**A.A.S. Medical Assisting**

**Educational Effectiveness**

# Assessment Plan

UAA logo

**Version 3.8**

**Adopted by**

**The Medical Assisting faculty: August 31st 2017**

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Mission Statement

The mission of the UAA Medical Assisting program is to provide quality training to individuals desiring to work in the fast-paced, highly technical, ever-changing field of medical assisting.

Program Introduction

The UAA Medical Assisting Program is accredited by the Commission for Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Medical Assisting Education Review Board (MAERB). The outcomes identified for the Medical Assisting Program are based on *Standards and Guidelines for an Accredited Medical Assistant Educational Program* which was are established by the American Association of Medical Assistants (AAMA) and updated as the field of medical assisting changes. These standards and guidelines have been specifically established for CAAHEP accreditation of medical assisting programs. The 2003 *Standards* were applied to the UAA Medical Assisting Program when it submitted self-study and underwent site visit for program CAAHEP accreditation in 2005-2006. In September 2006, the Medical Assisting Program received notification from CAAHEP that full 10-year continuing accreditation was granted. During AY 09-10, the 2008 *Standards* were reviewed, and the student learning outcomes within individual courses were updated to align with the CAAHEP requirements. In October 2015, the UAA Medical Assisting Program underwent another successful continuing accreditation site visit review; program curriculum and assessments have been aligned with the 2015 CAAHEP-accreditation standards.

Assessment strategies have been chosen to align with identified program student learning outcomes. The Medical Assisting Education Review Board (MAERB) has established specific outcomes which must be met by the program in order to maintain CAAHEP accreditation. Several assessment tools developed by MAERB, including graduate and employer surveys, are required by CAAHEP for continuing program accreditation. The UAA Medical Assisting Program is required to include these surveys as a component of the assessment process, and therefore chooses to include them in program assessment.

Assessment Process Introduction

The Medical Assisting Department formulated its first formal assessment plan in December 1990 when the department completed and submitted a programmatic self-study document as it applied for initial program accreditation to the Commission on Allied Health Education and Accreditation (CAHEA). The Medical Assisting Program has actively been involved in continuous improvement activities since 1990.

This document defines the expected outcomes for the Medical Assisting Program and outlines a plan for assessing the achievement of the stated outcomes. As mentioned above, the outcomes are based on the *Standards and Guidelines for an Accredited Medical Assistant Educational Program* which was revised and adopted by the American Association of Medical Assistants (AAMA) in 2015. The UAA Medical Assisting Program Educational Assessment Plan was adopted by full-time faculty in the department in September 2003; revised in June 2004, June 2005, October 2006, June 2007, October 2007, May 2008, June 2010, April 2016, and August 2017.

PROGRAM STUDENT LEARNING OUTCOMES

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

* Entry-level psychomotor, affective, and cognitive curriculum content areas of medical assisting
* Professional and ethical behavior in the healthcare setting
* Commitment to the medical assisting profession by sitting for the CMA (AAMA) exam

Related instruction for quantitative skills:

Quantitative skills are as embedded within the UAA Medical Assisting Program and are assessed in both MA250 Clinical Procedures I and MA255 Clinical Procedures II courses.

In Fall semester MA 250 Clinical Procedures I course students are presented information regarding vital signs (blood pressure, pulse & respirations) students must be able to recognize the normal values and use critical thinking skills to determine if a patient’s vital signs fall within normal range, and finally how to interpret that information in the healthcare setting. Additionally, in MA250 students must measure weight, length and head/chest circumference on an infant then use that data to accurately calculate and document pediatric growth percentiles.

MA 255 Clinical Procedures II course includes curriculum regarding the administration of medications. The chapters include assessments for: syringe calibration calculations, measuring and interpreting Mantoux skin test reactions, dosage calculations for oral and injectable medications and calculations for reconstituting powdered drugs for parenteral administration.

All of the above listed quantitative skills are assessed according to external accreditation standards in which students must meet the minimum passing score of 85 or higher for psychomotor/affective skills.

Table 1: Association of Assessment Measures to Program Student Learning Outcomes

| **Outcomes** | CMA (AAMA) exam | Externship Evaluation of student | Competency Check off | Employer Survey | Graduate Survey | Verification of CMA (AAMA) |
| --- | --- | --- | --- | --- | --- | --- |
| demonstrate entry-level psychomotor, affective and cognitive curriculum content areas of medical assisting. | 1 | 1 | 1 | 1 | 1 | 0 |
| demonstrate professional and ethical behavior in the healthcare setting. | 0 | 1 | 1 | 1 | 1 | 0 |
| demonstrate commitment to the medical assisting profession by sitting for the CMA (AAMA) exam | 0 | 0 | 0 | 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 tools used in the assessment of the program student learning outcomes and the implementation of the tools is summarized in Table 2 below. The measures and their relationships to the program student learning outcomes are listed in Table 1, above.

Table 2: Program student learning outcomes Assessment Measures and Administration

| **Measure** | **Description** | **Frequency/ Start Date** | **Collection Method** | **Administered by** |
| --- | --- | --- | --- | --- |
| CMA (AAMA) Exam | Certified Medical Assisting exam administered by the National Board of Medical Examiners | Tri-annually/  June 1991 | CMA exam results | AAMA |
| Externship Student Performance Evaluation | Performance evaluation completed by externship supervisors and/or physicians | During MA 295, Externship course/June 1991 | Evaluation form developed and required by MAERB | Faculty for  MA 295 |
| Competency Check **Sheets** | Competency check sheets for each of the required skills | Weekly within individual courses/2003 | Competency check sheets completed in MA classes | Individual instructors |
| Employer Survey | Survey sent to employers of MA graduates | Send annually in June/ 1997 | Survey (MAERB) | Program Director |
| Graduate Survey | Survey mailed to graduates | Send annually in March/1997 | Survey (MAERB) | Program Director |
| Verification of CMA (AAMA) credential | Successful passing of CMA (AAMA) exam | Annually in  Jan/1998 | Reported to Program by AAMA | Program Director |

The MAERB has developed a graduate survey, employer survey, and an externship (practicum) site evaluation as tools for assessment purposes. MAERB requires that all questions on their surveys be included in program assessment; therefore, the Medical Assisting Program has adopted the surveys provided by MAERB. Several other assessment tools have been provided by MAERB (<http://maerb.org/>).

MAERB has also established outcome assessments thresholds. The following document has been copied from the MAERB website.

**Outcome Assessment Thresholds**

***CAAHEP Accredited Medical Assisting Educational Programs***

The Medical Assisting Education Review Board (MAERB) has established the following thresholds for outcome assessment in medical assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). These outcomes are mandated as part of the *2015 Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting,* and are reviewed each year. They are monitored annually through the MAERB Annual Report.

| **Outcome** | **Threshold** | **Example** |
| --- | --- | --- |
| National Credentialing Participation Rate CMA (AAMA), RMA (AMT), NCMA (NCCT), taken after November 30, 2010, CCMA (NHA) taken after January 30, 2011 | >30% Reporting begins with 2013 Grads | If a program has 20 graduates within a given year, at least 6 of those 20 would need to take one of the following credentialing exams: CMA (AAMA), RMA (AMT), NCMA (NCCT), or CCMA (NHA). |
| National Credentialing Passage Rate  (CMA (AAMA), RMA (AMT), NCMA (NCCT) taken after November 30, 2010, CCMA (AHA) taken after January 30, 2011 | >60%  Reporting begins with 2013 Grads | If a program has 100 graduates within the 5-year reporting period, at least 70 of those 100 would need to become credentialed as a CMA (AAMA) or RMA (AMT). |
| Programmatic Retention/Attrition Rate | <60% | If there is a total of 20 students admitted during a specific year, the threshold will not be met if more than 8 students drop out of the program for any reason.. |
| Graduate Satisfaction Success Rate  (Survey – MAERB Instrument) | >80% | If 10 graduates from the combined admission cohorts of a specific year return surveys, at least 8 of the surveys would need to give a satisfactory rating (an average of 3 or above on all the questions) on the program. |
| Graduate Survey Participation Rate | >30% | If there are 20 graduates from the combined admission cohorts of a specific year, at least 6 would need to return the survey. |
| Employer Satisfaction Success Rate  (Survey – MAERB Instrument) | >80% | If a program sent surveys for the 10 employed graduates from the combined admission cohorts of a specific year and they were all returned, at least 8 would need to report satisfaction (an average of 3 or above on all the questions) with the graduates of the program. |
| Employer Survey Participation Rate | >30% | If a program sent surveys to the employers for the 10 employed graduates from the combined admission cohorts of a specific year, at least 3 would need to return the survey. |
| Positive Job Placement  (includes work in medical assisting or a related field, continuing in school or being in the military) | >60% | If there ae 20 graduates from the combined admission cohorts of a specific year, at least 12 would need to acquire a position in medical assisting or a related field, be continuing their education, and/or be in the military. |

| **Programmatic Summative Measures** | **Threshold** | **Example** |
| --- | --- | --- |
| Psychomotor and Affective Domain Objectives Success Rate | 100% | If a program had 100 graduates in the ARF reporting year, all 100 graduates would need to have successfully completed all of the psychomotor and affective domain objectives, meeting the cut (passing) score established by the program as a minimum standard to be met. |
| Psychomotor and Affective Domain Objectives Participation Rate | 100% | If a program had 100 graduates in the ARF reporting year, a program would need to have an evaluation completed for each of the 100 graduates on all psychomotor and affective domain objectives. |
| Practicum Evaluation of Students Success Rate Cognitive  Psychomotor  Affective | 100% | If the program had 100 graduates in the ARF reporting year, all 100 graduates would need to have successfully completed cognitive, psychomotor, and affective skills performed during the practicum. |
| Practicum Evaluation of Students Participation Rate | 100% | If a program had 100 graduates in the ARF reporting year, an practicum evaluation would need to be completed for each of the 100 graduates. |

The MAERB collects a total of five years of data each year (i.e., a moving 5-year window).

If a program fails to meet one or more of the thresholds, the MAERB initiates a dialogue to assist the program in its determination of the reason(s) for the noncompliance and in its development and implementation of an effective action plan to achieve compliance. This dialogue is initiated in the ARF when a threshold is not met.

The MAERB is committed to assisting programs in their efforts to achieve and maintain the outcomes assessment thresholds. Examples of the types of dialogue between the program and the MAERB include, but are not limited to the following:

* A list of questions prepared by the MAERB that the program would answer to communicate its analysis and action plan for improving the outcome(s). The questions are included in the Annual Report Form.
* A progress report.
* A focused on-site survey.
* A comprehensive review (i.e., a full self-study, self-study report, and on-site survey).

Ultimately, if one or more outcomes are not corrected within the designated time frame, the MAERB could forward an adverse accreditation recommendation to the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Assessment Implementation & Analysis for Program Improvement

General Implementation Strategy

The Medical Assisting Program implemented the initial educational effectiveness assessment plan in 1998-1999 and has used various templates for assessment plans and reports over the years. The department has utilized most of the assessment tools described in this document for collecting data since 1992, and the faculty have been making changes to improve the program based on the analysis of the data collected over that period of time.

The following timeline was originally developed in the Summer 1999 and has been revised slightly over the years. Assessment tools are implemented as follows.

1. CMA (AAMA) exam results in Administrative, Clinical and General content areas

June 15, Program Director

a. reviews scores of certified medical assistant exams taken within the past 12 months .

b. compares UAA average scores with national average scores in following areas: general, administrative, and clinical medical assisting.

c. calculates percentage of UAA graduates sitting for and passing CMA exam.

d. reviews exam results with faculty; Program Director and faculty make recommendations for improvement as indicated by scores.

e. compares list of students who sat for June exam with list of UAA graduates who are eligible to sit for the exam.

f. gives applications to students 2 months prior to anticipated completion of the program.

Beginning of each semester and ongoing:

Program Faculty:

a. include in all publications that UAA graduates are eligible to sit for exam.

b. include cost of exam on department estimated cost sheet.

c. encourage all eligible students to sit for the CMA (AAMA) exam or other exam.

2. Alaska Medical Assistant Association – CMA (AAMA) exam participation and pass rate

September 15:

1. Faculty provide information regarding CMA (AAMA) during initial advising and in medical office procedures course, MA 120.

January 31:

a. Program Director reviews exam pass rates annually in January and calculates percentage of graduates sitting for CMA (AAMA) exam and pass rate percentage.

May 1:

a. During MA 295, Medical Office Externship, faculty provide registration information regarding registration for CMA (AAMA) exam.

3. Graduate Surveys

January 20:

a. Program Director mails out graduate survey to graduates who completed CMA preparation program within the past 6 months.

June 1:

a. Program Director reviews graduate surveys and shares analysis with faculty; recommendations for improvements made by faculty and program director based on findings.

b. Program Director compiles list of graduates who are employed and place of employment

4. Employer Surveys

Feb 1:

a. Program Director mails employer surveys.

June 1:

a. Program Director reviews employer surveys.

b. Program Director reports to faculty; recommendations made by faculty, based on findings.

5. Externship Performance Evaluations

August 15:

a. Program Director reviews externship evaluations completed for MA A295.

b. Program Director reports to faculty, recommendations made by faculty based on findings.

Method of Data Analysis and Formulation of Recommendations for Program Improvement

The faculty of the program meet as outlined above to review the data collected using the assessment tools. The faculty makes recommendations for program changes that are designed to enhance performance relative to the program’s student learning outcomes. The results of the data collection, an interpretation of the results, and the recommended programmatic changes are forwarded to the dean and Office of Academic Affairs as requested in the fall of each year. The plan and report are reviewed in September of each year; the plan and report will be changed and updated in October and forwarded as required.

Proposed programmatic changes may be any action or change in policy that the faculty deems as being necessary to improve performance relative to program student learning outcomes. Recommended changes should also consider resources, such as 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 or facilities

The specific timeline which has been outlined by the Medical Assisting Program is included in the section above.

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 Academic Assessment Committee.

**Annual Reporting to the Medical Assisting Education Review Board (MAERB)**

The Medical Assisting Education Review Board (MAERB) requires that the UAA Medical Assisting Program submit an annual report which is due in February or March of each year. The information required by MAERB includes the number of entering students; number of returning/continuing students; number of graduates; number of graduates sitting for one of the certification exams; number of graduates passing one of the certification exams; number of graduates employed in the field; percentage of graduates satisfied with the program; percentage of employers satisfied with graduates’ performance; as well as additional information regarding evaluation of resources.

The annual report has been required since 2005. Thresholds established by MAERB, and outlined on page 7 and 8 of this document, have been consistently met by the UAA Medical Assisting program.

The appendices include assessment tools that have been approved by MAERB and are utilized by the UAA Medical Assisting Program. Additionally, a list of the required competencies can be accessed at www.maerb.org.

Appendix A: Employer Survey

Tool Description:

An employer survey which has been developed by MAERB is sent to all employers on an annual basis. The employer survey asks employers to evaluate their employees who have graduated from UAA for performance and professional capabilities.

Factors that affect the collected data:

Factors that need to be taken into consideration when analyzing the data include:

* Response rate
* Sample size
* Personal bias when asking narrative questions

Sample Survey:

A survey was developed by MAERB and has been used for the first time during 2005. This survey is included on pages 13 and 14. A similar survey has been administered in the past and has been found to be a useful tool. It is mailed or emailed by the Program Director. The Program Director reviews the results and tabulates them for use for faculty outcomes review.

EMPLOYER SURVEY

**University of Alaska Anchorage**

**Medical Assisting Program**

CAAHEP Accredited Program Accred #201

The primary goal of a Medical Assisting Education program is to prepare each graduate to function as a competent Medical Assistant. 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.

**BACKGROUND INFORMATION:**

Name of Graduate (Optional):

Certification Status (*check all that apply*):

 CMA  RMA

Length of employment at time of survey: years and months

Place of employment:

Name of evaluator completing this form: \_\_\_\_\_\_\_

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 rating.

**5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree**

**I. KNOWLEDGE BASE (Cognitive Domain)**

**THE GRADUATE:**

1. Has medical assisting knowledge appropriate to his/her level of training. 5 4 3 2 1
2. Has general medical knowledge appropriate to his/her level of training. 5 4 3 2 1
3. Is able to collect pertinent data accurately from charts and patients. 5 4 3 2 1
4. Is able to perform appropriate diagnostic and medical

procedures as directed. 5 4 3 2 1

E. Uses good judgment while functioning in the ambulatory

healthcare setting. 5 4 3 2 1

Comments:

**II. PROCEDURAL PROFICIENCY (Psychomotor Domain)**

**THE PROGRAM:**

1. Prepared the graduate to perform all clinical skills appropriate

to entry level medical assisting 5 4 3 2 1

B. Prepared the graduate to perform all administrative skills

appropriate to entry level medical assisting. 5 4 3 2 1

Comments:

**BEHAVIORAL SKILLS (Affective Domain)**

**THE GRADUATE:**

A. Communicates effectively in the healthcare setting. 5 4 3 2 1

B. Conducts himself/herself in an ethical and professional manner. 5 4 3 2 1

C. Functions effectively as a member of the healthcare team. 5 4 3 2 1

D. Accepts supervision and works effectively with supervisory personnel. 5 4 3 2 1

E. Is self-directed and responsible for his/her actions. 5 4 3 2 1

F. Arrives to work prepared and on time. 5 4 3 2 1

G. Contributes to a positive environment in the department. 5 4 3 2 1

Comments:

**IV. GENERAL INFORMATION (*Affective Domain)*  *(Circle yes or no)***

A. Do you encourage/motivate employees to take and pass theCMA Certification exam? Yes No

B. Do you encourage/motivate employees to take and pass the RMA Registry exams? Yes No

C. If you answered NO to any of the above questions, please explain why:

Comments:

**V. ADDITIONAL COMMENTS**

**OVERALL RATING:**

Please rate and comment on the OVERALL quality of this graduate:

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

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 strengths of the graduate(s) of this program?

Name and Title of Evaluator:

(Please Print) Date:

Signature:

Thank you in advance

Appendix b: graduate Survey

Tool Description:

A graduate survey is sent to graduates who have completed the Medical Assisting Program within the past 6 months each year. The graduate survey includes questions on the current employment status of the graduate and whether or not their education has adequately prepared them to work as an entry-level medical assistant. It also asks questions about continuing education.

Factors that affect the collected data:

Factors that need to be taken into consideration when analyzing the data include:

* Response rate
* Sample size
* Graduates may move from Alaska

Sample Survey: A survey has been developed by MAERB and was used for the first time in 2005. A similar survey been administered in the past and has been found to be a useful tool. The sample survey is included on pages 16 and 17. It is mailed or emailed to graduates by the Program Director. The Program Director reviews the results and tabulates them for use for faculty outcomes review.

GRADUATE SURVEY

**UNIVERSITY OF ALASKA ANCHORAGE**

**MEDICAL ASSISTING PROGRAM**

**CAAHEP Program Accreditation #201**

**The primary goal of a Medical Assisting Education program is to prepare its graduates to function as**

**competent Medical Assistants. This survey is designed to help your program faculty determine the strengths**

**of your program as well as 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):

I finished the medical office externship course in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month, year).

I sat for the CMA exam in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month, year).

**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 rating.**

**5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree**

**I. KNOWLEDGE BASE (Cognitive Domain)**

**THE PROGRAM:**

1. Helped me acquire the medical assisting knowledge appropriate

to my level of training. 5 4 3 2 1

B. Helped me acquire the general medical knowledge base

appropriate to my level of training 5 4 3 2 1

C. Prepared me to collect patient data effectively. 5 4 3 2 1

D. Prepared me to perform appropriate diagnostic and

medical procedures. 5 4 3 2 1

E. Trained me to use sound judgment while functioning in the

healthcare setting. 5 4 3 2 1

Comments: \_\_\_\_\_\_\_\_

**II. PROCEDURAL PROFICIENCY (Psychomotor Domain)**

**THE PROGRAM:**

A. Prepared me to perform all clinical skills appropriate

to entry-level medical assisting 5 4 3 2 1

B. Prepared me to perform all administrative skills

appropriate to entry-level medical assisting. 5 4 3 2 1

Comments:

**III. BEHAVIORAL SKILLS (Affective Domain)**

**THE PROGRAM:**

A. Prepared me to communicate effectively in the healthcare

setting. 5 4 3 2 1

B. Prepared me to conduct myself in an ethical and professional

manner. 5 4 3 2 1

C. Taught me to manage my time efficiently while functioning in

the healthcare setting. 5 4 3 2 1

1. Strongly encouraged me to apply for and pass my CMA exam 5 4 3 2 1

Comments:

**IV. GENERAL INFORMATION *(Affective Domain)*  *(Check yes or no)***

A. I have attained CMA certification.  YES  NO

B. I am a member of the American Association of Medical Assistants  YES  NO

C. I actively participate in continuing education activities.  YES  NO

If you answered NO to any of the above questions, please explain why:

**V. ADDITIONAL COMMENTS**

**OVERALL RATING:**

Please rate and comment on the OVERALL quality of your preparation as a medical assistant:

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

Comments:

**Please identify two or three strengths of the program.**

**Please make two or three suggestions to further strengthen the program.**

**What qualities/skills were expected of you upon employment that were not included in the program?**

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

**Other comments.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you.** **Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix C: VERIFICATION OF CMA (AAMA) CREDENTIAL

Tool Description:

This query comes from the professional organization, the American Association of Medical Assistants, on an annual basis. This tool is used to determine the number of graduates who demonstrate a commitment to the medical assisting profession by sitting for and passing the CMA (AAMA) exam.

Factors that affect the collected data:

None known

How to interpret the data:

A list of UAA graduates is compared to a report provided by AAMA that lists graduates who have taken the exam and whether the student passed or failed the exam. The report is reviewed by the Program Director. Results are calculated on a percentage basis: percentage of graduates sat for the exam and the percentage of those students who passed the exam.

Appendix D: CMA (AAMA) Exam

Tool Description:

Graduates of the Medical Assisting Program are eligible to sit for the CMA (AAMA) exam and three other exams. The exams are administered throughout the year. The majority of the graduates sit for the CMA (AAMA) exam; it is administered by the American Association of Medical Assistants, in conjunction with the National Board of Medical Examiners. Results of the CMA (AAMA) exam are available to the Program Director through an online login and also provided in the Annual Report Form from MAERB.

Factors that affect the collected data:

None known.

How to interpret the data:

The data interpreted and tabulated by the American Association of Medical Assistants. Number of students sitting for the exam is provided, along with number of students passing the exam. The average score for all UAA candidates in the three knowledge areas is provided, as well as the overall average percentile where UAA students are compared to all students in the US sitting for the same exam.

Scores for individual students are provided in three main categories of medical assisting knowledge areas: Administrative, Clinical and General. Total number of candidates sitting for the exam nationwide is provided, with percentage of overall candidates passing; average scores for the three knowledge areas are given for all candidates and UAA candidates.

The Medical Assisting faculty utilized this information to determine if particular content areas of the program need to be strengthened within the medical assisting curriculum.

Appendix E: Externship performance evaluation

Tool Description:

Each Medical Assisting graduate completes MA A295, Medical Office Externship. This course places the student in a medical office or physician's office for a total of 240 hours. The students are required to demonstrate skills and behavioral competencies in administrative, clinical and general content areas required of an entry-level medical assistant. The department utilizes an evaluation form which is completed by the student's on-site supervisor. The Externship Performance Evaluation form has been prepared by MAERB, and CAAHEP accreditation requires that evaluation be completed for 100% of all students. The MAERB Externship Evaluation form has been adopted by the UAA Medical Assisting program and is included in pages 21-26.

Factors that affect the collected data:

The tool, although designed with an objective rating scale, is extremely subjective, and unfortunately very lengthy.

How to interpret the data:

Results must be interpreted with caution. The faculty looks at trends.

PRACTICUM EVALUATION 0F STUDENT

2015 MAERB Core Curriculum

University of Alaska Anchorage

**Medical Assisting Program**

**Name of Practicum Student Being Evaluated**:

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Indicate in the appropriate box the student’s level of competency, if applicable, or access to the specific task.

| **Psychomotor & Affective Competencies** | **Competent** | **Needs Work** | **Was able to observe** | **Not Available at this site** |
| --- | --- | --- | --- | --- |
| **I Anatomy & Physiology** |  |  |  |  |
| I.P.1.    Measure and record: |  |  |  |  |
| a.    blood pressure |  |  |  |  |
| b.    temperature |  |  |  |  |
| c.    pulse |  |  |  |  |
| d.    respirations |  |  |  |  |
| e.    height |  |  |  |  |
| f.     weight |  |  |  |  |
| g.    length (infant) |  |  |  |  |
| h.    head circumference (infant) |  |  |  |  |
| i.      pulse oximetry |  |  |  |  |
| I.P.2.    Perform: |  |  |  |  |
| a. electrocardiography |  |  |  |  |
| b. venipuncture |  |  |  |  |
| c. capillary puncture |  |  |  |  |
| d. pulmonary function testing |  |  |  |  |
| I.P.3. Perform patient screening using established protocols |  |  |  |  |
| I.P.4. Verify the rules of medication administration: |  |  |  |  |
| a. right patient |  |  |  |  |
| b. right medication |  |  |  |  |
| c. right dose |  |  |  |  |
| d. right route |  |  |  |  |
| e. right time |  |  |  |  |
| f. right documentation |  |  |  |  |
| I.P.5. Select proper sites for administering parenteral medication |  |  |  |  |
| I.P.6. Administer oral medications |  |  |  |  |
| I.P.7. Administer parenteral (excluding IV) medications |  |  |  |  |
| I.P.8. Instruct and prepare a patient for a procedure or a treatment |  |  |  |  |
| I.P.9. Assist provider with a patient exam |  |  |  |  |
| I.P.10. Perform a quality control measure |  |  |  |  |
| I.P.11. Obtain specimens and perform: |  |  |  |  |
| a.    CLIA waived hematology test |  |  |  |  |
| b.    CLIA waived chemistry test |  |  |  |  |
| c.    CLIA waived urinalysis |  |  |  |  |
| d.    CLIA waived immunology test |  |  |  |  |
| e.    CLIA waived microbiology test |  |  |  |  |
| I.P.12. Produce up-to-date documentation of provider/professional level CPR |  |  |  |  |
| I.P.13. Perform first aid procedures for: |  |  |  |  |
| a. bleeding |  |  |  |  |
| b.    diabetic coma or insulin shock |  |  |  |  |
| c.    fractures |  |  |  |  |
| d.    seizures |  |  |  |  |
| e.    shock |  |  |  |  |
| f.     syncope |  |  |  |  |
| I.A.1. Incorporate critical thinking skills when performing patient assessment |  |  |  |  |
| I.A.2. Incorporate critical thinking skills when performing patient care |  |  |  |  |
| I.A.3. Show awareness of a patient’s concerns related to the procedure being performed |  |  |  |  |
|  |  |  |  |  |
| **II Applied Mathematics** |  |  |  |  |
| II.P.1. Calculate proper dosages of medication for administration |  |  |  |  |
| II.P.2. Differentiate between normal and abnormal test results |  |  |  |  |
| II.P.3. Maintain lab test results using flow sheets |  |  |  |  |
| II.P.4. Document on a growth chart |  |  |  |  |
| II.A.1. Reassure a patient of the accuracy of the test results |  |  |  |  |
|  |  |  |  |  |
| **III Infection Control** |  |  |  |  |
| III.P.1.    Participate in bloodborne pathogen training |  |  |  |  |
| III.P.2.    Select appropriate barrier/personal protective equipment (PPE) |  |  |  |  |
| III.P.3.    Perform handwashing |  |  |  |  |
| III.P.4.    Prepare items for autoclaving |  |  |  |  |
| III.P.5.    Perform sterilization procedures |  |  |  |  |
| III.P.6.    Prepare a sterile field |  |  |  |  |
| III.P.7.    Perform within a sterile field |  |  |  |  |
| III.P.8.    Perform wound care |  |  |  |  |
| III.P.9.    Perform dressing change |  |  |  |  |
| III.P.10.  Demonstrate proper disposal of biohazardous material |  |  |  |  |
| a.    sharps |  |  |  |  |
| b.    regulated wastes |  |  |  |  |
| III.A.1. Recognize the implications for failure to comply with Center for Disease Control (CDC) regulations in healthcare settings |  |  |  |  |
|  |  |  |  |  |
| **IV Nutrition** |  |  |  |  |
| IV.P.1. Instruct a patient according to patient’s special dietary needs |  |  |  |  |
| IV.A.1. Show awareness of patient’s concerns regarding a dietary change |  |  |  |  |
|  |  |  |  |  |
| **V Concepts of Effective Communication** |  |  |  |  |
| V.P.1. Use feedback techniques to obtain patient information including: |  |  |  |  |
| a. reflection |  |  |  |  |
| b. restatement |  |  |  |  |
| c. clarification |  |  |  |  |
| V.P.2. Respond to nonverbal communication |  |  |  |  |
| V.P.3. Use medical terminology correctly and pronounced accurately to communicate information to providers and patients |  |  |  |  |
| V.P.4. Coach patients regarding: |  |  |  |  |
| a. office policies |  |  |  |  |
| b. health maintenance |  |  |  |  |
| c. disease prevention |  |  |  |  |
| d. treatment plan |  |  |  |  |
| V.P.5. Coach patients appropriately considering: |  |  |  |  |
| a. cultural diversity |  |  |  |  |
| b. developmental life stage |  |  |  |  |
| c. communication barriers |  |  |  |  |
| V.P.6. Demonstrate professional telephone techniques |  |  |  |  |
| V.P.7. Document telephone messages accurately |  |  |  |  |
| V.P.8. Compose professional correspondence utilizing electronic technology |  |  |  |  |
| V.P.9. Develop a current list of community resources related to patients’ healthcare needs |  |  |  |  |
| V.P.10.  Facilitate referrals to community resources in the role of a patient navigator |  |  |  |  |
| V.P.11. Report relevant information concisely and accurately |  |  |  |  |
| V.A.1.    Demonstrate: |  |  |  |  |
| a.    empathy |  |  |  |  |
| b.    active listening |  |  |  |  |
| c.    nonverbal communication |  |  |  |  |
| V.A.2.    Demonstrate the principles of self-boundaries |  |  |  |  |
| V.A.3.    Demonstrate respect for individual diversity including: |  |  |  |  |
| a.    gender |  |  |  |  |
| b.    race |  |  |  |  |
| c.    religion |  |  |  |  |
| d.    age |  |  |  |  |
| e.    economic status |  |  |  |  |
| f.     appearance |  |  |  |  |
| V.A.4.    Explain to a patient the rationale for performance of a procedure |  |  |  |  |
|  |  |  |  |  |
| **VI Administrative Functions** |  |  |  |  |
| VI.P.1. Manage appointment schedule using established priorities |  |  |  |  |
| VI.P.2. Schedule a patient procedure |  |  |  |  |
| VI.P.3. Create a patient’s medical record |  |  |  |  |
| VI.P.4. Organize a patient’s medical record |  |  |  |  |
| VI.P.5. File patient medical records |  |  |  |  |
| VI.P.6. Utilize an EMR |  |  |  |  |
| VI.P.7. Input patient data utilizing a practice management system |  |  |  |  |
| VI.P.8. Perform routine maintenance of administrative or clinical equipment |  |  |  |  |
| VI.P.9. Perform an inventory with documentation |  |  |  |  |
| VI.A.1. Display sensitivity when managing appointments |  |  |  |  |
|  |  |  |  |  |
| **VII Basic Practice Finances** |  |  |  |  |
| VII.P.1. Perform accounts receivable procedures to patient accounts including posting: |  |  |  |  |
| a. charges |  |  |  |  |
| b. payments |  |  |  |  |
| c. adjustments |  |  |  |  |
| VII.P.2. Prepare a bank deposit |  |  |  |  |
| VII.P.3. Obtain accurate patient billing information |  |  |  |  |
| VII.P.4. Inform a patient of financial obligations for services rendered |  |  |  |  |
| VII.A.1. Demonstrate professionalism when discussing patient's billing record |  |  |  |  |
| VII.A.2. Display sensitivity when requesting payment for services rendered |  |  |  |  |
|  |  |  |  |  |
| **VIII Third Party Reimbursement** |  |  |  |  |
| VIII.P.1. Interpret information on an insurance card |  |  |  |  |
| VIII.P.2. Verify eligibility for services including documentation |  |  |  |  |
| VIII.P.3. Obtain precertification or preauthorization including documentation |  |  |  |  |
| VIII.P.4. Complete an insurance claim form |  |  |  |  |
| VIII.A.1. Interact professionally with third party representatives |  |  |  |  |
| VIII.A.2. Display tactful behavior when communicating with medical providers regarding third party requirements |  |  |  |  |
| VIII.A.3. Show sensitivity when communicating with patients regarding third party requirements |  |  |  |  |
|  |  |  |  |  |
| **IX Procedural and Diagnostic Coding** |  |  |  |  |
| IX.P.1. Perform procedural coding |  |  |  |  |
| IX.P.2. Perform diagnostic coding |  |  |  |  |
| IX.P.3. Utilize medical necessity guidelines |  |  |  |  |
| IX.A.1. Utilize tactful communication skills with medical providers to ensure accurate code selection |  |  |  |  |
|  |  |  |  |  |
| **X Legal Implications** |  |  |  |  |
| X.P.1.  Locate a state’s legal scope of practice for medical assistants |  |  |  |  |
| X.P.2.  Apply HIPAA rules in regard to: |  |  |  |  |
| a.  privacy |  |  |  |  |
| b.  release of information |  |  |  |  |
| X.P.3.  Document patient care accurately in the medical record |  |  |  |  |
| X.P.4.  Apply the Patient’s Bill of Rights as it relates to: |  |  |  |  |
| a.  choice of treatment |  |  |  |  |
| b.  consent for treatment |  |  |  |  |
| c.  refusal of treatment |  |  |  |  |
| X.P.5.  Perform compliance reporting based on public health statutes |  |  |  |  |
| X.P.6.  Report an illegal activity in the healthcare setting following proper protocol |  |  |  |  |
| X.P.7.  Complete an incident report related to an error in patient care |  |  |  |  |
| X.A.1.    Demonstrate sensitivity to patient rights |  |  |  |  |
| X.A.2. Protect the integrity of the medical record |  |  |  |  |
|  |  |  |  |  |
| **XI Ethical Considerations** |  |  |  |  |
| XI.P.1.  Develop a plan for separation of personal and professional ethics |  |  |  |  |
| XI.P.2.  Demonstrate appropriate response(s) to ethical issues |  |  |  |  |
| XI.A.1.    Recognize the impact personal ethics and morals have on the delivery of healthcare |  |  |  |  |
|  |  |  |  |  |
| **XII Protective Practices** |  |  |  |  |
| XII.1.  Comply with: |  |  |  |  |
| a.  safety signs |  |  |  |  |
| b.  symbols |  |  |  |  |
| c.  labels |  |  |  |  |
| XII.2.  Demonstrate proper use of: |  |  |  |  |
| a.  eyewash equipment |  |  |  |  |
| b.  fire extinguishers |  |  |  |  |
| c.  sharps disposal containers |  |  |  |  |
| XII.3.  Use proper body mechanics |  |  |  |  |
| XII.4.  Participate in a mock exposure event with documentation of specific steps |  |  |  |  |
| XII.5.  Evaluate the work environment to identify unsafe working conditions |  |  |  |  |
| XII.A.1.    Recognize the physical and emotional effects on persons involved in an emergency situation |  |  |  |  |
| XII.A.2. Demonstrate self-awareness in responding to an emergency situation |  |  |  |  |

**Additional Comments**

What type of administrative duties did the student perform? What type of administrative duties did the student observe?

|  |
| --- |

What type of clinical duties did the student perform? What type of clinical duties did the student observe?

|  |
| --- |

Signature of individual completing this evaluation

Credentials &Title

Appendix F: Example of skill competency evaluation

Tool Description:

Competency evaluation tools for specific skills are utilized by the department in individual courses. These evaluation tools are utilized to assessment specific learning objectives that are embedded throughout the entire program. MAERB requires that students demonstrate competency in 93 specific psychomotor or affective skills, with specific work products being produced in some cases. The example (pages 28 – 31) provided in this document is the competency evaluation tool used to assess competency in the Measuring of Blood Pressure. In order for a student to successfully complete the Medical Assisting Program, he or she must complete all 93 competencies with an established minimum grade. A list of the 93 competencies can be found on the MAERB webpage in the document, *Educational Competencies for Medical Assistants, 2015 Standards,* at <http://www.maerb.org>

Factors that affect the collected data:

None known.

How to interpret the data:

Records are compiled for each student for each competency and kept on file in the department. Students do not receive a passing grade for a course with required competencies unless the student demonstrates successful completion of 100% of required competencies for the course.







