Where possible due to class size restrictions, the program will improve the WSCH/FTES to get closer to the 525 goal set by the district. A more realistic WSCH/FTES goal for CTE programs needs to be established, due to the nature of the training provided in many courses, which necessitates smaller class sizes.
3. An alternative method to number of degrees and certificates awarded as a measure of student success needs to be established. Success in CTE programs is related to employability and not necessarily degree-related.

### **2D. Mapping of Student Learning Outcomes - Refer to TracDat**

# Medical Assisting Program Review

## 2012-2013

### 3. Operating Information

#### 3A. Productivity Terminology Table

<b>Sections</b>	A credit or non-credit class. Does not include not-for-credit classes (community education).
<b>Census</b>	Number of students enrolled at census (typically the 4 <sup>th</sup> week of class for fall and spring).
<b>FTES</b>	Full Time Equivalent Students A student in the classroom 15 hours/week for 35 weeks (or two semesters) = 525 student contact hours. 525 student contact hours = 1 FTES. Example: 400 student contact hours = $400/525 = 0.762$ FTES. The State apportionment process and District allocation model both use FTES as the primary funding criterion.
<b>FTEF</b>	Full Time Equivalent Faculty A faculty member teaching 15 units for two semesters (30 units for the year) = 1 FTE. Example: a 6 unit assignment = $6/30 = 0.20$ FTEF (annual). The college also computes semester FTEF by changing the denominator to 15 units. However, in the program review data, all FTE is annual. FTEF includes both Full-Time Faculty and Part-Time Faculty. FTEF in this program review includes faculty assigned to teach extra large sections (XL Faculty). This deviates from the prior practice of not including these assignments as part of FTEF. However, it is necessary to account for these assignments to properly represent faculty productivity and associated costs.
<b>Cross Listed FTEF</b>	FTEF is assigned to all faculty teaching cross-listed sections. The FTEF assignment is proportional to the number of students enrolled at census. This deviates from the practice of assigning load only to the primary section. It is necessary to account for these cross-listed assignments to properly represent faculty productivity and associated costs.
<b>XL FTE</b>	Extra Large FTE: This is the calculated assignment for faculty assigned to extra large sections (greater than 60 census enrollments). The current practice is not to assign FTE. Example: if census > 60, 50% of the section FTE assignment for each additional group of 25 (additional tiers).
<b>WSCH</b>	Weekly Student Contact Hours The term "WSCH" is used as a total for weekly student contact hours AND as the ratio of the total WSCH divided by assigned FTEF. Example: 20 sections of 40 students at census enrolled for 3 hours per week taught by 4.00 FTEF faculty. $(20 \times 40 \times 3) = 2,400$ WSCH / 4.00 FTEF = 600 WSCH/FTEF.
<b>WSCH to FTES</b>	Using the example above: $2,400$ WSCH x 35 weeks = 84,000 student contact hours = $84,000 / 525 = 160$ FTES (see FTES definition). Simplified Formulas: $FTES = WSCH/15$ or $WSCH = FTES \times 15$
<b>District Goal</b>	Program WSCH ratio goal. WSCH/FTEF The District goal was set in 2006 to recognize the differences in program productivity.

# Medical Assisting Program Review

## 2012-2013

### **3B: Student Success Terminology**

<b>Census</b>	Number of students enrolled at Census (typically the 4 <sup>th</sup> week of class for fall and spring). Census enrollment is used to compute WSCH and FTES for funding purposes.
<b>Retain</b>	Students completing the class with any grade other than W or DR divided by Census Example: 40 students enrolled, 5 students dropped prior to census, 35 students were enrolled at census, 25 students completed the class with a grade other than W or DR: Retention Rate = $25/35 = 71\%$
<b>Success</b>	Students completing the class with grades A, B, C, CR or P divided by Census Excludes students with grades D, F, or NC.

Program specific data was provided in Section 3 for all programs last year. This year, please refer to the data sources available at

[http://www.venturacollege.edu/faculty\\_staff/academic\\_resources/program\\_review.shtml](http://www.venturacollege.edu/faculty_staff/academic_resources/program_review.shtml)

In addition, the 2011-2012 program review documents will provide examples of last year's data and interpretations.

**3C:** 2012 - 2013 Please provide program interpretation for the following:

#### **3C1: Interpretation of the Program Budget Information**

There is only one full-time faculty assigned to the Medical Assisting Program as part of her full-time load. The remaining faculty is composed of part-time instructors.

The Medical Assisting Program purchased two KERI manikins in 2011 and a wall unit for clinical instruction at the VCSP site for the Multi-Skilled Medical Assisting course. However, the manikins were purchased using grant funding. Two additional KERI manikins were purchased in 2012 for the VC Main Campus' Multi-Skilled Medical Assisting course, however, one was purchased with a \$3000 donation from PAHCOM (Professional Association of Health Care Managers) as a sign of support of the training provided by Ventura College. The other manikin was purchased using grant funding.

The Medical Assisting Program also accounts for a portion of the supplies budget each year as both administrative and clinical supplies are required for practical skills applications.

In January of 2012, a subscription to Synamed (a Patient Management and Electronic Health Records system) was purchased. An educational discounted subscription rate was obtained. The software that was previously used was not compatible with the new computer technology in the new MCE building on campus. Research was done prior to the purchase to evaluate all possible no-cost alternatives. A portion of the PAHCOM donation paid for the first six months

## **Medical Assisting Program Review**

### **2012-2013**

of the subscription. It is likely that the subscription will continue to be a necessary part of the Medical Assisting budget.

During the Spring and Summer of 2012 as well as the current period in the Fall of 2012, numerous problems have been encountered using The Synamed PMS system.

- Multiple problems with joining a batch, which is needed in order to post charges or payments.
- Students are kicked out of Synamed or their thin client shuts down unexpectedly on them, requiring them to log back in and, once again, try to join a batch.
- The “Tab” key sometimes stops working and the cursor does not show so students must log out and back in to Synamed.
- When performing tasks, the entered data frequently takes a minute or more to “refresh”, causing the student to be unable to continue with their work or forcing them to log out and it again.
- When trying to run daysheets (both on campus and off campus – day and night), the user is logged into a Synamed server that does not work with our version of the software. This requires that the user do a “server jump” to an SP1148 server and log back in again. It sometimes requires 2 to 3 attempts to do a server jump before you can get to an appropriate server. It is not possible to print a daysheet without being on the correct server.
- Daysheets take 5 minutes or more to run, even IF you can get the correct server.
- Poor response from Synamed’s tech support staff.

Therefore, alternative technology (laptops) that is compatible with free Patient Management software (publisher provides it free to educational institutions who adopt their books) is being requested to improve student success and avoid the annual expense of subscriptions for software.

### **3C2: Interpretation of the Program Inventory Information**

The inventory table as currently posted in the Banner Financial System does not accurately reflect all of the equipment owned by the Medical Assisting Program. An unofficial inventory list is maintained by one faculty member and includes only equipment on the main campus. An updated list is needed. None of the equipment is valued at over \$5000 so no maintenance contracts are needed. There is no anticipated maintenance for the existing equipment; however, future replacement costs may need to be anticipated.

### **3C3: Interpretation of the Program Productivity Information**

The productivity goal for the Ventura Community College District is a WSCH of 525. The Medical Assisting Program’s three-year average WSCH is approximately 365, which is 70% of the district and college goal. FTES have also steadily increased over the past three years.

## **Medical Assisting Program Review**

### **2012-2013**

The WSCH is affected by the fact that several of the Medical Assisting Program courses have small class size limitations (due to the nature of the subject matter and need for hands-on training) and large amounts of contact hours taught primarily by part-time faculty. These factors directly affect the overall WSCH. It should be noted, however, that the Medical Assisting Program's WSCH has increased since FY09 by 18%. An adjusted WSCH for CTE programs with class-size limitations needs to be established.

#### **3C4: Interpretation of the Program Course Productivity Information**

The WSCH of individual courses within the Medical Assisting Program vary greatly due to the class-size limitations and large amount of contact hours for some courses, which are taught primarily by part-time faculty. The majority of the courses require hands-on skill training, which necessitates a smaller class size. Those courses will never be able to reach the WSCH set by the district. However, it is important to note that the WSCH for the individual courses in the Medical Assistant Program have increased steadily over the past three years.

#### **3C5: Interpretation of Program Retention, Student Success, and Grade Distribution**

Over the reported three-year period of time, the Medical Assisting Program had an average retention rate of 90%. This is a 3% increase over the average in the previous program review. The retention rate has spanned from 84% in 2009 to 93% in 2012. The college's three-year average retention rate was 85%. The Medical Assisting Program met and exceeded the college's retention rate. These statistics indicate that we are demonstrating consistency in retaining students in the program.

Student success in the Medical Assisting Program has spanned from 71% in 2009 to 80% in 2012, with a three-year average of 75%. The college's three-year average success rate was 68%. This program continues to exceed the college's success rate indicating that our students are successfully completing the program.

The Medical Assisting Program courses have a 37% three-year average grade of A with a 40% average in FY12. The college has a 33% three-year average grade of A. These statistics demonstrate that our Medical Assisting Program students are successful in the program. Medical training programs require high standards that are essential to the ability of students to work in this field.

#### **3C6: Interpretation of the Program Completion Information**

Program completion rates for the Medical Assisting Program have been low. Four degrees have been awarded in the past few years. In addition, several Proficiency Awards in Medical Insurance Billing have also been awarded.

## **Medical Assisting Program Review**

### **2012-2013**

There are several reasons for the low program completion rate. First, the degree requires courses that are offered infrequently and courses that no longer exist. This degree must be revised and updated to reflect the current training needs necessary to work in the field. The revision is in progress at this time and a second degree that incorporates BUS V97 (our Multi-Skilled Medical Assisting accelerated course) is in progress.

Second, many students find employment, due to their training, and leave the college before completing a degree or certificate of achievement. These “leavers” gain employment, which is the ultimate goal of CTE programs. A recent statewide study entitled “RP Group CTE Employment Outcomes Survey for Certificate Leavers Statewide Results” shows that students who receive community college training but leave before attaining a degree or certificate, have an average of 25% increase in income.

Third, there is low awareness about the certificate of achievement and degree. To this end, a marketing brochure is being created that will outline the courses, certificates, degrees, and proficiency awards available to students. Requests for information about the Medical Assisting Program have been very high at high school outreach events.

Finally, the student awards data should be interpreted with respect to the medical assisting field requirements. The State of California does not require that medical assistants have a degree, licensure or registration in order to work in the field. Certification for medical assistants is available through the California Board of Medical Assistants, which is a private certification agency. They require a certificate of completion or transcripts demonstrating appropriate training in order for students to qualify to take the exam. It should also be noted that the certificate of achievement and degree can take up to two years to complete. Many students are seeking employment in a shorter period of time so they take BUS V97 as an accelerated training program. This is one of the reasons we are creating another degree option for our medical assisting students. It should be noted that success in this program is related to employability and not necessarily degree-related.

### **3C7: Interpretation of the Program Demographic Information**

The Medical Assisting Program’s demographic information indicates that approximately 57% of students are Hispanic. This is considerably higher than the college average of 41% Hispanic students.

Approximately 86% of the Medical Assisting students are female. Male students account for 14% of the medical assisting program. Medical Assisting has historically been a female-dominated career. There has been a slow growth of non-traditional students in the program, which mirrors the medical assisting field. The State of California reports that 12% of medical assistants are male.

## Medical Assisting Program Review 2012-2013

The average age of our program's students is approximately 28. This is comparable to the college's average age of 27.

### 4. Performance Assessment

#### 4A1: 2012-2013 Institutional Level Student Learning Outcomes

Institutional Level Student Learning Outcome 1	Performance Indicators
Communication	75% or higher will achieve a C or higher.
<b>Operating Information</b>	
This ISLO will be assessed in Fall of 2012 in the following course: BUS V29.	
<b>Analysis – Assessment</b>	
This ISLO has not yet been assessed.	

Institutional Level Student Learning Outcome 2	Performance Indicators
Reasoning – Scientific and Quantitative	This ISLO will not be assessed by Medical Assisting.
<b>Operating Information</b>	
<b>Analysis – Assessment</b>	

Institutional Level Student Learning Outcome 3	Performance Indicators
Critical Thinking and problem solving	This ISLO will be assessed by Medical Assisting in a future academic year per the ISLO institutional calendar.
<b>Operating Information</b>	
To be assessed later in SLO assessment cycle.	
<b>Analysis – Assessment</b>	

**Medical Assisting Program Review**  
**2012-2013**

## Medical Assisting Program Review 2012-2013

Institutional Level Student Learning Outcome 4	Performance Indicators
Information Literacy	This ISLO will not be assessed by Medical Assisting.
<b>Operating Information</b>	
<b>Analysis – Assessment</b>	

Institutional Level Student Learning Outcome 5	Performance Indicators
Personal/community awareness and academic / career responsibilities	This ISLO will be assessed by Medical Assisting in a future academic year per the institutional ISLO calendar.
<b>Operating Information</b>	
To be assessed later in SLO assessment cycle.	
<b>Analysis – Assessment</b>	

## Medical Assisting Program Review 2012-2013

**4A2: 2012-2013 Program Level Student Learning Outcomes - For programs/departments offering degrees and/or certificates**

Program-Level Student Learning Outcome 1	Performance Indicators
Demonstrate performance of appropriate medical administrative or clinical skills.	75% of students will achieve a C or higher
<b>Operating Information</b>	
Assessment will be completed in Fall of 2012 using a billing module project.	
<b>Analysis – Assessment</b>	
Results pending.	

Program-Level Student Learning Outcome 2	Performance Indicators
Determine appropriate communication strategies for stakeholders in the medical environment.	This PSLO will be assessed in a future academic year.
<b>Operating Information</b>	
To be assessed later in the SLO assessment cycle.	
<b>Analysis – Assessment</b>	

Program-Level Student Learning Outcome 3	Performance Indicators
Describe legal and ethical principles that affect the role of a medical assistant.	This PSLO will be assessed in a future academic year.
<b>Operating Information</b>	
To be assessed later in the SLO assessment cycle.	
<b>Analysis – Assessment</b>	

## Medical Assisting Program Review 2012-2013

Program-Level Student Learning Outcome 4	Performance Indicators
Apply appropriate procedures for complying with established risk management and safety practices.	This PSLO will be assessed in a future academic year.
<b>Operating Information</b>	
To be assessed later in the SLO assessment cycle.	
<b>Analysis – Assessment</b>	

### 4A3: 2012-2013 Course Level Student Learning Outcomes - *Refer to TracDat*

Results from Course Level Student Learning Outcomes that were assessed over the past two years were very encouraging. In all courses assessed (BUS V25, BUS V26, BUS V27A, BUS V27B, BUS V29, and BUS V97) all CSLO goals were achieved. Faculty suggestions after review of the results of the assessments included: (1) increase rigor of assignments used for assessments, (2) increase discussion in the classroom about the topics covered in the assignments, (3) improve rubrics, and (4) increase student awareness of study techniques for improvement in learning.

### 4B: 2012-2013 Student Success Outcomes

Student Success Outcome 1	Performance Indicators
The program will maintain or increase its student retention rates from the <b>program's</b> prior three-year average retention rate.	The program will maintain or increase the retention rate of the program's retention rate for the prior three years.
<b>Operating Information</b>	
In the three- year period of FY10 through FY12, the average retention rate was 90%. This was an increase of 3% over the previous three-year period, which had an average retention rate of 87%.	
<b>Analysis – Assessment</b>	
The goal was met.	

## Medical Assisting Program Review 2012-2013

Student Success Outcome 2	Performance Indicators
The program will maintain or increase its student retention rates from the <b>college's</b> previous three-year retention rate.	The program will maintain or increase its student retention rates from the <b>college's</b> previous three-year retention rate.
<b>Operating Information</b>	
In the three-year period of FY10 through FY12, the average retention rate was 90%, which was 5% above the college's previous average three-year retention rate of 85%.	
<b>Analysis – Assessment</b>	
The goal was met.	

Student Success Outcome 3	Performance Indicators
The program will maintain or increase its student success rates from the <b>program's</b> prior three-year average success rate.	The program will maintain or increase the success rate of the program's success rate for the prior three years.
<b>Operating Information</b>	
In the three- year period of FY10 through FY12, the average success rate was 75%. This was slightly lower than the previous average of 77%.	
<b>Analysis – Assessment</b>	
The goal was not met. Courses that were offered and were part of the Proficiency Award but not part of the degree were not reflected in these success rate statistics. These courses will be part of the revised degrees and may change success rates.	

Student Success Outcome 4	Performance Indicators
The program will maintain or increase its student success rates from the <b>college's</b> previous three-year success rate.	The program will maintain or increase its student success rates from the <b>college's</b> previous three-year success rate.
<b>Operating Information</b>	
In the three-year period of FY10 through FY12, the average success rate was 75%, which was 7% above the college's previous average three-year success rate of 68%.	
<b>Analysis – Assessment</b>	
The goal was met.	

## Medical Assisting Program Review 2012-2013

### 4C. 2012-2013 Program Operating Outcomes

Program Operating Outcome 1	Performance Indicators
Where possible due to class size restrictions, the program will improve the WSCH/FTES to reach the 525 goal set by the district.	The program will increase the efficiency level.
<b>Operating Information</b>	
For FY 12, the WSCH/FTES was 365, which is an improvement over the previous average of 349.	
<b>Analysis – Assessment</b>	
There was an increase in the WSCH/FTES above the previous averages from the two past three-year cycles. This shows steady improvement in efficiency. However, due to the nature of the program, it's staffing and class-size limitations, it will be difficult to reach the district goal of 525. A variation in the metrics used for efficiency should be explored and would be beneficial to this type of program.	

Program Operating Outcome 2	Performance Indicators
Inventory of instructional equipment is functional, current, and otherwise adequate to maintain a quality-learning environment. Inventory of equipment over \$200 will be maintained and replacement schedule will be developed. Service contracts for equipment over \$5,000 will be budgeted if funds are available.	A current inventory of all equipment in the program will be maintained. Equipment having a value over \$5000 will have a service contract. A schedule for service life and replacement of outdated equipment will reflect the total cost of ownership.
<b>Operating Information</b>	
The inventory list in Banner is incomplete and needs to be updated.	
<b>Analysis – Assessment</b>	
The inventory list needs to be updated and provided to administration. None of the equipment has a value over \$5000 so no service contracts are required.	

## Medical Assisting Program Review 2012-2013

### 4D. Program Review Rubrics for Instructional Programs

#### Academic Programs

Point Value	Element	Score
Up to 6	Enrollment demand	
Up to 6	Sufficient resources to support the program (ability to find qualified instructors; financial resources; equipment; space)	
Up to 4	Agreed-upon productivity rate	
Up to 4	Retention rate	
Up to 3	Success rate (passing with C or higher)	
Up to 3	Ongoing and active participation in SLO assessment process	
Total Points	Interpretation	
22 – 26	Program is current and vibrant with no further action recommendation	
18 – 21	Recommendation to attempt to strengthen the program	
Below 18	Recommendation to consider discontinuation of the program	

**TOTAL**

#### CTE Programs

Point Value	Element	Score
Up to 6	Enrollment demand	5.5
Up to 6	Sufficient resources to support the program (ability to find qualified instructors; financial resources; equipment; space)	6
Up to 6	Program success (degree / certificate / proficiency award completion over 4 year period)	2
Up to 4	Agreed-upon productivity rate	2
Up to 4	Retention rate	4
Up to 4	Employment outlook for graduates / job market relevance	4
Up to 3	Success rate (passing with C or higher)	3
Up to 3	Ongoing and active participation in SLO assessment process	3
Total Points	Interpretation	
31 - 36	Program is current and vibrant with no further action recommendation	
25 - 30	Recommendation to attempt to strengthen the program	
Below 25	Recommendation to consider discontinuation of the program	

# Medical Assisting Program Review

## 2012-2013

### 5. Findings

#### **2012-2013** - FINDINGS

- Finding 1:** The Medical Assisting Degree and Certificate of Achievement are outdated. They should be updated and revised to bring them current with workforce needs and courses that are offered on a regular basis. A new Certificate of Achievement should be created that incorporates the accelerated training program, BUS V97 – Multi-Skilled Medical Assisting Program, as well BUS V26, Electronic Health Records.
- Finding 2:** The Medical Assisting Externship program lacks an externship program that would provide on-the-job training needed to get jobs.
- Finding 3:** Patient Management Software in use in various courses in the program is not serving our needs. The new technology in the MCE buildings does not support the educational Patient Management Software that is available at no charge to colleges. Professional subscription-based software currently used has numerous issues in classroom use by large numbers of students. Alternative technology is needed to support the outcomes of the Medical Assisting and Insurance Billing courses.
- Finding 4 :** Establish an alternative method of calculating the WSCH for CTE programs such as Medical Assisting.
- Finding 5:** Outreach to high school students, special populations and non-traditional students needs to be increased.

# Medical Assisting Program Review 2012-2013

## 6. Initiatives

### 6A: 2011-2012 - Initiatives

**Initiative** Revise the Medical Assisting Degree and Certificate of Achievement to bring them current with workforce needs and courses that are offered on a regular basis. A new Certificate of Achievement should be created that incorporates the accelerated training program, BUS V97 – Multi-Skilled Medical Assisting Program, as well BUS V26, Electronic Health Records.

**Initiative ID** MA 1201

**Links to Finding 1**

Workforce training needs in the medical field have changed over the past ten years and the degree/certificate should reflect the current training requirements, including training in Electronic Health Records.

**Benefits:**

Better job preparation for the students, increased success in finding jobs, and increased degree and/or certificate awards.

**Request for Resources**

None needed

**Funding Sources**

No new resources are required (use existing resources)	X
--	---

**Initiative** Bring back the Medical Assisting Externship to provide on-the-job training needed to get jobs.

**Initiative ID** MA 1202

**Links to Finding 2**

The competitive job market requires students to have the training edge needed to compete for jobs. Vocational education schools include an externship program, leaving our students at a disadvantage. The Medical Assisting Advisory Council expressed a concern for the lack of an externship and requested reconsideration of offering one.

**Benefits**

Students will have better access to jobs, develop contacts in the medical community, and ideally receive job recommendations.

**Request for Resources**

Develop a section of BUS V96, Business Internship, or a new course for this purpose. Screening criteria would need to be incorporated to meet the requirements of externship facilities. A facilitator would be required.

**Funding Sources**

Please check one or more of the following funding sources.

No new resources are required (use existing resources)	
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	X

## Medical Assisting Program Review

### 2012-2013

**Initiative** Revise BUS V28B, Medical Office Procedures – Back Office, to be a lecture-lab format.

**Initiative ID** MA 1203

**Links to Finding 3**

The clinical skills covered in this course cannot be appropriately taught in a lecture format. Students must practice and demonstrate clinical skills.

**Benefits**

Student success in the course as well as in job performance will be greatly increased.

**Request for Resources**

None required.

**Funding Sources**

No new resources are required (use existing resources)	X
--	---

**Initiative** Consideration should be given to offering BUS V28A (Medical Office Procedures - Front Office) and V28B (Medical Office Procedures - Back Office) during the summer or at the Santa Paula Campus. in order to provide students with another option in earning their degree or certificate. Some students work during the day and are not able to take BUS V97 but want to train for the medical assisting field and earn a degree or certificate.

**Initiative ID** MA 1204

**Links to Finding 4**

This will provide students with another option in earning their degree or certificate. Some students work during the day and are not able to take BUS V97 but want to train for the medical assisting field and earn a degree or certificate.

**Benefits**

This would provide increased opportunities for student success in finding jobs and earning degrees and certificates.

**Request for Resources**

The cost of offering courses would include faculty funds, however, since medical assisting courses are already offered during those time frames, it would not require more funds than are already being used for existing medical assisting courses. Existing equipment could be used. There would be a need for adequate administrative and clinical skill supplies.

**Funding Sources**

Requires other resources (grants, etc.) Supplies	X
---	---

## Medical Assisting Program Review 2012-2013

**Initiative** Purchase a Keri Manikin for East Campus. A manikin has been donated by PAHCOM for the main campus and a similar manikin should be provided for the program at the Santa Paula campus.

**Initiative ID** MA 1205

**Links to Finding** 5

This will provide students with increased skill practice and competency in performing vital signs and administering injections. The manikin allows the instructor to vary the heart rate, pulse, etc. to replicate a variety of patient ages and statuses.

**Benefits**

This would provide better skills for students and increased opportunities for success in competing for jobs.

**Request for Resources**

The cost of the manikin is \$2200.00.

**Funding Sources**

Requires other resources (grants, etc.) Supplies	X
---	---

**Initiative Create** a Medical Assisting Department and move the medical assisting courses and related courses into that department. Courses would be designated as MAS (Med Assist)

**Initiative ID** MA 1206

**Links to Finding** 6

Students and counselors sometimes have difficulty finding the medical assisting and related courses in the VC catalog because they are housed in the Business Department. This change would clarify the identity of the courses.

**Benefits**

This would provide increased opportunities for student enrollments.

**Request for Resources**

None needed.

**Funding Sources**

No new resources are required (use existing resources)	X
--	---

# Medical Assisting Program Review 2012-2013

## 2011 - 2012 FINAL Program Initiative Priority Ratings

Line Number	Division Code	Program	Category	Program Priority (0, 1, 2, 3...)	Division Priority (R, H, M, L)	Committee Priority (R, H, M, L)	College Priority (R, H, M, L)	Initiative ID	Initiative ID	Initiative Title	Resource Description	Resource Category	Estimated Cost	Adjusted Cost	Accumulated Costs	Full Time or Part Time
1	37	Medical Assisting	None	0				MA 1201	MA1201	Revise Certificate	Revise MA Certificate	0			-	
2	37	Medical Assisting	None	0				MA 1203	MA1203	BUS 28 Revision	Revise BUS V28 to lect/lab	0			-	
3	37	Medical Assisting	Faculty	1	H			MA 1202	MA1202	Externship	Reinstitute Externship	1	5,000	5,000	5,000	PT
4	37	Medical Assisting	Faculty	2	H			MA 1204	MA1204	BUS 28 A/B in SP	Offer BUS 28 A & B in SP	1	10,000	10,000	15,000	PT

# Medical Assisting Program Review 2012-2013

## 6B: 2012-2013 INITIATIVES

### Initiative 1:

Revise the Medical Assisting Degree and Certificate of Achievement to bring them current with workforce needs, which includes a course in Electronic Health Records (BUS V26) and removes courses that are no longer offered or needed. A new Certificate of Achievement should be created that incorporates the accelerated training program, BUS V97 Multi-Skilled Medical Assisting Program, as well BUS V26, Electronic Health Records.

#### Initiative ID MA 1201

#### Links to Finding 1

Workforce training needs in the medical field have changed over the past ten years and the degree/certificate should reflect the current training requirements, including training in Electronic Health Records. The Medical Assistant Advisory Board provided valuable input into the formation of these degree patterns.

#### Benefits:

Better job preparation for the students, increased ability for students to take Medical Assisting Certification exams, increased success in finding jobs, and increased degree and/or certificate awards.

#### Request for Resources

None needed

#### Funding Sources

No new resources are required (use existing resources)	X
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.)	

### Initiative 2:

Bring back the Medical Assisting Externship to provide on-the-job training needed to get jobs.

#### Initiative ID MA 1202

#### Links to Finding 2

The competitive job market requires students to have the training edge needed to compete for jobs. Vocational education schools include an externship program, leaving our students at a disadvantage. The Medical Assisting Advisory Council expressed a concern for the lack of an externship and requested reconsideration of offering one.

#### Benefits

Students will have better access to jobs, develop contacts in the medical community, and ideally receive job recommendations and/or job offers.

#### Request for Resources

Develop a section of BUS V96, Business Internship, or a new course for this purpose. Screening criteria would need to be incorporated to meet the requirements of externship facilities. A facilitator would be required.

## Medical Assisting Program Review 2012-2013

### Funding Sources

No new resources are required (use existing resources)	
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	X
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.)	

### Initiative 3:

**Acquire laptop computers for classroom use that will function with Medisoft Patient Management Software.**

**Initiative ID MA 1301**

#### Links to Finding 3

Current software has caused multiple classroom problems, leading to a decrease in success in meeting student learning outcomes, as well as frustration by students and faculty.

#### Benefits

Student learning outcomes would be increased and students would be properly prepared for the workplace with increased confidence in their abilities to perform required everyday workplace tasks. Students not adequately prepared in the use of PMS software will not be as competitive in the job search market.

#### Request for Resources

The cost of the laptops would be \$25634.37.

#### Funding Sources

No new resources are required (use existing resources)	
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	
Requires computer equipment funds (hardware and software)	X
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.)	X

### Initiative 4:

**Negotiate an alternative method of calculating the WSCH for CTE programs such as Medical Assisting.**

**Initiative ID MA 1302**

#### Links to Finding 4

Due to the nature of medical assisting training, which necessitates smaller class sizes for some courses, the program may not be able to reach the WSCH/FTES goal of 525 set by the district. A more realistic WSCH/FTES goal for CTE programs needs to be established.

## Medical Assisting Program Review 2012-2013

**Benefits**

This would provide a more realistic assessment of efficiency.

**Request for Resources**

None needed.

**Funding Sources**

No new resources are required (use existing resources)	X
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.)	

**Initiative 5:**

**Work to meet Perkins Core indicators in regards to student recruitment, retention, completion and workforce employment, especially for special populations and non-traditional students.**

**Initiative ID MA 1303**

**Links to Finding 5**

Outreach programs need to be strengthened, including the addition of marketing materials.

**Benefits**

This would improve the visibility of the program and increase our ability to reach out to high school students and serve special populations.

**Request for Resources**

None needed.

**Funding Sources**

No new resources are required (use existing resources)	X
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.)	

## Medical Assisting Program Review 2012-2013

### 6C: 2012-2013 Program Initiative Priority Ratings

Program	Finding Number	Category	Program Priority (R, H, M, L)	Division Priority (R,H,M,L)	Committee Priority (R, H, M, L)	College Priority (H, M, L)	Initiative ID	Initiative Title	Resource Description	Estimated Cost
Medical Assisting	1	None	H				MA1201			
Medical Assisting	2	Faculty	H				MA1202			
Medical Assisting	3	Technology	H				MA1301			
Medical Assisting	4	None	M				MA1302			
Medical Assisting	5	None	L				MA1303			

## **Medical Assisting Program Review** **2012-2013**

### **6D: PRIORITIZATIONS OF INITIATIVES WILL TAKE PLACE AT THE PROGRAM, DIVISION, COMMITTEE, AND COLLEGE LEVELS:**

#### **Program/Department Level Initiative Prioritization**

All initiatives will first be prioritized by the program/department staff. Prioritize the initiatives using the **RHML** priority levels defined below.

#### **Division Level Initiative Prioritization**

The program initiatives within a division will be consolidated into division spreadsheets. The dean may include additional division-wide initiatives. All initiatives will then be prioritized using the **RHML** priority levels defined below.

#### **Committee Level Initiative Prioritization**

The division's spreadsheets will be prioritized by the appropriate college-wide committees (staffing, technology, equipment, facilities) using the **RHML** priority levels defined below.

#### **College Level Initiative Prioritization**

Dean's will present the consolidated prioritized initiatives to the College Planning Council. The College Planning Council will then prioritize the initiatives using the **RHML** priority levels defined below.

**R:** Required – mandated or unavoidable needs (litigation, contracts, unsafe to operate conditions, etc.).

**H:** High – approximately 1/3 of the total program/department/division's initiatives by resource category (personnel, equipment, etc.)

**M:** Medium – approximately 1/3 of the total program/department/division's initiatives by resource category (personnel, equipment, etc.)

**L:** Low – approximately 1/3 of the total program/department/division's initiatives by resource category (personnel, equipment, etc.)

# Medical Assisting Program Review

## 2012-2013

### 7. Process Assessment and Appeal

#### 7A. Purpose of Process Assessment

The purpose of program review assessment is to evaluate the process for continual improvement. The process is required for accreditation and your input is very important to us as we strive to improve.

#### 7B. 2012 - 2013 ASSESSMENT QUESTIONS

1. Did you complete the program review process last year, and if so, did you identify program initiatives? **Yes. Six initiatives were identified last year. One initiative was funding, one was not funded, and some are being postponed for the time being in lieu of new, more pressing issues.**

2a. Were the identified initiatives implemented?

MA1201	Revise Medical Assisting Degree	Continues to be an initiative this year. Is currently underway with a new degree also having been created. The degrees are currently at Curriculum Committee and, if passed, will go to the State in Spring 2013. The goal is to have both degrees approved for academic year 2013/14.
MA1202	Bring back Externship Program	Was not funded – continues to be an initiative this year.
MA1203	Revise BUS V28B, Medical Office Procedures – Back Office, to be a lecture plus lab format	Removed for this year
MA1204	Offer BUS V28A, Medical Office Procedures – Front Office, and BUS V28B, Medical Office Procedures – Back Office during the summer or at the VCSP campus.	Completed. BUS V28A and BUS V28B were offered in the summer of 2012 at maximum enrollment capacity.
MA1205	Purchase a Keri Manikin for VCSP Campus	Completed. One manikin for each campus was purchased with grant funds and a third was donated for the VC Main Campus by PAHCOM.

## Medical Assisting Program Review 2012-2013

MA1206	Create a Medical Assisting Department and move the medical assisting courses into it	Removed for this year
--------	--	-----------------------

**2b.** Did the initiatives make a difference?

***Some of them made a difference. Others led the department to evaluate and assess the program more completely, even though they were not implemented. The information gained from the evaluation was helpful to the planning process.***

**3.** If you appealed or presented a minority opinion for the program review process last year, what was the result?

***No appeals or minority opinions were put forth.***

**4.** How have the changes in the program review process worked for your area?

***It leads us to critically evaluate our program and set goals. However, it also required many hours of work load because the data for programs such as medical assisting was not easily identified. The program facilitators were essential to this process.***

**5.** How would you improve the program review process based on this experience?

***Simplify by separating Medical Assisting data and adding the data directly into the program review form. Accessing data for this program was extremely time-consuming because it was mixed in with all Business Program data. Providing a program review rotational plan so that a comprehensive program review is completed every few years and a reduced program evaluation is done each year would be more practical, allow for continual program analysis and gain the buy-in of faculty who feel overwhelmed by an annual process.***

### **7C. Appeals**

After the program review process is complete, your program has the right to appeal the ranking of initiatives.

If you choose to appeal, please complete the appropriate form that explains and supports your position. Forms are located at the Program Review VC website.

The appeal will be handled at the next higher level of the program review process.