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UAA Faculty Senate Academic Assessment Committee
Agenda: September 16, 2016
11:30a – 1:00p, ADM 201
Call: (866) 832-7806 and enter Participant Code: 6243209

1. Approval of Agenda

2. Approval of Minutes

3. Vice Provost report and discussion
   - Accreditation
   - Schedule of Open Forums: GER Open Forum
   - Annual Academic Assessment Reports due by October 30, SharePoint site Link

4. Assessment Plan Reviews
   - 11:40am: Pharmacy Tech OEC, Program Representative: Robin Wahto (page 5)
   - 12:00pm: Medical Coding OEC, Program Representative: Robin Wahto (page 19)

5. Next Meeting
   - Assessment plan reviews in the queue
     - Civil Engineering MS
     - Dental Hygiene AAS
     - Human Services AAS
     - Nursing AAS

6. Information Items
   - N/A

Committee Members

	Tim Benningfield, Faculty Senate			Kathi Trawver, COH
	Rachel Graham, Faculty Senate			Deborah Mole, Library
	Jeff Hollingsworth, Faculty Senate			Jennifer McFerran Brock, CoEng
	Brian Bennett, Faculty Senate			Holly Bell, Mat-Su
	Bill Myers, CAS			Scott Downing, KPC
	Christina McDowell, CBPP			Cynthia Falcone, Kodiak
	~~Adrainne Thomas, COE~~			Susan Kalina, Vice Provost, *Ex-Officio*
	Thomas Harman, CTC			

X = Attendance

Academic Affairs
UNIVERSITY of ALASKA ANCHORAGE

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Scheduled Meeting Dates Academic Year 2017		
Date	**Time**	**Location**
~~9/2~~	~~11:00-12:30p~~	~~ADM 204~~
~~9/9~~	**~~Assessment Seminar 9:00-12:30~~**	**~~LIB 307~~**
9/16	11:30-1:00 (time change)	ADM 201 (room change)
10/7	11:00-12:30p	ADM 204
10/21	11:00-12:30p	ADM 204
11/4	11:00-12:30p	ADM 204
11/18	11:00-12:30p	ADM 204
12/2	11:00-12:30p	ADM 204
12/16	Cancelled	-
1/6	Cancelled	-
1/20	11:00-12:30p	ADM 204
2/3	11:00-12:30p	ADM 204
2/17	11:00-12:30p	ADM 204
3/3	11:00-12:30p	ADM 204
3/18	Cancelled	-
4/7	11:00-12:30p	ADM 204
4/21	11:00-12:30p	ADM 204
5/5	11:00-12:30p	ADM 204
Academic Year 2017 schedule: 1st & 3rd Fridays unless otherwise noted		

UAA Faculty Senate Academic Assessment Committee
Held September 2, 2016
11:00a – 12:30p, ADM 204

1. Approval of agenda
   Jennie/Bill 2nd - Agenda approved

2. Approval of minutes
   /Jennie 2nd - Minutes approved

3. Vice Provost report and discussion
   - Accreditation
     - Self-Study Kick Off, Friday, September 9th, 9:00-12:30, LIB 307 and Core Theme and GER Open Forums (handout)
       - Encourages this groups' participation
   - DRAFT Academic Program Assessment Survey Results Reports (handout)
       - Jenny Murray will follow up with college representatives regarding the highlight sections.
   - Annual Academic Assessment Reports, SharePoint site Link
   - Assessment related projects for AY17—
     - Common assessment plan and process for programs delivered at more than one campus (handout)

4. Discussion of the Committee's values, principles, and approaches

   Discussion concluded that we want to remain focused on being faculty centered, and collegial. As a committee we engage faculty in assessment conversation that is supportive, focused on student learning, and not compliance oriented. We view ourselves as peers and mentors.

5. Chair Election
   Brian Bennett and Kathi Trawver agreed to co-chair and were elected unanimously.

6. Next Meeting
   - September 16th meeting starts later, at 11:30am in ADM 201
   - Assessment Plans up for review:

     There are five programs in the queue. The Committee will review two of them at the September 16th meeting.

     We will begin using the CIM system to review the plans. In the next few days, AA will get committee members information about which plans to review and how to use the CIM system.

7. Information Items

- All are strongly encouraged to RSVP and participate in the Self-Study Kick Off (Link)

Committee Members Present

-	Tim Benningfield, Faculty Senate	X	Kathi Trawver, COH
-	Rachel Graham, Faculty Senate	X	Deborah Mole, Library
X	Jeff Hollingsworth, Faculty Senate	X	Jennifer McFerran Brock, CoEng
X	Brian Bennett, Faculty Senate	T	Holly Bell, Mat-Su
X	Bill Myers, CAS	T	Scott Downing, KPC
T	Christina McDowell, CBPP	-	Cynthia Falcone, Kodiak
-	Adrainne Thomas, COE	X	Susan Kalina, Vice Provost, *Ex-Officio*

Occupational Endorsement Certificate, Pharmacy Technology

Academic Assessment Plan

Adopted by

The Pharmacy Technology faculty: May 2014

Submitted for review by
College of Health Assessment Coordinator
and
The Academic Assessment Committee of the Faculty Senate

April 2016

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MISSION STATEMENT

The mission of the UAA Allied Health Pharmacy Technology program is to develop students with the essential skills in order to support pharmacists in a healthcare setting; promote safe and effective skills that will benefit any level of occupation obtained; endorse professionalism, ethics and codes of conduct in a working environment; and encourage pharmacy technicians as an integral part of the patient care team.

PROGRAM INTRODUCTION

The Occupational Endorsement Certificate (OEC) in Pharmacy Technology was developed in 2004 using the recommended guidelines set by the American Society of Health System Pharmacists (ASHP). This is a stand-alone 16-credit OEC composed of the following courses: Phar A101 (3 credits), Phar A105 (3 credits), Phar A107 (3 credits), Phar A111 (3 credits), Phar A115 (3 credits) and Phar A192 (1 credit). Currently, and since its inception, the program is distance delivered to students throughout the state of Alaska. The five 3-credit courses are module-based courses; each module has clear learning objectives that are aligned with criteria established by the American Society of Health System Pharmacists; the 1-credit seminar course is typically taken in the final semester of the student's coursework. Instructors for the program are licensed pharmacists or licensed pharmacy technicians.

This program is designed to prepare students to work under the direct supervision of pharmacists. Under supervision, pharmacy technicians help prepare prescriptions, sometimes measuring, mixing, packaging, labeling and delivering medications to patients. They order supplies and help to keep the pharmacy equipment clean. Pharmacy technicians also help to maintain confidential drug and patient records. Graduates of this program will assist licensed pharmacists as they provide medications and other drug devices to patients.

There are currently two national certification exams for pharmacy technicians. The Alaska Pharmacist Association recognizes and promotes the examination administered by the Pharmacy Technician Certification Board: the Pharmacy Technician Certification Exam (PTCE). The PTCE was the first established national certification exam and has been in place for over 15 years. The UAA Pharmacy Education Advisory Board agrees with the industry standards set forth by the PTCE.

ASSESSMENT PROCESS INTRODUCTION

Student Learning Outcomes for the OEC in Pharmacy Technology are aligned with the knowledge required to successfully pass the PTCE exam and aligned with the skills required for successful employment as a licensed pharmacy technician. The learning objectives of the required courses are aligned with the Program Student Learning Outcomes. Three assessment tools are utilized for assessment of this 16-credit OEC: a mock exam that assesses knowledge required for the certification exam, and two surveys that assess knowledge and skills required for successful employment.

STUDENT LEARNING OUTCOMES

At the completion of this program, students are able to:

- Receive, screen and prepare prescription/medication orders, checking for completeness, authenticity and accuracy.
- Initiate, verify, assist in the adjudication of, and collect payment and/or initiate billing for pharmacy services and devices.
- Purchase and maintain inventory of medications, equipment and devices according to an established plan.
- Maintain pharmacy equipment and facilities.
- Participate in the process for preventing medication misadventures, notifying the pharmacist when a problem or situation requires his/her attention.
- Communicate clearly when speaking or writing while maintaining confidentiality, compassion and an image of professionalism.

TABLE 1: ASSOCIATION OF ASSESSMENT MEASURES TO STUDENT LEARNING OUTCOMES

This table is intended to help organize outcomes and the measures that are used to assess them. Each measure contributes information on the students' achievement of a different set of outcomes. That contribution is tracked in this table.

This table also forms the basis of the template for reporting and analyzing the combined data gathered from these measures.

Outcomes	Exit Examination	Graduate Survey	Employer Survey
Receive, screen and prepare prescription/medication orders, checking for completeness, authenticity and accuracy.	1	1	1
Initiate, verify, assist in the adjudication of, and collect payment and/or initiate billing for pharmacy services and goods.	1	1	1
Purchase and maintain inventory of medications, equipment and devices according to an established plan.	1	1	1
Maintain pharmacy equipment and facilities.	0	1	1

Participate in the process for preventing medication misadventures, notifying the pharmacist when a problem or situation requires his/her attention.	1	1	1
Communicate clearly when speaking or writing while maintaining confidentiality, compassion and an image of professionalism.	0	1	1

0 = Measure is not used to measure the associated outcome.
1 = Measure is used to measure the associated outcome.

ASSESSMENT MEASURES

A description of the measures used in the assessment of the student learning outcomes and their implementation are summarized in Table 2 below. The measures and their relationships to the student learning outcomes are listed in Table 1, above.

There is a separate appendix for each measure that shows the measure itself and describes its use and the factors that affect the results.

TABLE 2: ASSESSMENT MEASURES AND ADMINISTRATION

Measure	Description	Frequency/ Start Date	Collection Method	Administered by
Exit Examination	Multiple choice exam via blackboard, mock PCTB exam	Yearly/ May	Blackboard Online Exam	PharmT Faculty
Graduate Survey	Short survey using a matrix table sent to recent graduates of the program	Yearly/July	UAA Online Survey Tool	PharmT Faculty
Employer Survey	Short survey using a matrix table sent to the recent graduates' employers	Yearly/ December	UAA Online Survey Tool	PharmT Faculty

ASSESSMENT PROCESS

General Implementation Strategy

Each OEC candidate is required to complete a mock PCTB examination as part of the final course, Pharmacy A192: Topics in Pharmacy, a 1 credit course. The examination is modeled after the Pharmacy Technician Certification Exam (PTCE) with similar content, question format and timing constraints. The examination is delivered via Blackboard and the students are required to complete it within the last two weeks of their last course. During the examination students are required to provide a preferred email address so that they may be contacted 3 months post completion of the OEC with a graduate survey.

Each July a survey will be emailed to the recent graduates. Graduates of the program will be asked to report on the impact the program has had on their preparation for employment as a pharmacy technician. Graduates who are employed in a setting in which they can utilize their education will be requested to provide their employment/supervisor information.

Any sites that employ recent graduates of the program will be surveyed in a similar manner approximately 6 months post completion of the program. The graduate's supervisor will be contacted and asked to complete a survey rgarding the graduate's overall performance, knowledge base, and professionalism. Supervisors will also be asked for additional input on how the program at UAA can better meet the needs of the pharmacy industry and healthcare community.

Description of Faculty Involvement

The faculty of the program are to meet at least once a year to review the data collected using the assessment tools. This meeting should result in recommendations for program changes that are designed to enhance performance relative to the program's objectives and outcomes. The results of the data collection, an interpretation of the results, and the recommended programmatic changes are to be recorded by the department and forwarded as requested. A plan for implementing the recommended changes is also to be completed at this meeting.

The proposed programmatic changes may be any action or change in policy that the faculty deems as being necessary to improve performance relative to programs objectives and outcomes. Recommended changes should also consider workload (faculty, staff, and students), budgetary, facilities, and other relevant constraints. A few examples of changes made by programs at UAA include:

- changes in course content, scheduling, sequencing, prerequisites, delivery methods, etc.
- changes in faculty/staff assignments
- changes in advising methods and requirements
- addition and/or replacement of equipment
- changes to facilities

Modification of the Assessment Plan

The faculty, after reviewing the collected data and the processes used to collect it, may decide to alter the assessment plan. Changes may be made to any component of the plan, including the objectives, outcomes, assessment tools, or any other aspect of the plan. The changes are to be approved by the faculty of the program. The modified assessment plan is to be forwarded to the COH Assessment Coordinator for review and recommendation.

APPENDIX A: EXIT EXAMINATION

Measure Description:

The exit examination will be modeled after the PTCE exam. It will have a total of 90 multiple choice questions with a time constraint of 120 minutes.

Factors that affect the collected data:

Students' willingness to participate in the exit examination.

How to interpret the data:

As stated above, the questions will be modeled after the PTCE exam. By doing this we can match each question to the corresponding objective, curriculum, class and learning module.

We hope to learn the following:
1. How well prepared the students are for the PTCE.
2. Which parts of the curriculum are being taught successfully.
3. Which parts of the curriculum need to be emphasized, improved or revised.

Sample of Exit Examination:
On the actual PTCE certification exam, you will have 120 minutes to complete the 90 question exam. As with the actual PTCE exam, you may use a calculator while taking the practice exam.

1. A prescriber has ordered 240 g of nystatin, diphenhydramine, and 2.5% hydrocortisone creams in equal parts. How many grams of hydrocortisone cream are needed for the order?
A)6 g
B)8 g
C)60 g
D)80 g

2. The organ that performs the most drug metabolism is the:
A)kidney.
B)liver.
C)brain.
D)small intestine.

3. A pharmacy technician is preparing a hazardous drug and spills some on the counter. Before cleaning the spill, the technician should consult:
A)the Physician's Desk Reference (PDR).
B)the manufacturer of the drug.
C)the MSDS for the drug.
D)reliable internet sources.

4. How often should a patient profile be updated?
A)biweekly
B)monthly
C)annually
D)each time a prescription is filled

5. How many milligrams are in a 10-grain aspirin tablet?
A)325 mg
B)500 mg
C)650 mg
D)1,000 mg

6. The pharmacy technician receives a prescription for Cardizem that has "DAW" written on the prescription. What does "DAW" indicate?
A)A generic equivalent may be substituted, at the pharmacist's discretion.
B)A generic equivalent may be substituted, but only if the patient approves the change.
C)A generic equivalent must be substituted if it results in a cost savings for the patient.
D)A generic equivalent may not be substituted.

7. Selective serotonin reuptake inhibitors (SSRIs) are the most frequently prescribed class of drugs for managing:
A)depression.
B)anxiety.
C)pain.
D)epilepsy.

APPENDIX B: STUDENT SURVEY

Measure Description:

Recent graduates will be asked to complete a survey using a matrix table to align the learning outcomes with their perception of job preparedness.

Factors that affect the collected data:

Accuracy of graduate contact information.
Willingness of graduates to participate in the survey.

How to interpret the data:

This survey will allow students to evaluate how well they feel the program prepared them for real work in the field of pharmacy. This survey will offer a measure of practical application of the knowledge base taught in the pharmacy technology program.

Sample of Graduate Survey:

GRADUATE SURVEY

University of Alaska Anchorage Allied Health
Pharmacy Technology Program

The primary goal of the Pharmacy Technology program is to prepare each graduate to function as a competent Pharmacy Technician. This survey is designed to help program faculty determine their program's strengths and those areas that need improvement. All data will be kept confidential and will be used for program evaluation purposes only.

BACKGROUND INFORMATION:

Job Title: _____ If not working, what are you doing? _____

Current Salary (optional): _____

Place of employment: _____

Length of employment at time of survey: _____ years and/or _____ months

Name of graduate (Optional): _____

Certification/License Status (*check all that apply*): _____ Alaska Licensed _____ PTCB Certified

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.
5 = Strongly Agree 4 = Agree 3 = Neutral (acceptable) 2 = Disagree 1 = Strongly Disagree

The program:

1.	Prepared me to receive, screen and prepare prescription/medication orders, checking for completeness, authenticity and accuracy	5 4 3 2 1
2.	Prepared me to initiate, verify, assist in the adjudication of, and collect payment and/or initiate billing for pharmacy services and goods.	5 4 3 2 1
3.	Prepared me to purchase and maintain inventory of medications, equipment and devices according to an established plan	5 4 3 2 1
4.	Prepared me to maintain pharmacy equipment and facilities	5 4 3 2 1
5.	Prepared me to participate in the process for preventing medication misadventures, notifying the pharmacist when a problem or situation requires his/her attention.	5 4 3 2 1
6.	Prepared me to communicate clearly when speaking or writing while maintaining confidentiality, compassion and an image of professionalism	5 4 3 2 1
7.	Please rate and comment on the **OVERALL** quality of your preparation for pharmacy technician	5 4 3 2 1

Please provide comments and suggestions that would help to better prepare future graduates.

_____

_____

_____

Thank You! **Date:** _____

APPENDIX C: EMPLOYER SURVEY

Measure Description:

Immediate supervisors of recent graduates will be asked to complete a survey aligning the learning outcomes with the graduate's job performance.

Factors that affect the collected data:

Number of graduates in the pharmacy workforce.
Number of graduates providing employer information.
Employer's willingness to respond.

How to interpret the data:

We expect to correlate the knowledge base and the graduate's perception of readiness to overall job performance in the field.

The pharmacy technology program strives to prepare students for overall success and assimilation as a contributing member of a healthcare team. The information provided to us by graduate employers can help us ensure we are completing our mission in this program.

Sample of Employer Survey:

EMPLOYER SURVEY

University of Alaska Anchorage Allied Health
Pharmacy Technology Program

The primary goal of the Pharmacy Technology program is to prepare each graduate to function as a competent Pharmacy Technician. This survey is designed to help program faculty determine their program's strengths and those areas that need improvement. All data will be kept confidential and will be used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor.

Name of Graduate (Optional): _____

Length of employment at time of survey: _____ years and _____ months

Place of employment: _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.
5 = Strongly Agree 4 = Agree 3 = Neutral (acceptable) 2 = Disagree 1 = Strongly Disagree

The Graduate:

1.	Is Able to receive, screen and prepare prescription/medication orders, checking for completeness, authenticity and accuracy	5	4	3	2	1
2.	Is Able to initiate, verify, assist in the adjudication of, and collect payment and/or initiate billing for pharmacy services and goods.	5	4	3	2	1
3.	Is Able to purchase and maintain inventory of medications, equipment and devices according to an established plan	5	4	3	2	1
4.	Is Able to maintain pharmacy equipment and facilities	5	4	3	2	1
5.	Is Able to participate in the process for preventing medication misadventures, notifying the pharmacist when a problem or situation requires his/her attention.	5	4	3	2	1
6.	Is Able to communicate clearly when speaking or writing while maintaining confidentiality, compassion and an image of professionalism	5	4	3	2	1
7.	Overall, this graduate is a well prepared employee	5	4	3	2	1

Comments:

What qualities or skills did you expect of the graduate upon employment that he/she *did not* possess?

Please provide comments and suggestions that would help this program to better prepare future graduates.

What are the strengths of the graduate(s) of this program?

Name, Credentials, and Title of Evaluator:

Please Print: _____ **Date:** _____

Signature: _____

Occupational Endorsement Certificate, Medical Office Coding

Academic Assessment Plan

Adopted by

The Medical Assisting faculty: May 2014

Submitted for review by

College of Health Assessment Coordinator

and

The Academic Assessment Committee of the Faculty Senate

April 2016

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Measure Description: 11

Factors that affect the collected data: 11

How to interpret the data: 11

Sample of measure 12

Appendix C: Mock Certification Examination 14

Measure Description: 14

Factors that affect the collected data: 14

How to interpret the data: 14

Sample of measure 15

Mission Statement

The mission of the Occupational Endorsement Certificate (OEC) in Medical Office Coding is to provide quality education and training in medical coding to individuals desiring to work in a physician office or outpatient setting.

PROGRAM INTRODUCTION

The OEC in Medical Office Coding curriculum is a 17-credit OEC that is aligned with the educational program of the American Association of Professional Coders (AAPC) and readies participants to sit for the Certified Professional Coder (CPC) national certification exam. Students are required to complete 17 credits of coursework to receive the OEC. AAPC's Certified Professional Coder (CPC) credential is the gold standard for medical coding in physician office settings and is held by more than 80,000 coding professionals. CPCs are critical to compliant and profitable medical practices and these certified coders typically earn 20% more than non-certified coders. The CPC credential increases the applicant's chances of being hired and retained in a competitive job market.

The OEC required courses are classified into two categories: required core courses and selective courses. The required core courses are: MA A101 Medical Terminology (3 credits); MA A104 Essentials of Human Disease (3 credits); MA A220 Medical Office Coding (3 credits); and MA 320 Advanced Case Studies in Medical Coding; for a total of 11 required core credits. The proper sequencing of courses is essential for student success. *Medical Terminology* and *Essentials of Human Disease* are both pre-requisites for the Medical Coding course; the Medical Coding course is a pre-requisite for the Advanced Case Studies course. In addition to these core courses, the student completes an additional 6 credits from the following selective courses: BIOL A100 Human Biology (3 credits); BIOL A111 Anatomy and Physiology I (4 credits); BIOL A112 Anatomy and Physiology II (4 credits); MA A230 Billing and Insurance for the Medical Office (3 credits).

Upon completion of these 17 credits, in addition to earning the OEC in Medical Coding, students have then completed the courses recommended for preparation for the American Association of Professional Coders (AAPC) Certified Professional Coder exam. Students register and take the CPC exam outside of the university system; unfortunately AAPC does not report exam results to UAA, so the department does not receive official exam results regarding students' performance on the exam.

ASSESSMENT PROCESS INTRODUCTION

The core curriculum courses and two of the selective courses are embedded within the Medical Assisting AAS degree and are assessed as a part of the AAS degree. In recent years, medical coding has become more and more important in the profitable operation of a medical practice; thus the training and certification of coders also became more important. The OEC in Medical Coding was developed in response to a request from the healthcare community to provide preparation for individuals seeking employment as certified medical coders; although the courses existed as a part of the AAS degree, the option for students to take just the coding-related courses was not apparent nor clear to prospective students. *Medical Terminology, Essentials of Human Disease*, and the biology course(s) provide a foundation of medical language and anatomy and physiology that is used in the subsequent medical coding courses. *Coding for the Medical Office* is a general introduction to diagnosis and procedure coding. *Advanced Case Studies in Medical Coding* is specifically designed to enhance the basic skills learned in *Coding for the Medical Office* and prepare participants to sit for the national certification examination. Both of the coding courses are competency based with assessment of knowledge and skills being completed throughout the required courses; as well as assessment of the foundational knowledge acquired in the pre-requisite courses. A mock certification exam is additionally administered at the conclusion of the final coding course.

STUDENT LEARNING OUTCOMES

At the completion of this program, students are able to demonstrate the following:

- Proficiency in the performance of Current Procedural Terminology (CPT) coding.
- Proficiency in the performance of Healthcare Common Procedure Coding System (HCPCS) coding.
- Proficiency in the performance of International Classification of Diseases, Clinical Modification diagnostic coding.

TABLE 1: ASSOCIATION OF ASSESSMENT MEASURES TO STUDENT LEARNING OUTCOMES

Outcomes	Procedure Coding (CPT) exam/skills assessment	Diagnostic coding (ICD) exams/skills assessment	Mock certification exam
Demonstrate proficiency in the performance of Current Procedural Terminology (CPT) coding.	1	0	1
Demonstrate proficiency in the performance of International Classification of Diseases, Clinical Modification diagnostic coding.	0	1	1
Demonstrate proficiency in the performance of Healthcare Common Procedure Coding System (HCPCS) coding.	0	0	1

0 = Measure is not used to measure the associated outcome.
1 = Measure is used to measure the associated outcome.

ASSESSMENT MEASURES

A description of the measures used in the assessment of the student learning outcomes and their implementation are summarized in Table 2 below. The measures and their relationships to the student learning outcomes are listed in Table 1, above.

There is a separate appendix for each measure that shows the measure itself and describes its use and the factors that affect the results.

TABLE 2: ASSESSMENT MEASURES AND ADMINISTRATION

Measure	Description	Frequency/ Start Date	Collection Method	Administered by
Procedure Coding (CPT) skills assessment	Exam and skills-based assignments administered during MA A220, assessing knowledge and skills of procedure coding	Each MA A220 course	Exams and assignments	Faculty
Diagnostic Coding (ICD) skills assessments	Exam and skills-based assignments administered during MA A220, assessing knowledge and skills of diagnostic coding	Each MA A220 course	Exams and assignments	Faculty
Mock certification exam	A mock/practice certification exam administered with time constraints equivalent to the actual certification exam.	At the conclusion of the MA 320 course	Exam results	Faculty

ASSESSMENT PROCESS

General Implementation Strategy

Medical coding is a competency-based skill; evaluation of medical coding skills is completed throughout both medical coding courses, MA A220 and MA A320, on an ongoing basis. Practice coding exams are used in MA A320, *Advanced Case Studies in Medical Coding*, to prepare students for both the content and format of the national certifying examination. The coding skills and the mock exam results are evaluated on an annual basis in May/June of each year.

Description of Faculty Involvement

Pam Ventgen is the principal faculty of the OEC in Medical Coding Program. She teaches both of the medical coding courses, as well as the *Essentials of Human Disease* course which is also required for the OEC. She is certified as an instructor with the American Academy of Professional Coders (AAPC) and her license with AAPC is renewed annually. Faculty is actively involved in the professional association and with other coders in the community and able to respond appropriately to changes in the coding field.

Pam Ventgen, along with Medical Assisting Program faculty, developed the assessment plan and is responsible for the implementation of the measures, the analysis of data, formulation of recommendations and the actions taken related to those recommendations. Ms. Ventgen, along with the Medical Assisting faculty are responsible for revising the assessment plan as necessary.

Ms. Ventgen or the faculty who is the principal faculty of the OEC in Medical Coding Program will collect data, analyze it, and make recommendations. This will be reported to the Medical Assisting AAS faculty and recommendations will be coordinated with the Medical Assisting faculty. The required courses for the OEC in Medical Coding are required courses for the AAS in Medical Assisting, thus Medical Assisting accreditation requirements must be considered with recommendations for any change to the coding courses.

Modification of the Assessment Plan

The faculty, after reviewing the collected data and the processes used to collect it, may decide to alter the assessment plan. Changes may be made to any component of the plan, including the objectives, outcomes, assessment tools, or any other aspect of the plan. The changes are to be approved by the faculty of the program. The modified assessment plan is to be forwarded to the Office of Academic Affairs for review by The Academic Assessment Committee of the Faculty Senate.

APPENDIX A: PROCEDURE CODING (CPT) SKILLS ASSESSMENT

Measure Description:

MA A220, *Medical Office Coding*, is a competency-based course. The students are required to demonstrate entry-level CPT coding skills through assignments and exams in the MA A220 course. The assignments and exams are aligned with the criteria established by the American Academy of Professional Coders. This competency-based evaluative tool provides an assessment of the required entry-level procedure coding skills.

Factors that affect the collected data:

None known.

How to interpret the data:

The performance demonstrated by the students of the entry-level skill assignments and exams are assessed on a 0 – 100%. In order to be proficient and prepared to enroll in the next course, MA A320, *Advanced Case Studies in Medical Coding*, students must pass the coding exams with an overall 70%.

8. The procedure for allowing a machine to perform the work of the heart and lungs to maintain a bloodless surgical field is called
   a. pulmonary bypass.
   b. cardiovascular bypass.
   c. pulmonocardiac bypass.
   d. cardiopulmonary bypass.

9. The mitral valve and triscuspid valve are called _____ valves.
   a. atrioventricular
   b. ventriculoatrial
   c. semilunar
   d. semiventricular

10. A condition of a weak heart muscle is called
    a. tetralogy of Fallot.
    b. cardiac tamponade.
    c. cardiomyopathy.
    d. cardiac insufficiency.

Coding Assignments

Instructions: Review each patient's case and then assign codes for the procedure(s), appending a modifier when appropriate. Optional: Assign the patient's diagnosis code(s) (ICD-9-CM).

1. Agnes Hartt, age 84, has COPD and tracheomalacia (degeneration of the elastic and connective tissue of the trachea).Today at Williton, Dr. Michalek, a cardiovascular surgeon, performs an aortopexy (procedure to stabilize the trachea).

   Diagnosis code(s):_____

   Procedure code(s): _____

2. Doug Harvard, a 48-year-old, sees Dr. Michalek for a previously diagnosed thoracic aortic aneurysm. After performing an evaluation in the office, Dr. Michalek sends Mr. Harvard to Williton where he repairs the ascending aorta with a graft, using cardiopulmonary bypass.

   Diagnosis code(s):_____

   Procedure code(s): _____

3. Betty Manz, age 82, presents to Dr. Michalek's office with a pseudoaneurysm of the descending thoracic aorta. She is asymptomatic; however, Dr. Michalek arranges for surgery at Williton and subsequently repairs the pseudoaneurysm with an endoprosthesis (internal artificial device or material).

   Diagnosis code(s): _____

   Procedure code(s): _____

4. Mr. Tague had gastric bypass surgery two weeks ago. At his follow-up visit with Dr. Dillard, a cardiovascular surgeon, he complains of shortness of breath and chest pain. Dr. Dillard examines the patient and orders a chest X-ray and echocardiogram. After testing is completed, Dr. Dillard diagnoses Mr. Tague with a pulmonary artery embolism and tells the patient that he will need surgery. Dr. Dillard subsequently performs an embolectomy without cardiopulmonary bypass. Mr. Tague recovers from the surgery without any problems.

   Diagnosis code(s):_____

   Procedure code(s): _____

5. Andrew Toothman is a 5-year-old male who has cystic fibrosis and primary cardiomyopathy He is on the transplant list at Williton Medical Center for both a heart and lungs. Finally, a heart and lungs arrive, and Andrew's parents take him to Williton where Dr. Ferrigno, a pediatric cardiovascular surgeon, and the transplant team perform a heart-lung transplant.

   Diagnosis cod^(s):_____

   Procedure code(s): _____

6. Today at Williton, Dr. Michalek inserts a left ventricular assist device (mechanical pump to perform functions of the heart) into the left ventricle for Rob Rexroat, age 54. Mr. Rexroat suffers from advanced congestive heart failure and is in the ICU awaiting a heart transplant.

   Diagnosis code(s): _____,

   Procedure code(s):_____

7. Glenda Fout, age 80, sees Dr. Dillard at Williton for an angioscopy of the right femoral artery for peripheral vascular disease.

   Diagnosis code(s): _____

   Procedure code(s):_____

8. Nancy Niemiec, age 78, has an atherosclerotic obstruction of the renal artery (artery that supplies the kidneys with blood) which causes renal stenosis. Dr. Michalek performs an angioplasty of the renal artery (called percutaneous transluminal renal angioplasty, PTRA) at Williton.

   Diagnosis code(s): _____

   Procedure code(s): _____

9. Betsy Karn, age 73, sees Dr. Michalek at Williton. She suffers from an occluded femoral artery. Dr. Michalek performs a left femoropopliteal bypass graft, using a vein.

   Diagnosis code(s): _____

   Procedure code(s): _____

10. Vladimir Vlacek, age 71, suffers from leg pain and edema. Dr. Dillard examines the patient and orders further workup. He then diagnoses Mr. Vlacek with an obstructed femoral artery. At Williton, Dr. Dillard performs a bypass graft of the right femoropopliteal artery with Gore-Tex (synthetic graft) using a portion of the saphenous vein.

    Diagnosis code(s): _____

    Procedure code(s):. _____

APPENDIX B: DIAGNOSTIC CODING (ICD) SKILLS ASSESSMENT

Measure Description:

MA A220, *Medical Office Coding*, is a competency-based course. The students are required to demonstrate entry-level diagnostic coding skills through assignments and exams in the MA A220 course. The assignments and exams are aligned with the criteria established by the American Academy of Professional Coders. This competency-based evaluative tool provides an assessment of the required entry-level diagnostic coding skills.

Factors that affect the collected data:

None known.

How to interpret the data:

The performance demonstrated by the students of the entry-level skill assignments and exams are assessed on a 0 – 100%. In order to be proficient and prepared to enroll in the next course, MA A320, *Advanced Case Studies in Medical Coding*, students must pass the coding exams with an overall 70%.

Diagnostic Coding (ICD) - Sample assignments used to assess Diagnostic Coding skills

Multiple Choice

Instructions: Circle one best answer to complete each statement.

1. In an outpatient setting, a primary diagnosis is also called a(n)
   a. principal diagnosis.
   b. definitive diagnosis.
   c. first-grouped diagnosis.
   d. first-listed diagnosis.

2. The main reason for a patient's encounter is typically the
   a. coexisting condition.
   b. personal history of the condition.
   c. first-listed diagnosis.
   d. secondary diagnosis.

3. Coding for a physician can involve
   a. coding only services that the physician provides at the office.
   b. coding only services that the physician provides at a hospital.
   c. coding services that the physician provides at the office and in the hospital.
   d. coding only services that the physician provides at a hospital and SNF.

4. If the reason for a patient's visit was a symptom, but another condition caused the symptom, you should
   a. code the symptom.
   b. code the condition that caused the symptom.
   c. sequence the symptom code first and the condition code second.
   d. sequence the condition code first and the symptom code second.

5. When a patient presents to hospital outpatient surgery and develops complications requiring admission to observation, you should
   a. code the complication.
   b. code the reason for the surgery.
   c. sequence the complication code first and the reason for surgery code second.
   d. sequence the reason for surgery code first and the complication code second.

6. You should report codes for patients with chronic diseases
   a. as many times as the patients receive treatment and care for the condition (s).
   b. on the first visit only; you do not report chronic disease codes for subsequent visits.
   c. by assigning a V code to show that the patient's encounter involved a chronic disease.
   d. only if the physician treated the patient for the chronic disease within the past six months.

7. You should assign codes for a coexisting condition if
   a. the physician treated the patient for the condition in the past, and the patient is now cured.
   b. a specialist rendered care to the patient for the condition.
   c. the condition affects the management of the patient's main reason for the encounter.
   d. the patient was recently hospitalized for treatment of the condition.

8. When a patient has a personal history of a condition, it means that
   a. the condition is resolved and in the past, and the patient does not need further treatment for it.
   b. the condition was diagnosed in the past, and the patient is receiving current treatment.
   c. one or more of the patient's family members suffered from the condition in the past.
   d. the patient is receiving medications to treat the condition.

9. Chemotherapy, radiation therapy, immunotherapy, and rehabilitation services are all classified as _____ services
   a. observation
   b. diagnostic
   c. preoperative
   d. therapeutic

10. There are _____ V codes available to code for routine outpatient prenatal visits without complications.
   a. two b. three
   c. four d. five

Coding Assignments

Instructions: Assign code(s) for the following cases, using both the Index and Tabular. Some cases will have more than one code. Refer to the guidelines outlined in this chapter for assistance.

1. Mrs. Hall, a 62-year-old established patient, has an encounter at the outpatient rehabilitation facility for gait training with a physical therapist, due to a closed tibial fracture.

   Code(s): _____

2. Mr. Hernandez, a 46-year-old established patient, sees Dr. Wright, a dermatologist, for a follow-up for treatment of atopic dermatitis (eczema). Air. Hernandez developed a *Staphylococcus aureus* infection of the skin. He also has a personal history of allergy to penicillin.

   Code(s): _____

3. _____ Mrs. Evans, a 24-year-old patient, sees Dr. Hoffman for coughing, body aches, and chills. Her temperature at the office is 102°. Dr. Hoffman diagnoses Mrs. Evans with influenza.

   Code(s): _____: _____

4. Dr. Hoffman sees Mr. Murphy, age 35, for a check-up. Dr. Hoffman diagnoses the patient with benign hyper tension and writes a prescription for medication to treat it. On Mr. Murphy's health history form, he wrote that he sustained a clavicle fracture in a motor vehicle accident four years ago.

   Code(s): _____

5. Mrs. Cooper, a 72-year-old patient, is admitted to the hospital's observation unit postoperatively. She under went an appendectomy to treat acute appendicitis. After surgery, she developed severe nausea and vomiting.

   Code(s): _____

6. Kelly Torres, a 16-year-old established patient, sees Dr. Hoffman for a sore throat and neck, along with left ear pain, all of which have lasted for a week. Dr. Hoffman diagnoses Ms. Torres with otitis media and writes a medication prescription.

7. Mr. Gray, age 54, is an established patient who sees Dr. Hoffman for essential hypertension. Dr. Hoffman writes a prescription refill.

   Code(s): _____

8. Mrs. Long, a 39-year-old established patient, sees Dr. Hansen for surgical clearance for a transurethral resection of the prostate due to benign prostatic hypertrophy (BPH).The patient also has benign hypertension. Dr. Hansen approves the surgery.

   Code(s): _____

9. Ms. Henderson, age 30, is an established patient who sees Dr. Hoffman for pain and swelling of her right ankle. He diagnoses her with ankle sprain, advises her to use crutches and an ankle splint, take an over-the-counter (OTC) pain medication, and elevate her ankle with an ice pack.

   Code(s): _____

10. Mr. Hughes, a 48-year-old patient, is admitted to the hospital's observation unit for shortness of breath and excessive sweating. Dr. Sullivan orders tests to rule out an MI.

    Code(s): _____

APPENDIX C: MOCK CERTIFICATION EXAMINATION

Measure Description:

A practice exam is given at the conclusion of the MA A320, *Advanced Case Studies in Medical Coding* course. This practice exam is given under equivalent time constraints to those of the actual certification examination. This tool gives students a sense of how they can expect to perform on the certification exam, and serves as an evaluative tool for the department.

Factors that affect the collected data:

Students present at the conclusion of the course.

How to interpret the data:

The practice exam demonstrates how well students are prepared for the depth and variety of questions on the national certification medical coding exam. This exam covers both diagnostic and procedure coding and analysis of both can be accomplished through the use of the mock exam.

MOCK CERTIFICATION EXAM - 15 sample questions of the over 950 mock exam questions used in the MA A320 course

__236. 14-year-old status post injury over one year ago to her left wrist presented with recurrent wrist pain. The patient was taken to the operating room and placed under general anesthesia. She was placed in wrist traction. The radiocarpal joint was entered endoscopically through sharp skin incisions and blunt dissection into the joint. There was found to be mild synovitis in the dorsal ulnar aspect of the wrist. This was debrided arthroscopically with a shaver. There was a peripheral tear of the triangular fibrocartilage. This area was shaved to promote healing. Using outside in technique, a PDS suture was placed across the TFCC and into the capsule. There was synovitis within the midcarpal joint, but there was no articular injury. All instruments were removed and the wounds were closed with interrupted nylon sutures. What CPT® code is reported?

a. 29844-LT
b. 29845-LT
c. 29847-LT
d. 29846-LT

__237. A 49-year-old female presented with chronic de Quervain's syndrome and has been unresponsive to physical therapy, bracing or cortisone injection. She has opted for more definitive treatment. After induction of anesthesia, the patient's left arm was prepared and draped in the normal sterile fashion. Local anesthetic was injected using a combination 2% lidocaine and 0.25% Marcaine. A transverse incision was made over the central area of the first dorsal compartment. The subcutaneous tissues were gently spread to protect the neural and venous structures. The retractors were placed. The fascial sheath of the first dorsal compartment was then incised and opened carefully. The underlying thumb abductor and extensor tendons were identified. The tissues were dissected and the extensor retinaculum of the first extensor compartment was incised. The fibrotic tissue was incised and the tendons gently released. The tendons were freely moving. Subcutaneous tissues were closed with a 3-0 Vicryl and the skin with 3-0 Prolene subcuticular closure. Steri-strips, Xeroform and dry sterile dressings were applied. What CPT® code is reported?

a. 25001-LT
b. 25000-LT
c. 25118-LT
d. 25085-LT

_ 238. The patient has a torn medial meniscus. An arthroscope was placed through the anterolateral portal for the diagnostic procedure. The patellofemoral joint showed grade 2 chondromalacia on the patellar side of the joint only, this was debrided with a 4.0-mm shaver. The medial compartment was also entered and a complex posterior horn tear of the medial meniscus was noted. It was probed to define its borders. A meniscectomy was carried out to a stable rim. What CPT® code(s) is/are reported?

a 29880
b. 29870,29877-59
c. 29881,29877-59
d. 29881

_ 239. A 3-year-old is brought into the ER crying. He cannot bend his left arm after his older brother pulled it. The physician performs an X-ray to diagnose the patient has a dislocated nursemaid's elbow. The ER physician reduces the elbow successfully. The patient is able to move his arm again. The patient is referred to an orthopedist for follow-up care. What CPT® and ICD-9-CM codes are reported?

a 24640-54-LT, 832.2, E927.0
b. 24565-54-LT, 832.22, E929.8
c. 24640-54-LT, 832.10, E927.8
d. 24600-54-LT, 832.00, E928.8

_ 240. A 22-year-old female sustained a dislocation of the right elbow with a medial epicondyle fracture while on vacation. The patient was put under general anesthesia and the elbow was reduced and was stable. The medial elbow was held in the appropriate position and was reduced in acceptable position and elevated to treat non-surgically. A long arm splint was applied. The patient is referred to an orthopedist when she returns to her home state in a few days. What CPT® code(s) are reported?

a. 24575-54-RT, 24615-54-51-RT
b. 24576-54-RT, 24620-54-51-RT
c. 24577-54-RT, 24600-54-51-RT
d. 24565-54-RT, 24605-54-51-RT

241. A 45-year-old presents to the operating room with a right index trigger finger and left shoulder bursitis. The left shoulder was injected with 1 cc of Xylocaine, 1 cc of Celestone, and 1 cc of Marcaine. An incision was made over the Al pulley in the distal transverse palmar crease, about an inch in length. This incision was taken through skin and subcutaneous tissue. The Al pulley was identified and released in its entirety. The wound was irrigated with antibiotic saline solution. The subcutaneous tissue was injected with Marcaine without epinephrine. The skin was closed with 4-0 Ethilon suture. Clean dressing was applied. What CPT® codes are reported?

a. 26055-F6,20610-76-LT
b. 20552-F6,20605-52-LT
c. 26055-F6,20610-51-LT
d. 20553-F6,20610-51-LT

242. A patient presents with a healed fracture of the left ankle. The patient was placed on the OR table in the supine position. After satisfactory induction of general anesthesia, the patient's left ankle was prepped and draped. A small incision about 1 cm long was made in the previous incision. The lower screws were removed. Another small incision was made just lateral about 1 cm long. The upper screws were removed from the plate. Both wounds were thoroughly irrigated with copious amounts of antibiotic containing saline. Skin was closed in a layered fashion and sterile dressing applied. What CPT® code(s) should be reported?

a. 20680-LT
b. 20680-LT, 20680-59-LT
c. 20670-LT
d. 20680-LT, 20670-59-LT

243. A patient is seen in the hospital's outpatient surgical area with a diagnosis of a displaced comminuted fracture of the lateral condyle, right elbow. An ORIF (open reduction) procedure was performed and included the following techniques: An incision was made in the area of the lateral epicondyle. This was carried through subcutaneous tissue, and the fracture site was easily exposed. Inspection revealed the fragment to be . rotated in two places about 90 degrees. It was possible to manually reduce this quite easily, and the manipulation resulted in an almost anatomic reduction. This was fixed with two pins driven across the humerus. The pins were cut off below skin level. The wound was closed with plain catgut subcutaneously and 5-0 nylon for the skin. Dressings and a long arm cast were applied. What CPT® and ICD-9-CM codes are reported?

. a. 24579-RT, 29065-51-RT, 812.52
b. 24577-RT, 812.42
c. 24579-RT, 812.42
d. 24575-RT, 812.52

244. A Grade I, high velocity open right femur shaft fracture was incurred when a 15-year-old female pedestrian was hit by a car. She was taken to the operating room within four hours of her injury for thorough irrigation and debridement, including excision of devitalized bone. The patient was prepped, draped, and positioned. Intramedullary rodding was carried out with proximal and distal locking screws. What CPT® and ICD-9-CM codes should be reported?

a. 27506-RT, 11044-51-RT, 821.11, E814.7
b. 27506-RT, 11012-51-RT, 821.11, E814.7
c. 27507-RT, 11012-51-RT, 821.01, E814.7
d. 27507-RT, 11044-51-RT, 821.10, E814.7

245. A 31-year-old secretary returns to the office with continued complaints of numbness involving three radial digits of the upper right extremity. Upon examination, she has a positive Tinel's test of the median nerve in the left wrist. Anti-inflammatory medication has not relieved her pain. Previous electrodiagnostic studies show sensory mononeuropathy. She has clinical findings consistent with carpal tunnel syndrome. She has failed physical therapy and presents for injection of the left carpal canal. The left carpal area is prepped sterilely. A 1.5 inch 25 or 22 gauge needle is inserted radial to the palmaris longus or ulnar to the carpi radialis tendon at an oblique angle of approximately 30 degrees. The needle is advanced a short distance about 1 or 2 cm observing for any complaints of paresthesias or pain in a median nerve distribution. The mixture of 1 cc of 1% lidocaine and 40 mg of Kenalog-10 is injected slowly along the median nerve. The injection area is cleansed and a bandage is applied to the site. What codes are reported?

a. 20526, J3301 x 4
b. 20551,J3301x4
c. 20526, J3301
d. 20550, J3301

246. Under general anesthesia, a 45-year-old patient was sterilely prepped. The wrist joint was injected with Marcaine and epinephrine. Three arthroscopic portals were created. The articulating surface between the scaphoid and the lunate clearly showed disruption of the ligamentous structures. We could see soft tissue pouching out into the joint; this was debrided. There was abnormal motion noted within the scapholunate articulation. At this point the C-arm was brought in; arthroscopic instruments were placed in the joint and confirmed the location of the shaver as a probe in the scapholunate ligament. There was a significant gap between the capitate and lunate. K-wire was utilized from the dorsal surface into the lunate, restoring the space. Further examination revealed gross instability between the capitate and lunate. With the wrist in neutral position, a K-wire was passed through the scaphoid, through the capitate and into the hamate. This provided stabilization of the wrist joint. Stitches were placed, and a thumb spica cast was applied. What CPT® code(s) should be reported?

a. 29847
b. 29846
c. 29840
d. 29847,29840-51

247. 74-year-old male presented with ankle avascular necrosis of the talus with collapse of the body. After general anesthesia and sterile prep, the patient was placed prone. A lateral incision was made. The fibula was dissected and approximately 6 cm of the fibula was removed for the allograft. There were a lot of free fragments of bone around the subtalar joint and the talus itself. Those bone fragments were removed and a large defect consistent with avascular necrosis of the body of the talus was noted. An egg-shaped burr was introduced and the articulating cartilage of the ankle joint was excised and debrided. The subtalar joint was approached and resection of the articulating surface of the subtalar joint was completed. A bone graft was prepared on the back table. We made two large blocks to fill the defect in the talus and then additional small fragments of cortical cancellous bone to fill in smaller defects around the talus and ankle. Fixation was performed in the calcaneocuboid. The talar screw was inserted, followed by fixation of the talonavicular, tibiotalar and additional compression. The ankle screws were inserted proximally and the wound was irrigated and closed in layers. What CPT® codes are reported?

a. 28730,20900-51
b. 28715,20902-51
c. 28705,20902-51
d. 28725,20900-51

248. In ICD-10-CM, what classification system is used to report open fracture classifications?

a. Muller AO Classification of fractures
b. PHF Classification of fractures
c. Gustilo Classification for open fractures
d. Danis-Weber Classification

249. Which statement is true regarding code selection for lumbago in ICD-10-CM?
   a. There is only one generalized code for lumbago that cannot be further specified.
   b. Lumbago is not assigned an ICD-10-CM code; instead, the code for the cause of the lumbago is assigned.
   c. Codes for lumbago with sciatica do not further specify laterality.
   d. Codes exist to indicate whether the sciatica is present with the low back pain.

250. Most of the codes in ICD-10-CM Chapter 13 Diseases of the Musculoskeletal System and Connective Tissue have site and laterality designations. What is considered the site?
   a. The site is always the joint or bone involved.
   b. The site may be the bone, joint, or muscle involved.
   c. The site may be the region, bone, or joint involved.
   d. The site may be the region, bone, joint, or muscle involved.