Medical Assisting Program Review – Annual Program Update for 2021-2022
PART A

SECTION 1: BASIC PROGRAM INFORMATION

Program Name: **Medical Assisting**

Program Faculty Department Chair(s): Alena Fehr

Program SAC Chair(s): Stephen Date

Program Dean: Jason Johnson

Pathway Dean: Janeen Hull

Please highlight where your classes are offered.

Classes/Services offered at: CA / RC / SE / SY / NB / HC / WCC / Metro / CLIMB /
OMIC / Other:

1A. Program Structure

- Do you have a Competitive Entry or Admissions Process?

    __x_   Competitive, based on admission criteria

    ___   Competitive due to limited capacity, based on order of application

    ___   Open entry

    ___   Other _____

SECTION 2: REFLECTING ON DATA

All data cited below can be found here:
***Note the row of Tabs just below your Bookmarks Bar. Begin on the Home Tab. This is where you will choose your selection criteria for your data. Return to the Home Tab whenever you want to change your selection criteria. See the Help and Data Dictionary Tabs as well as the Data Directions Document included in the email with this template for more information.

Please include data from at least the last three years and up to the last five years. A 3-year review is recommended. SACs may have unique circumstances and reasons for looking more or less broadly.

2A. Enrollments (SFTE) per year; Location (where course is taught); Modality

SEE Student FTE Tab.

2017-2018: 48.6 SFTE, CA/WCC, Onsite/Online
2018-2019: 69.7 SFTE, CA/WCC, Onsite/Online/Hybrid
2019-2020: 56.5 SFTE, CA, Onsite/Online/Hybrid
2020-2021: 41.9 SFTE, CA/WCC, Onsite/Online/Remote/Hybrid

2A1. Does this data suggest any questions that the SAC would like to pursue?

STFE total changes over the past 3 years follow a pattern which makes sense.

- **2017-18 consisted of two, full-sized, 24-student cohorts.**
- **2018-19 A third cohort was added (evening), resulting in the SFTE increase.**
- **2019-20 WCC cohort scheduled to start spring 2020 was canceled due to COVID-19-related restrictions, resulting in the drop of SFTE.**
- **2020-21 Third (evening) cohort was paused due to COVID pandemic. For the two remaining cohorts the number of students admitted was reduced to accommodate social distancing requirements in face-to-face classes**

No additional questions at this time.

2A2. Do the data suggest adjustments be made in your program, such as schedule or course offerings, with regards to enrollment? If yes, what ideas/strategies do you have that you would like to implement or have help with?

Due to PCC restrictions on on-site class sizes, many courses have moved to online/remote over the past 2 years. At this point, many classes will remain remote/online, until PCC has sustained reopening. At this point, we will revisit whether some courses would be better suited to move back to face-to-face, or remain online.

2A3. Are there other data reports that you would find informative/useful with regards to enrollment? How would this information support decision-making for the program?

No additional information is needed at this time.

2B. Course Success Rates

Data Definition: Success rate represents the percentage of students who successfully complete a course. It is calculated as:

$$\% \ S = \frac{\textit{Number of students receiving a grade of A, B, C, P, PR, or CM}}{\textit{Number of students receiving a grade of A, B, C, D, F, P, NP, I, W, PR, CM, N, UP}}$$

PR, CM, N, and UP are non-credit grades used in the Adult Basic Education program.

Success rates for gender and race are not calculated when the enrollment is less than 5. For any success rate that is not calculated, the total for that column is also not calculated.

% Success By Course and Modality

SEE Modality Tab

2B1a. Are there any courses with lower or higher pass rates than others (over time, over many sections, or a notably higher or lower rate)? If so, which ones?

Each class, regardless of modality and year, has a success rate of over 95%, with many up around 99% and 100%. There does not seem to be much difference between on-site and online course grades.

2B1b. Are there any modalities with lower or higher pass rates than others (over time, over many sections, or a notably higher or lower rate)? If so, which ones?

No. All modalities over the past 3 years have had strong pass rates, as stated in the previous answer.

2B2. Strategy Insights

What strategies have you used to maintain high success rates? What can be learned that might be applied to courses with lower success rates? What are possible actions to be taken to understand/address lower success rates? Please clearly explain how your discipline intends to explore content/curriculum, pedagogy/teaching, course material selection, etc. using culturally responsive teaching approaches throughout the next year. Try to identify a realistic one year goal.

The high success rates across all classes can be attributed to the multiple ways in which we support student success. Program faculty are always updating the curriculum to better meet the needs of the students and the discipline. Textbooks are strong and include simulations and other a variety of online resources. Courses have been designed to be as accessible as possible so that they are meeting the needs of all students. All course shells use a standard design so student experience is consistent from courses to course and term to term. Faculty meet regularly to discuss student progress and to identify how best to support students that may be facing challenges. Course schedules are intentionally balanced as far as modality and student workload each term. Content is delivered through multiple approaches including videos, low stakes quizzes, online materials/assessments, etc. to ensure students are engaged throughout the program. Every term, each student receives an overall assessment along with a check-in with program faculty to identify what is going well, what needs improvement, and to provide coaching where needed.

There are no identifiable patterns of low success rate to address at this time.

Looking forward, we are investigating where it makes sense to return to face-to-face instruction and where to remain online/remote to best meet learning objectives while also reaping the benefits of the cohort approach to learning.

Enrollment and % Success By Course and Student Demographics

SEE Gender, Race, and Pell Tabs

2B3. The data may indicate a pattern of inequities (in gender, race, or Pell eligibility) in student enrollment or success. Please clearly explain how your program intends to explore content/curriculum, pedagogy/teaching, course material selection, etc. using culturally responsive teaching approaches throughout the next year. Try to identify a realistic one year goal.

The enrollment data for each academic year doesn't accurately reflect the program enrollment. Instead, it seems that the software is adding up the enrollment of each class to get total program enrollment. For example, 2020-21 the dashboard indicates enrollment of 408 students. In reality, the program accepted two cohorts of 12 students (due to the pandemic restrictions) and these students moved through the program together. The percent diversity, though, seems accurate.

The success rates by gender, race, and Pell eligibility, are equally high across every course and the program at large. However, when looking at enrollment figures, the program draws far more females than males and. The program, like nearly all healthcare programs, draws female students more than male students. To address this, the MA Program needs the support of the college's marketing and outreach teams.

2B4. What support does your SAC need to fully explore inequities in enrollment or student success? For example, are there any other data reports you would find useful to have related to student success?

It would be helpful to see the application data to see whether the admissions process is adding to the gender discrepancy in program enrollment or the relatively low figures of black students.

2C. CTE Completions

2C1. Is the program independently tracking student completions? Feel free to share your data sets here. Are there any program practices that positively influence completions? Are there any program practices that could be revised in order to more positively influence completions? Please explain.

Yes, the program tracks student completion rates and reports to their accrediting body CAAHEP. Certificates given over the last 3 years reflect our increase from 2 cohorts to 3 cohorts, and then the 3rd cohort was placed on pause in 20-21 due to the pandemic.

Program completion rates are routinely over 90% every year so no significant revisions are being considered at this time.

2C2. If different from your internal tracking (if you do it), what conclusions or observations are suggested by the graduation data provided in the Awards Tab?

 There are no differences in internal tracking and graduation data.

2C3. Is your program aware of any external influences that strongly affect program completion? For example, labor market impacts, business partnerships, or internship availability, etc. Please explain.

The program's strong completion rates are due to faculty commitment to student success and very strong partnerships with clinical sites. At this time, the program has more clinical site interest than student enrollment. We are looking to expand to a 4th cohort to meet this industry need.

2C4. Are you able to get information about graduate job placement/salaries for recent graduates? If so, please describe how you get that information, and what you have learned.

 The MA Program is required to submit job placement data to the program's governing body (MAERB) each year. This information is submitted by the program Department Chair, who is currently on maternity leave. As a result, the most recent data available is from 2018 where the job placement rate was 95%. We believe that the placement rate for subsequent years is very similar. The program does not track salary information

.SECTION 3: REFLECTION ON ASSESSMENT OF STUDENT LEARNING

3A1. Learning Assessment Reports

X Multi Year Plan current and complete
_____ 2021 Summary Data Report submitted
_____ 2021 CTE Learning Assessment Report submitted

_____ 2021 TSA submitted (Please check if TSA submitted)

Program Notes: If any of the above forms above was not submitted, please explain why. Feel free to add additional notes/ context as appropriate.

3A2. Assessment Reflection

Please respond to the question below, which relates to your SAC's 2020-2021 Learning Assessment Report to the Learning Assessment Council (LAC).

> *__Medical Assisting did not submit a learning assessment report in 2021.__*
>
> **Question:** SACs have experienced a range of challenges in assessing outcomes in 2020-2021. As you think about the next academic year and the many ways you already assess students, how might you share that information with others and learn from it? The LAC has coaches ready to help you translate that into a learning assessment project.

SAC Response:

The MA Program's FDC and Program Director for the past 6 years left PCC for a position at Clackamas Community College. She had historically completed the learning assessment reports for the program. Upon her departure, the LAC report fell through the cracks as the remaining faculty focused on covering course assignments and taking on FDC/Program Director responsibilities. With the plan to hire another f/t faculty member to replace the former FDC, we intend to get back on track with LAC reports this academic year.

SECTION 4: ADDITIONAL ACHIEVEMENTS, CHALLENGES or OPPORTUNITIES

4A. Is there anything further you would like to share about your program's achievements at this time?

Over the last two years, the program has endured the following growth opportunities:

- **COVID-19 pandemic canceling one cohort, reducing face-to-face clinical lab psychomotor skill training course hours and clinical practicum hours**
- **Multiple courses moved from face-to-face to online or remote on short notice**
- **Departure of 6-year Program Director, FDC and clinical coordinator Virginia Chambers**
- **Adjustment to new roles and responsibilities for program director, FDC for Alena Fehr**
- **Hiring of part-time instructor and starting course teaching, only to leave mid-term**
- **Adjustments during PCC re-organization, although both Alena and Stephen (the only FT faculty for the program) are incredibly thankful for the continued leadership of Jason Johnson and Janeen Hull. If these words reach anyone listening making a difference, please continue to have Allied Health under their guidance as the final roles during the reorg are worked out.**

Alongside these growth opportunities, the program has maintained…

- **Strong new leadership under Alena Fehr's guidance and direction**
- **Solid pass rates in both program completion rates**
- **Strong professional competence measurements in AAMA national certification exam pass rates**
- **Retained positive relationships with employers, students and PCC staff**

4B. Are there any challenges not described above that you would like to note here?

No. The MA program receives consistent, high-level, irreplaceable support from Janeen Hull, Jason Johnson, Amanda Gallo, Jeri Reed, Carmen Seto and Tanya Maldonado.

4C. Do you see any opportunities in the near or long term that you would like to share?

The program has ample opportunity to expand to 4 cohorts per year in the near-future, with considerations for even further growth with outside-employer help. The program will need continued support with faculty hiring and training, release time allotted to

current faculty for training new faculty, and potentially other considerations not yet determined.

Over the next several years, should pandemic restrictions continue to loosen, there is potential to continue growth to additional campuses, employer centers, and more.

SECTION 5: INDUSTRY AND EXTERNAL ACCREDITATION GUIDANCE

5A. Advisory Committee

Please check your Advisory Committee list at Spaces. If it is not up to date, submit the current list to academicaffairs@pcc.edu and we can update Spaces for you.

Advisory committee roster is current as of: October 2019

Advisory Committee roster is updated for December 2021. Here is the link: PCC MA Advisory Committee roster contact list 2021

Please summarize feedback/input that you have received from your Advisory Committee over the past two years, and outline actions that resulted from this feedback.

 Members of the advisory committee have provided largely positive feedback over the last two years. Employers report students perform well during their externship on a regular basis.

Due to restraints related to the pandemic, employers have recommended expanding program curriculum opportunities around telemedicine and aseptic techniques. This has translated into a more robust telephone communication assignment with live practice, expanding reading & review assignments and lectures surrounding newer and more comprehensive telemedicine curriculum.

Feedback from students regarding online and remote learning schedules and structures on how they can be more accessible has resulted in adjustments being made on a term-by-term basis on how curriculum is presented.

Are there any examples of successes you have had working with your Advisory Committee that you would like to highlight?

The production of our program's Venipuncture Procedure "How-to" video, in partnership with multimedia production services Michael Annus, is an example of how our advisory board can drive positive change. Prior to the pandemic, an idea from the advisory board

was to create demonstration videos on how to perform various clinical procedures, to save time during lab class for psychomotor practice. This way, they could review at home, and come in ready to practice, not needing to see the demonstration live. Production began slowly, until COVID-19 arrived in our state. The need for this video increased dramatically due to the remote-nature of our courses. The video was created, and has been used for the last 15 months, over the last 3 cohort cycles. It is continuously reported as integral in their ability to understand the procedure and learn it well, safely, and quickly. It is used numerous times in our phlebotomy courses to teach multiple facets of the complicated procedure. The video is posted publicly on YouTube, where it currently has over 330k views. Here is a link to our video: [YouTube PCC Venipuncture Procedure](#)

Does the SAC have any suggestions for ways that the Program and Pathway Deans could support the SAC and the Advisory Committee to work together effectively?

Not at this time. Our SAC is two faculty members, who are present at each Advisory Committee meeting.

5B. Accreditation

- Do you have professional or programmatic accreditation? (This is a separate accreditation from PCC's institutional accreditation by NWCCU).

  YES / NO

- If yes:
    - What is the name of your accrediting body?

      CAAHEP- The Commission on Accreditation of Allied Health Education Programs. CAAHEP's governing agency for MA programs is MAERB, the Medical Assisting Education Review Board.

    - What is the typical accreditation cycle?

      1-year certificate. 3-term program.

    - When is your next self-study/visit scheduled to occur?

      MAERB conducts an on-site visit following a comprehensive review self-study once every 10 years. Last visited in 2017, next will be in 2027. The self-study should be completed in 2026.

Please summarize feedback/input that you have received from your accrediting body over the past two years, and/or any actions taken as a result of accreditation recommendation or guidance.

Guidance has largely been centralized around acceptable alternatives to the usual 160-hr required face-to-face clinical practicum hours. Due to college-wide and healthcare-facility restrictions, various online clinical simulations were used in place of in-clinic hours. As a result, hours were reduced from our typical 192 hours down to 120, and these hours could be substituted by simulation practices, at the students discretion.

Restrictions on COVID-19 have loosened slightly, allowing for more externship opportunities and for us to return back to 192 hours of face-to-face clinical time. The alternatives from our accrediting body are still available, but are not being used for the current cohorts.