2021 ANNUAL ACADEMIC ASSESSMENT REPORT FORM
(Due October 15 to the dean)

The Faculty Senate Academic Assessment Committee (AAC) is committed to a vision of assessment that leads to continuous program improvements and benefits students. Annual assessment reporting informs decision making and resource allocation aimed at improving student learning and success. It also enables the AAC to analyze assessment across the institution and to respond to UA System, Board of Regents, legislative, and Northwest Commission on Colleges and Universities (NWCCU) requests. We thank you for your continued support of and participation in this annual activity.

Starting in Spring 2021, UAA is moving to one academic assessment reporting mechanism. The below form merges and streamlines the former Annual Academic Assessment Survey and the Annual Academic Assessment Report. It also incorporates questions about how academic programs contribute to student achievement of institutional core competencies and to student success.

This annual report will be due to the dean on October 15. Programs with suspended admissions and new programs in the first year of implementation are not required to complete this form.

These reports are public documents and will be posted on the assessment website. Responses are to be narrative only, and must be ADA and FERPA compliant. Do not embed any links, including to webpages or other documents. To be FERPA compliant, do not include the names of any current or former students. Rather, use statements such as, “In AY21 four program graduates were accepted to graduate programs in the field.” Programs with specialized accreditation or other external recognitions must comply with restrictions regarding what can be published, as per the accreditor or external organization. Do not include appendices. Appendices to this form will not be accepted.

The form uses narrative, text, and drop-down boxes. Narrative boxes have a character limit, which includes spaces. When using text and drop-down boxes, if you want to undo an answer, press “Control-Z” or “Command-Z.”

For technical assistance with this form, email Academic Affairs (uaa.oaa@alaska.edu).

PROGRAM SECTION (Due to the dean on October 15)

After completing the Program Section, the program should email this form to the dean, with a copy to the appropriate community campus director(s) if the program is delivered on a community campus.

Submission date: 10/10/2021
Submitted by: Lisa Nash, Program Director (lanash@alaska.edu)

Program(s) covered in this report: Select program, or “Other”.
(Problems with suspended admissions and new programs in the first year of implementation are not required to complete this form.)

If you selected “Other” above, please identify. (100 characters or less) Medical Assisting

College: College of Health

Campuses where the program(s) is delivered: ☒Anchorage ☐KOD ☐KPC ☐MSC ☐PWSC

Specialized accrediting agency (if applicable): Select Specialized Accrediting Agency or N/A.

If explanation is necessary, such as only some of the certificates and degrees are covered by the specialized accreditation, briefly describe: Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Medical Assisting Education Review Board (MAERB)

INSTITUTIONAL STUDENT LEARNING CORE COMPETENCIES

In 2020, UAA launched a consensus-based, deliberative process to identify the key skillsets that help students achieve academic and post-graduation success. After a year-long process that included students, faculty, staff, administrators, alumni, and employers, the UAA community identified four “core competencies” at the heart of a quality UAA education. Students develop mastery of these competencies through curricular (e.g., courses), co-curricular (e.g., internships, conferences), and extra-curricular (e.g., student clubs) learning experiences.

After the stakeholder-based process in AY20, UAA conducted a pilot project focusing on the core competency of Personal, Professional, and Community Responsibility (PPCR). This decision was based on input from the 2020 Annual Academic Assessment Retreat.

Question #1 below is designed to engage program faculty in thinking about how they can or already do promote student learning in this core competency.
1. **Personal, Professional, and Community Responsibility:** The knowledge and skills necessary to promote personal flourishing, professional excellence, and community engagement.

   - **What would you hope a student would say if asked where in your program or support service they had the opportunity to develop proficiency in this Core Competency? (500 characters or less)**
     
     Personal responsibility with BLS certification, immunizations and the desire to be a lifelong learner. Professional responsibility comes through the number of skill practices and required score of 85/100 to pass the administrative and clinical competencies. Students are supported and encouraged to pass the CMA (AAMA) certification exam. Community responsibility by topics such as implicit-bias, AHEC, LGBTQ, PBS's Brief but Spectacular all expose students to what it means to care for humanity.

   - **Do you have an example that could be a model for the university of an intentionally designed course, assignment, or activity that showcases the student learning in this core competency? ☒Yes ☐No**
     
     If yes, please briefly describe. (500 characters or less)
     
     College of Pharmacy, Adult Immunization Program

   - **Do you have any ideas about where your program or the university might develop other intentionally designed opportunities for students to develop proficiency in this core competency? ☐Yes ☒No**
     
     If yes, please briefly describe. (500 characters or less)

**PROGRAM STUDENT LEARNING OUTCOMES**

2. **Please list the Program Student Learning Outcomes your program assessed in AY21. For each outcome, indicate one of the following: Exceeded faculty expectations, Met faculty expectations, or Did not meet faculty expectations.**

    *Example: Communicate effectively in a variety of contexts and formats – Exceeded faculty expectations.*

    The Program Student Learning Outcomes are:

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

Graduates participate in the Graduate Survey defined by the Medical Assisting Education Review Board (MAERB). The survey asks questions relating to preparation of administrative skills, clinical skills, communication and ethical and professional behavior divided among the psychomotor, affective and cognitive curriculum content areas. Multiple attempts are made to encourage responses.
Based on the Graduate Surveys from the previous three co-horts, graduates responded Strongly Agree (5) and Agree (4) in a Likert 5 – 1 scale. The Program has achieved Graduate Satisfaction of 100% within the Annual Report analysis submitted to MAERB.

Employer Surveys are sent within six months of employment, if identified on the Graduate Survey. The Employer Survey asks questions relating to demonstrated abilities of an entry-level medical assistant by charting accurately, completing diagnostic and medical procedures and functioning effectively as a member of the healthcare team and contributes positively to the environment. Based on the Employer Surveys from the previous three co-horts, employers responded Strongly Agree (5) and Agree (4) in a Likert 5 – 1 scale. The Program has achieved Employer Satisfaction of 100% within the Annual Report analysis submitted to MAERB.

Our graduates have shown a commitment to the medical assisting profession by sitting for the CMA (AAMA) exam. Participation is 85.71% with an Exam Passage Rate of 94.44%.

While the numbers should indicate Exceeded Faculty Expectations, this Program Director is concerned with the impact COVID will have on the immediate future of these numbers. Graduates have remained in their pre-degree jobs and have chosen not to enter the healthcare workforce although all were offered positions at their end of their Medical Office Practicums. Within the nine student 2019 cohort, seven went to Practicum and two of those are currently working in clinical settings. The two students who delayed their Practicum until Summer 2021 are working in healthcare. This is concerning to the Program and while COVID has much to do with the employment decisions it cannot be ignored.

3. **Describe your assessment process in AY21 for these program student learning outcomes, including the collection of data, analysis of data, and faculty (and other, e.g., advisory board) conversations around the findings. (750 characters or less)**

Through instructional materials the MAERB core competencies are monitored, tracked and discussed with students. The Program relied upon MAERB Annual Report submissions to assess PSLO.

During AY21-22, Program Director will prepare a Program Assessment Plan that links student learning performance to outcomes and to process improvement and recommendations. This will include associating PSLO to specific core competency assignments completed during the Program. The Plan will be reviewed within the SAH and COH before proceeding to the appropriate university committee(s). This will happen in conjunction with the 2015 MAERB curriculum updates, delayed due to COVID with a soft launch Fall 2022.
4. **What are the findings and what do they tell the faculty about student learning in your program?** *(750 characters or less)*

The Program excels in close engagement between experienced faculty and students ensuring completion.

The clinical affiliates host our students because of their strong entry-level skills, willingness to learn and professionalism. The Program continues to experience community demand for our students with increased Affiliate Agreements. Responses to Weekly Supervisor Updates and the detailed Practicum Evaluation of Student provide additional insight to student learning and ways to improve preparation of entry-level medical assistants for the community.

The Program is nimble and adjusts content to the needs of the local community and remain within the parameters of accreditation.

5. **Based on the findings, did the faculty make any recommendations for changes to improve student achievement of the program student learning outcomes? Please describe the recommended action, what improvement in student learning the program hopes to see with this change, the proposed timeline, and how the program will know if the change has worked. (750 Characters or less)**

Program Director has spent considerable time updating all curriculum. Subject matter experts in the areas of bioethics, therapies and emergency management are sharing their unique perspectives and experiences.

Based on Affiliate feedback, the Program has expanded skills that are within the MA scope of practice but not previously taught.

Spring 2022, MAERB will be releasing updated Standards and Guidelines and Core Curriculum and Educational Competencies. There will be a need to review and update the curriculum within MA A120, MA A250, MA A255 and possibly MA A295: Medical Office Practicum.

AY20 Expedited Program Review Findings are now with COH Leadership.

**PROGRAM IMPROVEMENTS AND ASSESSING IMPACT ON STUDENT LEARNING**

6. **In the past academic year, how did your program use the results of previous assessment cycles to make changes intended to improve student achievement of the program student learning outcomes? Please check all that apply.**

☒ Course curriculum changes
☐ Course prerequisite changes
☐ Changes in teaching methods
☐ Changes in advising
☐ Degree requirement changes
☐ Degree course sequencing
☒ Course enrollment changes (e.g., course capacity, grading structure [pass/fail, A-F])
☐ Changes in program policies/procedures
☐ Changes to Program Student Learning Outcomes (PSLOs)
☐ College-wide initiatives (e.g., High Impact Practices)
☐ Faculty, staff, student development
☐ Other
☐ No changes were implemented in AY21.

If you checked “Other” above, please describe. (100 characters or less)

7. Do you have any information about how well these or other past improvements are working? Are they achieving their intended goals? Please include any data or assessment results that help you demonstrate this. (750 characters or less)

All MA courses have been through student learning outcome and curriculum updates. It is too soon to tell if these improvements are achieving their intended goals. The Program is in the process of developing unique student survey tools with an Instruction Designer that will be offered in addition to the university-sponsored IDEA tool. The survey distributed to Medical Assisting Majors will reflect back to their MA pre-requisite courses to demonstrate teaching methodology and practices are impactful throughout the student’s progress to graduation.

STUDENT SUCCESS AND THE CLOSING OF EQUITY GAPS

Programs are not required to respond to question #8 below for their report due on October 15, 2021. Question #8 will be required for the next round and moving forward.

8. Respond to at least one of the following metrics. Student success depends on many aspects of a student’s experience. On the academic program level, it can relate to correct placement, course sequencing, standardized pre-requisites, the intentional use of high impact practices, proactive advising, course scheduling practices, etc. UAA is using the following two metrics in its cyclical Program Review process, as well as in its reaffirmation of accreditation process. These data are included in the most recent IR-Reports Program Review dashboard. Please review these data for your program, note any equity gaps, and describe steps you are taking or plan to take to close those gaps.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>JUNIOR GRADUATION RATE - BACCALAUREATE</td>
<td>The percentage of students who graduate with a bachelor’s degree within four years of first reaching junior class status (60 credits).</td>
<td>Junior graduation rate (after 60 credits) can reflect a department’s success in helping students complete their degrees. Within their</td>
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</tbody>
</table>
Metric | Definition | Rationale
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| **COURSE PASS RATES BY COURSE LEVEL** (Undergraduate lower-division, undergraduate upper-division, and graduate). | The percentage of students who receive a passing grade (A, B, C, P) for all undergraduate students and (A, B, P) for graduate students in a course offered by a program compared to the same rate calculated for all courses at that level. Based on a 5-year trend. Included in the denominator for undergraduate courses are the grades D, F, W, I, NP, NB. Included in the denominator for graduate level are the grades C, D, F, W, I, NP, NB. Discipline acts as a proxy for a program. Data source: RPTP end-of-term freeze files. Disaggregate as per accreditation. | Low pass rates are one critical way to identify courses that are barriers to student success and degree completion. Failing key courses correlates with low retention and more major switching. Mitigation strategies can be internal or external to the course itself, including, among other things, the use of high-impact pedagogical practices, appropriate placement, course sequencing, tutoring, and other means to ensure student success within a particular course. This metric and the disaggregation of the data can inform planning, decision making, and the allocation of resources to programs and services designed to mitigate gaps in achievement and equity. |
Based on the program’s responses above, what guidance and support do you have for the program moving forward? Is there a particular area the program should focus on? (750 characters or less)

The program's very thoughtful review of both formal assessment measures and informal outcomes, such as whether graduates are entering the workforce as Medical Assistants, is appreciated. As noted, given the high workforce need for Medical Assistants, anything that can be done to help students take that step once they have their degree is beneficial. The job placement rates, when students choose that path, are exceptional. I appreciate that the program is working to update the assessment plan and strategies to incorporate additional formative assessment rather than relying exclusively on summative measures. The intentional design of student feedback tools is excellent and will likely assist in qualitative assessment measures.

Is there something the program is doing particularly well in terms of its processes for the assessment and improvement of student learning, including the closing of equity gaps, that might serve as a model for other programs? If yes, please explain. You may skip this question. (750 characters or less)

The program routinely seeks out opportunities for students to gain experiences as part of an interprofessional healthcare team, with the pharmacy adult immunization program being one example. Organizing interprofessional learning opportunities can be logistically challenging, but is critical to students in health professions. The MA program does this particularly well. I also commend the program for incorporating the expertise of others, such as an instructional designer, when updating assessment tools or curriculum.

Dean’s signature: [Signature]

Date: 12/23/2021