

Quinsigamond Community College
Internal Program Review
Academic Year 2005-2006

Medical Assisting
Program

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Supplemental Material

SECTION I: Competitive Analysis and Regional Labor Market Demand

A state can no longer pursue an effective strategy of economic development unless it also pursues, via education and training, an effective strategy of workforce development.

-Opportunity Knocks, Massachusetts Institute for a New Commonwealth, 2000

SECTION I: Competitive Analysis and Regional Labor Market Demand

1. Market Influences

- A. Provide a broad definition of this employment sector. List specific knowledge and skill requirements for employment in this field.**

Response:

Medical assistants perform routine administrative and clinical tasks to keep the offices and clinics of physicians, podiatrists, chiropractors and optometrists running smoothly.

The duties of medical assistants vary from office to office, depending on office location, size, and specialty. In small practices, medical assistants are usually "generalists," handling both administrative and clinical duties, and reporting directly to an office manager, physician, or other health care practitioner. Those in large practices tend to specialize in a particular area under the supervision of department administrators.

Medical assistants perform many administrative duties. They answer telephones, greet patients, update and file patient medical records, fill out insurance forms, handle correspondence, schedule appointments, arrange for hospital admission and laboratory services, and handle billing and bookkeeping.

Clinical duties vary according to state law and include taking medical histories and recording vital signs, explaining treatment procedures to patients, preparing patients for examination and assisting the physician during the examination. Medical assistants collect and prepare laboratory specimens or perform basic laboratory tests on the premises, dispose of contaminated supplies and sterilize medical instruments. They instruct patients about medication and special diets, prepare and administer medications as directed by a physician, authorize drug refills as directed, telephone prescriptions to a pharmacy, draw blood, prepare patients for X-rays, perform electrocardiograms, remove sutures and change dressings.

- B. Using relevant labor statistics, indicate whether employment opportunities in this field are expected to increase or decrease over the next 3-5 years. Please cite the sources that you have used to make these predictions. (Note: It is easier for Admissions and Marketing Departments to refer to these predictions if they can quote the source.)**

Response:

According to the latest data from the Bureau of Labor Statistics, the field of Medical Assisting is expected to be one of the fastest growing occupations through the year 2014. The job prospects should be best for medical assistants with formal training and experience, particularly those with certification as a medical assistant.

Employment growth will be driven by the increase in the growing and aging population. Group practices and clinics require supportive personnel, especially with the flexible clinical and administrative skills of the medical assistant.

Medical assistants held about 387,000 jobs nationally in 2004. Almost 60% were employed in the offices of physicians and another 10% were employed with other allied health care practitioners.

- Information from the Summer 2004 Massachusetts Regional Labor Market, produced by the Commonwealth of Massachusetts, states that education and health services were the bright spot with respect to employment growth, adding 3,490 jobs or 0.6% during this period. Hospitals alone expanded by nearly 2,900 jobs or 1.9% (Retrieved from www.detma.org).

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Accordingly, data from the Massachusetts Employment by Occupation and Education and Trainings year 2000 and projected employment of medical assistants by the year 2010 shows the following:

Medical assistants' employment projections are currently 5,760 jobs during year 2000 and 8,590 jobs by 2010. Overall projected new jobs are 2,830 with a 49% growth rate. Other statistics state we will need 1,530 replacement openings and total job openings of 4,360 (Retrieved from www.detma.org). (See Appendix A.)

C. Review and analyze the most recent five years of institutional data to determine whether graduates of this program have found employment in their field and/or transferred to a related four-year program in their field within one year of graduation

- **What percentage of graduates found employment in their field?**

Response:

Year	Placement Rates
2002	80%
2003	75%
2004	71.43%
2005	still conducting

- **What percentage of graduates transferred to a related four-year program in their field?**

Response:

Not applicable.

- **What percentage of graduates transferred *and* found employment in their field?**

Response:

Not applicable.

- **Did your students complete an exit questionnaire as part of their graduation process?**

Response:

Medical assistant graduates complete a graduate survey 6 months after their formal graduation date.

- **Can you determine if some students started the program and transferred to another college before graduation? If so, please state how many students did this over the last 3 years.**

Response:

No known data reflects this.

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- D. Please identify the specific occupations (and job titles, if possible) for which program graduates are prepared. Identify the types of employers that have hired graduates of this program within the last 5 years.**

Response:

"Medical Assistant" is the name of the occupation and the job title. The CMA (Certified Medical Assistant) designation is used for those who have successfully passed the American Association of Medical Assistants Certification Exam.

The preparation of the medical assistant provides an excellent background for many choices of career opportunities and/or promotions, including the job title of Office or Practice Manager, Medical Insurance Specialist, Medical Coder, Medical Transcriptionist, Claims Examiner, Collection Specialist and with further education the position/title of Registered Health Information Technician; Registered or Licensed Practical Nurse.

Data analysis of employment statistics for the past 3 years indicate that 23 QCC graduates have currently been hired by private group and/or solo medical practices in the Central Massachusetts region.

- E. Identify the institutions to which students have transferred in the last three years.**

Response:

Current data from the graduate surveys statistics reflect that they are continuing their education at Quinsigamond Community College and Fitchburg State College.

- F. Summary and Analysis: Market Influences**

Response:

Medical assistant graduates with certification can expect favorable job growth as the industry expands due to technological advances in medicine and the aging population. Medical assistants work primarily in outpatient settings. The documented shortage of health care workers, especially in the field of nursing, has driven the market and need for medical assistants.

This market demand is reflected and supported in the research that this program coordinator conducted from the Bureau of Labor Statistics and the Commonwealth of Massachusetts Employment Projections.

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2. Programmatic Currency

A. Describe how the program maintains curricular currency.

Response:

The Commission on Accreditation of Allied Health Programs (CAAHEP) reviews the program and judges the program to be in compliance with nationally established standards. The initial accreditation process was completed in April 2001. The review for ongoing continuing accreditation was completed in December of 2005.

Major curricular changes must be reported annually to the Curriculum Review Board of the American Association of Medical Assistants Endowment (CRB-AAMAE). This process tracks the activity of the Medical Assisting Program between scheduled visits or required written reports, as requested by the Commission on Accreditation of Allied Health Programs (CAAHEP). The Program Director must submit an annual program outcomes report to the AAMAE each November.

Outcome assessment tools assist this program coordinator in assessing students' overall preparation with the clinical and administrative education for the integrated externship experience. (See Appendix B.)

B. Explain the existing mechanisms that allow for regular input from local employers, the local career center, and/or other relevant sources and describe how this input affects the program

Response:

Many sources are utilized, such as the following:

Evaluation of Clinical Sites

The program faculty make periodic site visits to the fieldwork placements medical offices to evaluate the clinical sites' effectiveness for the student intern. A written report of each clinical site is retained by the program director. The report provides constructive data evaluating each clinical experience.

Data from the Graduate Surveys

Medical Assisting program graduates complete a survey 6 months following graduation. This survey evaluates employment statistics, employer's name and location, title or position, current yearly salary range, hours/days of work per week, employment benefits and their overall satisfaction with the choice of medical assisting as a career.

From this completed survey an Employer Survey is sent to their respective employer for their evaluation of the graduate's entry-level preparation. All surveys are sent via certified mail for improvement in survey return rates. (See Appendix C.)

Data from the Employer Survey

This survey is sent to employers to analyze specific data in order to evaluate the preparation of the graduate for entry-level employment. The employer survey is only completed after the return of the graduate survey. This survey can be very difficult to conduct, as employers are reluctant to provide objective/subjective data regarding their employee/graduate. Starting with the 2005 survey year, the program director has provided the graduate with the employer survey so he/she can ask the employer to complete this. This new approach is being attempted in order to enhance survey return rate. (See Appendix D.)

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Objective Data from the Externship

Three separately identifiable data tools are utilized to obtain results from the externship experience. The office manager completes a student assessment tool, and all students then complete an evaluation tool during their last week of the externship experience. The program coordinator also completes an independent assessment of each clinical/administrative externship site. (See Appendices B, E, and G.)

The Medical Assistant Advisory Board

The advisory board is comprised of members from the Worcester community. Members include a program student, Quinsigamond Community College alumni, office practice managers, elected officers from the Worcester Local Chapter of the AAMA, adjunct faculty, the program coordinator and the program's physician advisor. The Advisory Board meets annually in late April or early May and is a mandatory accreditation standard. (See Appendix F.)

AAMA Certification Examination

The program coordinator maintains and analyzes the exam results. Exam scores assist the AAMA-CRB (Curriculum Review Board) in assessing the program's competency. It also provides a valuable tool for the program coordinator in assessment of the teaching and learning methods.

Curriculum modifications have been made in the past 3 years to improve the overall exam passing rates. Modifications to the curriculum include pre-requisite additions, instructor selection, and a minimum passing grade of C in all medical assisting core courses, as well as in their main science course, BIO 140, The Human Body.

C. What professional conferences have faculty attended and what have been the major benefits to your program?

Response:

QCC's program coordinator attended the AAMA National Conference in Greensboro, North Carolina, in October 2004, and attends monthly continuing education meetings sponsored by the local Worcester Chapter of AAMA.

Attendance has overwhelming benefits to the Medical Assisting program and includes the following:

- An ongoing assessment of the current state of medical assisting
- Program-required curriculum changes and/or updates
- Speakers from the national organizations leadership
- Updated information in new advances in medical technology
- Development of instructional plans, including proficiency guidelines
- The only national educational offering for Medical Assistant educators
- Collaboration with other programs faculty members
- Networking opportunities

D. Identify additional professional conferences that could benefit your program and include information on why they would be beneficial.

Response:

Yearly attendance to the national organization's conference would be very beneficial. This is the only professional development conference aimed just for program directors and/or educators of medical assistant programs.

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The AAMA convention offers many hours of continuing education on a variety of administrative, clinical, managerial, and general topics. For Certified Medical Assistants (CMAs) that means opportunities to earn points toward recertification of their credentials. All CMA's must earn 60 continuing education units every 5 years to remain certified.

E. To what professional organizations/associations do faculty belong and how do those memberships benefit your program?

Response:

This program coordinator is an active member of the American Association of Medical Assistants, (AAMA) and holds the elected office of vice president. This participation and example encourages graduates and current students to attend and support their professional association.

She is also a member of the American Academy of Professional Coders (AAPC). This organization aids the program coordinator with community networking and education credits towards continuing education units. The program director must earn 18 CEU's annually to maintain certification with this organization.

The benefits of attendance to both include professional speakers and/or lecturers offering continuing education units. The membership provides an excellent source for networking in the Worcester region.

F. Identify additional professional organizations/associations that you feel could help your program become more successful and state why you believe they would be helpful.

Response:

Not applicable.

G. Have you participated in a College Externship? If so, how did it benefit your program?

Response:

This faculty member has participated in three industry externship sites. The externship involved 40 hours of observation at each site, plus 40 hours for submission of written reports, curricula enhancements, and continued updating of industry standards and technology. The faculty externship is extremely beneficial to supplement program currency.

The externship projects:

- 40 hours of observation and participation in two medical office practice settings in 2001
- 40 hours of experience in a large hospital medical records department in 2002
- 40 hours of participation in a local billing and collection agency in 2003
- After completion and submission of this IPR report, this faculty member would like to engage in a medical coding faculty externship with UMass Memorial Health Care. This externship would provide an evaluation of additional/new options for future program development.
- This externship would address an employment need for medical coders in the Central Massachusetts region. UMass Memorial Health Care had requested and met with the QCC's college administration to discuss this option, as their employment needs reflected an inability to hire an educated coding staff.

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H. Describe how this input from above affects the program. (Note: It is helpful with our accreditation processes if you can include some specific examples of input that have led to recent changes in the program.)

Response:

The externship program has been extremely helpful for developing curriculum and utilizing the experience to enhance classroom instruction. It also provided an opportunity for networking in the Central Mass region. Advantages of these externships include the following:

- The real life examples provide enrichment to the lecture component for the student listener
- They present first hand knowledge of the current state of technology and equipment
- Development of “connections” and long-term professional relationships with the former externships sites

I. Describe ways that the College could support program faculty’s incorporating more input from area industry and other relevant sources.

Response:

The College needed to prioritize the stable employment of either a data analyst and/or an institutional research unit member. This position has remained mainly unfilled for the past 6 years. The college has been unable to conduct or track standard research methodology. (This program coordinator has been solely responsible for this process with little or no resources available to provide assistance).

The QCC admissions department could gather data (feasibility study) from local medical employers, i.e. hospitals, clinics and physician groups, on what type of training are lacking or if health care positions and expectations are being met in the Central Massachusetts region.

J. Summary and Analysis: Currency

Response:

The Medical Assisting program was granted initial accreditation in April 2001. To maintain currency, the program was reviewed for ongoing continuing accreditation in December of 2005.

This program is required to obtain, assess and report outcome statistical data annually to the national organization based on the AAMA Standards. This program coordinator utilizes this data to improve upon noted statistical delinquencies, i.e. exam passing rates, attrition rates, and/or employer/graduate statements.

Additional AAMA Standards and Guidelines will need to be implemented starting with the Fall 2005 semester. These standards regulate, ensure and maintain program currency. They require the use of additional collection tools for added outcome assessment. The additional outcomes tools will assess the overall effectiveness of the advisory board, the physician's role with student learning during the externship experience, and if each individual course has the required collection methods.

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3. The Pipeline: OCC Feeders

A. Identify all feeders, both actual and potential, (i.e. sources of applicants) to the program.

- **Who are the current feeders to your program?**

Response:

The main feeders to the program have been current QCC students, as well as students transferring from or awaiting admission into the PNP and/or ADN programs. Also, students have applied directly from area high schools. Data from the recent demographic survey conducted stated that four out of twelve students surveyed came directly from high school.

Past QCC open houses were a great marketing resource and did promote student interest and application to the Medical Assisting program. The College's admission application is a useful tool as it does ask students how they were referred to QCC.

The Internet is a major source for students inquiring about QCC's Medical Assisting program information. The program is listed on the AAMA (national) website, and the AAMA site has a direct link to this QCC program coordinator's email. The program coordinator receives inquiries daily from this source.

The coordinator has promoted this program to the evening division students for the past 6 years (12 semesters). The evening division student (those taking medical science classes) is drawn to QCC based on this region's heavy employment in the health care sector. The evening student is taking a course here or there, while exploring job/career options. This method has attracted approximately five student admissions to the program.

The coordinator displays program advertising in four campus locations:

- An informational bulletin board outside 403A office contains various types of advertising/flyers about the program
- A second location is outside of classrooms 376A and 377A
- The third is located outside the Health Careers Center
- The fourth is located outside the evening administration office on the 1st floor in the Surprenant building

This coordinator restocks these sites every 2-3 weeks throughout the academic year. This method has been a very effective tool. (Appendix G)

- **Who is currently the primary feeder to your program?**

Response:

According to the 2005 demographic survey, the primary feeders to the program are current QCC students, alumni referrals and high schools within Central Massachusetts. The survey states that four students were referred by family/friends, one from the Internet, one via a newspaper advertisement, and five students by a high school counselor.

- Four high schools referred students: Shrewsbury, Southbridge, West Boylston, and Nashoba Regional
- Five students came to QCC for medical assistant training only

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- **Who should admissions be targeting to enhance enrollment to your program?**

Response:

The Admission's Department should be marketing the program to male students, as traditionally this has been solely a female occupation.

- The Fall 2005 class has 3 males enrolled.

- **What potential "customized" feeders might the College be able to develop?**

Response:

The College should market and promote the program's (low) comparative costs with other Central Mass competitors (especially the Salter School). The college should be advertising via newspaper/radio/television or by billboard advertising. (Worcester State had a billboard 500 feet from this College). The promotion of the College's credit granting and transfer option compared with the Salter School is a strong marketing tool and should be used as a solid point for student recruitment.

The College should market the program to area hospitals, clinics and nursing homes, as employees of these industries are looking for career advancement. These employers promote education and usually provide some type of tuition assistance.

How do feeders contribute to enrollment?

Response:

The program currently has a waiting list for the Fall 2006 entry admission. The 2005 demographic survey reflects that all twelve students would refer family and friends to QCC.

- B. What is the profile of current student demographics? This information may be helpful in determining new feeders into the program.**

Response:

The 2005 demographic survey reflects that all students are of the female gender, seven of those students are single, four students are married and one student is divorced.

- C. List all articulation agreements currently in place in this program (i.e., agreements with local secondary schools, community-based organizations, proprietary schools, etc.).**

Response:

No articulation agreements exist at this time.

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- D. Do program faculty regularly collaborate with their peers in local high schools, four-year colleges and universities, business and industry or community-based organizations on such activities as curriculum development, work-based learning, or professional development? If yes, please list what programs faculty have participated in with K-12, as well as each of the other categories, and then cite examples of how this participation has benefited your program. Examples should be from the most recent three-year period. If there has been no recent collaboration, please comment on how this type of collaboration might enhance the program. In what ways could the College provide faculty support in this area?**

Response:

QCC is a partner in the Worcester Pipeline Collaborative. This purpose of this collaboration with the Worcester City Schools is to provide eventual articulation agreements to the College's health care programs. The College would need to hire additional faculty to support and develop enhanced program collaboration.

The Medical Assisting program has approximately 15 affiliation agreements with local physician practices and clinics in the Central Massachusetts region. The locations range from Brimfield to Webster, Westborough, Worcester, Shrewsbury, Millbury, Uxbridge and Leominster.

- E. Explain the mechanisms in place within the program to insure that students who have been granted credit through articulation agreement transition smoothly into the QCC program. In what ways could the College increase its support in these areas?**

Response:

The program's clinical/administrative competency-based curriculum does not support articulation agreements with other non-credit granting or non-CAAHEP accredited institutions at this time.

- F. Explain the program's involvement with the area Tech Prep consortia or other educational collaborative, if relevant.**

Response:

The coordinator has met and discussed program issues and concerns with the Tech Prep Coordinator. Tech Prep did develop a tentative schedule for visits to Worcester Public Schools for this program coordinator for years 2005-2006. This tentative plan would require an additional faculty member to ascertain that this goal could be met.

- G. Summary and Analysis: The Pipeline: QCC Feeders**

Response:

The program has accepted 18 students for the Fall 2006 class with an additional 2 spaces reserved for re-entry students. The major pipeline feed is from the area's high schools and those currently registered in QCC's general studies. The Medical Assisting certificate program was approved for Section 30 during 2004 and has been updated under the Workforce Training Initiative for academic year 2005-2006. The program is listed on the DCU/DUA website and provides job readiness training.

The program's clinical/administrative structure does not support an articulation agreement with other non-accredited programs. Outcome assessment tools are already utilized to obtain industry input.

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4. Role of the Program Advisory Committee

A. Is there an active (meets at least once a year) advisory committee for this program?

Response:

The Advisory board is comprised of members from the community, including current students, alumni, office practice managers, elected officers from the Worcester Local Chapter of the AAMA, QCC program faculty, adjunct faculty, and the physician advisor. This board meets annually in late April or early May (mandatory for accreditation). (See Appendix F.)

B. If yes, what is the composition of the advisory committee? How are appointments made to the committee?

Response:

The board was initially arranged by asking for volunteers to serve on the committee. The board now represents a diverse group of members within the field of medical assisting.

QCC's program director assists with the recruitment of members from the community and encourages student participation on the board. Two new additional members joined the 2005-2006 board this past May 2005. Each advisory board member has a diverse job classification from physician to office manager, to registered nurse, to educator, to graduate, to current student.

C. Explain the roles and responsibilities of this committee

Response:

- To meet accreditation standards
- To create opportunities for the student externship
- To supply an independent unbiased sounding board
- To provide technical and clinical expertise
- To offer regular program feedback
- To assist with employment opportunities
- To meet accreditation site visit requirements
- To provide unlimited resources for the program, i.e. staff and employment opportunities.

D. Provide a summary of the key issues around which your Advisory Board has had input on the program over the last 3-5 years.

Response:

The AAMA site team met with members of the advisory board to discuss accreditation program standards. Most importantly, the medical staff of the board also oversees the student extern experience. Therefore, they provide the College with a factual assessment of student skills and training by evaluating each student's strengths and/or weakness relative to the field of entry-level medical assisting.

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E. Summary and Analysis: Role of the Program Advisory Committee

Response:

The major role and function of the advisory committee is to offer assistance and program recommendations that will enable QCC to meet the accreditation standards of the AAMA. Secondly, the members of the board provide excellent field placement sites by serving as externship leaders. They offer firsthand feedback of the quality of education offered at QCC and how this benefits each physician practice.

They also offer an objective comparison of the QCC's medical assistant graduates to those that are hired from other Central Massachusetts' medical assisting programs. This information is very helpful in reflecting the strengths and effectiveness of this program.

The Medical Assisting Advisory Board continues to assist with the ongoing quality, community reputation and expanding needs of this program. The committee members are a program resource by offering an independent sounding board. The medical director is the program's chief resource by providing professional clinical advice and an outstanding externship site for QCC students.

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5. Competition, Marketing Strategies, and Enrollment Projections

A. Identify the program's primary competitors. Describe the process utilized and/or the rationale to determine the list of competitors.

Response:

There are 10 Medical Assisting (CAAHEP) accredited programs within the State of Massachusetts. The two that are in competition with QCC's program are the Salter School and Mount Wachusett Community College.

Salter School
155 Ararat St
Worcester, MA - 01606-3450
Certificate/Diploma

The Salter School's close proximity to QCC (less than 1.5 miles) and the heavy newspaper and television advertising (an ad runs daily in The Worcester Telegram) cause it to be in direct competition with QCC's Medical Assisting Program.

Their program advertises open enrollment for students during the day or evening sessions and accepts students 12 months a year with a new class beginning every six weeks. The cost of the program is significantly higher at \$10,670 for tuition only, and \$12,245 total cost for books, supplies and fees. The Salter School currently does not offer college credit, though they state they have applied and are awaiting a decision.

Mount Wachusett Community College
444 Green Street
Gardner, MA - 01440-1000
Degree: AS

Mount Wachusett Community College is in competition only for the fact that it resides within the Central Massachusetts region. It is located 33 miles from the 01606 zip code region. The MA program is offered only as an associate degree option. The tuition rate is higher and is set at \$136.00 per credit hour. Tuition cost for the 2-year program is approximately \$8160.00.

B. Identify QCC's program strengths and market niche with respect to these competitors. In other words, what makes QCC's program the first choice?

Response:

- QCC program strengths include the coordinator's experience and qualifications. She is credentialed as a Certified Medical Assistant (CMA) and a Registered Nurse (RN), and has over 25 years of experience in many aspects of the health care industry
- The 2003 Accreditation Standards state the program must employ a CMA as a full-time staff member, which QCC has
- The part or full-time flexible daytime, evening, and weekend options for course completion
- The student externships, with faculty support and site supervision
- Close proximity of the externship sites relative to students' geographic area
- The institution's credit granting and excellent transfer options
- The clinical externships provide 90% of students with job offers
- The overall lower cost of the program
- The Learning Resource Center and the Alden Library

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- Availability of the campus wide resources (i.e. tutoring, student campus activities, and the availability of an athletic center)
- The online course selection for general courses

C. Do you feel that there are particular issues that create a challenge to QCC's courses with respect to those of your competitors? If so, what remedies do you suggest to remedy these challenges?

Response:

- This program has not used an outside advertising source, and the College should be promoting its own programs regularly throughout the college setting, i.e. sponsoring career days similar to how it promotes transfer schools. The College's first priority should be first on marketing itself before putting any effort into referring students to other colleges.
- Restricted to semesters and not offered 12 months a year—the online supplement could remedy this by increasing flexibility.
- The local competitor advertises heavily with television commercials that run daily on the local Boston TV channels and a newspaper advertisement that runs daily in the help wanted section of The Worcester Telegram.

D. Does your program take part in Section 30 Training Agreements or Individual Training Accounts (ITAs) with the local Division of Unemployment Assistance Office (Workforce Central)? If yes, how many students have participated in your program through Workforce Central agreements in the last three years?

Response:

The program has been approved under Section 30 as it provides job readiness training. Upon meeting a potential student at the QCC Open House, this program coordinator referred this student to Workforce Central. The student successfully graduated in May 2004 and found employment immediately with Fallon Clinic.

The program's approval for year 2005-2006 has been resubmitted and updated by the QCC Coordinator of Alternative Careers and Technical Support.

E. Explain the specific marketing strategies the College has employed with respect to this program over the last three to five years. Please do NOT list general marketing strategies here. Identify targeted marketing efforts relevant to your program specifically.

Response:

The College has not employed marketing strategies for the medical assisting program.

F. Describe how program faculty work with the admissions officers to recruit students into the program. If unknown, outline a recruitment plan with specific activities.

Response:

The Admissions Office refers potential candidates to the program coordinator or the Health Careers Center. Specific program questions can be discussed over the phone or the potential student can be referred to and meet with the staff of the Health Careers Center or the program

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coordinator. One of the staff members of the Health Careers Center was a former medical assistant.

G. Is the need for this program expected to grow or decline over the next five years? How many program graduates do we need to provide each year in order to satisfy local employers' needs? Please base your response on specific data.

Response:

There is a shortage of qualified allied health personnel in the Central Massachusetts region. Medical assistant positions are advertised in local newspapers, and the program coordinator is contacted frequently for staffing needs.

As of April 2005, UMass Memorial Health Care's web site, ummhc.org, has a list of 10 various job offerings for CMA's. The open vacancies range from pediatrics to gynecology to internal medicine or geriatrics. All positions are located within the Central Massachusetts region. (See Appendix H.)

The career outlook is expected to grow over the next seven years due to an ever-increasing aging population based on the factual information obtained from the Bureau of Labor Statistics.

The Commonwealth of Massachusetts employment statistics indicate that medical assistants' employment projections are 5,760 jobs during year 2000 and 8,590 jobs by 2010. This represents a significant 49% projected growth rate.

H. Based on analysis of information presented in this section, prepare enrollment projections for the next five years. Please describe what you believe is the optimum program size.

Response:

Currently 20 students are now accepted annually to the program. Due to market demand, this number was increased from 18 to 20 in year 2002. The increase in class size was also due to the overall assessment of the program's passing rates, overall satisfaction with the career choice, the program's attrition rates, and community employment needs.

The class size is restricted by the instructor ratio set by the accreditation standards. In the laboratory setting, the ratio must be 12 students to 1 instructor. The limited number of potential externship sites is also a factor, as each site requires faculty supervision, observation and evaluation.

I. Summary and Analysis: Competition, Marketing Strategies, and Enrollment Projections

Response:

The medical assistant career is expected to grow over the next seven years due to an ever-increasing aging population based on the factual information obtained from the Bureau of Labor Statistics. The program currently has a wait list for the Fall 2006 semester.

There are 38 students currently registered for courses within the program for the Spring 2005 semester. Based on the strong medical demands in this region, career interest is projected to remain strong. Employers (Fallon Clinic) have met with this program coordinator expressing their need to eventually replace nursing positions with medical assistant positions.

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The College has not conducted any specific formal marketing strategies (i.e. newspaper advertising), though this method works successfully for one of this program's competitors.

The program coordinator maintains four distinct locations on campus that contain specific literature about medical assisting. She would also like to have a site in the LRC based on recent data showing overall use of and traffic at this facility.

SECTION II: Curriculum, Assessment, Instruction, Program Credentials, Faculty and Five-Year Assessment Plan

The complexity, variety, and importance of postsecondary credentials have grown substantially, especially since the 1980s, because the ties between postsecondary institutions and the world of work have grown in the knowledge economy. Access to postsecondary education has become the ante for individual career success and the modal requirement for a globally competitive national workforce. As a result, it is not surprising that the economic functions of postsecondary institutions are becoming more comprehensive. These forces are giving rise to the comprehensive university and the comprehensive community college: As higher education evolves, it increasingly emphasizes the utilitarian economic value of credentialed and non-credentialed knowledge and skill.

-Excerpted from *Help Wanted... Credentials Required*, Anthony P. Carnevale and Donna M. Desrochers, 2001.

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This section should lay the groundwork for how the program will be measured. The goal is to examine instructional effectiveness within the program and to recommend ways to improve that effectiveness.

1. Foundations of the Program

- A. Describe the rationale for offering this degree with respect to environmental scan information (job outlook) and its unique niche in its particular employment sector.**

Response:

The top 10 occupations expected to post the strongest growth in employment by 2014 are health care related. According to the Bureau of Labor Statistics, medical assistants are expected to see the biggest increase in health-related jobs from 2003-2014, growing 59% (Retrieved from <http://www.bls.gov>.)

Importantly, medical assistants can move into higher-level medical administration positions, based on their education, qualifications and experience in office practice management.

- B. Define the program’s expected student “learning outcomes”. Your response should include reference to general education outcomes, employability or “umbrella competencies”, career-related competencies or technical skills, and/or competencies required for successful transfer. (What will the graduate know and be able to do?)**

Response:

The program’s outcomes and objectives are the following:

1. To prepare graduates to perform administrative duties as members of the health care delivery team.
2. To prepare graduates to perform clinical duties as directed by a physician as a member of the health care delivery team.
3. To seek entry-level employment as a medical assistant.
4. To meet and master the required 71 competencies of the medical assistant program
5. To demonstrate commitment to the profession, Quinsigamond Community College graduates will become members of the local chapter of American Association of Medical Assistant.
6. To practice their profession with sound ethical and moral values.

- C. Describe how the program supports the College’s mission as well as the current Strategic Plan.**

Response:

The Medical Assistant Program reflects the goals and objectives of the College’s mission statement by offering affordable, high quality education. The College offers the student an immediate commitment to learning or relearning that leads to successful job placement in the medical assisting field.

**Section II: Curriculum, Assessment, Instruction, Program Credentials, Faculty and
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D. Prepare a draft program mission statement.

Response:

Program Mission Statement: The Medical Assistant Program will provide quality education through lecture, laboratory and the externship experience to produce competent entry-level medical assistants.

E. Summary and Analysis: Foundations of the Program

Response:

The MA program provides the Central Massachusetts region employer with high quality, well-prepared entry-level graduates. The program outcome statistics for graduates seeking employment post-graduation during the past 3 years averages 80%. This information is based on results from yearly graduate and employer surveys results and is obtained to evaluate entry-level graduate preparation.

**Section II: Curriculum, Assessment, Instruction, Program Credentials, Faculty and
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2. Curriculum

- A. Based on the analysis of regional labor market needs, evaluate the current curriculum strengths and identify those areas that you believe require enhancement.**

Response:

The Medical Assisting program's course content is determined by the accrediting organization, so this must be in compliance with the 1999 and 2003 Standards and Guidelines of the AAMA. The competency-based curriculum is the program's most outstanding feature, as students are actually able to verify and state what they learned in the program as well as utilize these skills on the job.

- B. Include an overview of the proposed curriculum (using the layout provided in the current catalog) for each of the current or proposed options in the program.**

Response

Not applicable.

- C. Re-evaluate the learning outcomes that you identified in Section II, Question 1-B. If appropriate, modify your list to reflect the revised curriculum and restate your learning outcomes.**

Response:

The 2003 AAMA Standards require modification of the curriculum with the addition of IV therapy principles and the programs elective elimination of the Medical Transcription course.

Additional outcome evaluation tools must also be implemented for 2005-2006 to comply with the new standards.

- D. Take your current list of learning outcomes and next to each one list all the primary courses that support that specific learning outcome.**

Response:

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Learning Outcomes	Primary Courses That Support That Specific Learning Outcome
To prepare graduates to perform administrative duties as members of the health care delivery team.	Primary courses include ALH 151 Medical Office Administration, CIS 111 Introduction to Microcomputer Applications and ENG 101 Introduction to English Composition.
To prepare graduates to perform clinical duties as directed by a physician as members of the health care delivery team.	Primary courses include MSS 151 and MSS 251 Clinical Procedures I and II.
To seek entry-level employment as a medical assistant.	The primary preparation course is the externship experience: MSS 299 Fieldwork Experience.
To meet and master the required 71 competencies of the medical assistant program.	Primary Courses include: ALH 151 Medical Office Administration, MSS 151 and MSS 251 Clinical Procedures I and II, ALH 106 Medical Law and Ethics, ALH 107 Medical Coding and Billing, and MSS 299 Fieldwork Experience.
To demonstrate commitment to the profession, Quinsigamond Community College graduates will become members of the local chapter of American Association of Medical Assistants.	Primary preparation course: MSS 299 Fieldwork Experience
To practice their profession with sound ethical and moral values.	Primary courses include: MSS 151 and MSS 251 Clinical Procedures I and II, and ALH 106 Medical Law and Ethics

E. Describe the rationale for the course selection and sequence in the revised program. A rationale of course sequence should be provided for the specific program related courses, the general education courses, electives, etc.

Response:

Course structure and sequence resembles the recommended format for medical assisting programs.

F. Explain how the general education components are integrated within the department specific courses. For example, does the curriculum incorporate “writing across the curriculum”? Provide an illustration, if applicable.

Response:

Yes, the curriculum does incorporate writing across the curriculum. Written work is integrated in all aspects of the program. Medical assistants are required to document substantial medical information in a patient’s medical record. The following courses help to supplement their written word: MSS 151-Clinical I and MSS 251-Clinical II. These courses require a 5-6-page research-based report.

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The topic is based on the research of a medical disease or illness, and the second report is based on research of a psychiatric disorder. In each clinical class, students must document properly on each skill that they perform. The research must follow a standard report format and content guidelines. The final grade is determined not only by content but by standards of report construction.

Additionally, course MSS 251, Clinical Procedures II, requires submission and documentation of the top 60 prescribed drugs cards and a one-page nutrition project based on grocery supplies in a local supermarket.

BSS 211, Medical Machine Transcription, utilizes the skills learned in Medical Terminology, Human Body or Anatomy and Physiology and CIS 111, Introduction to Microcomputers, in order to complete these course transcribed case studies.

ALH 151, Medical Office Administration, requires instruction in letter format and submission of various styles of documents. This course requires a one-page report of the learning goals achieved from their attendance and participation at a Worcester community resource site.

G. Describe how the program meets the QCC philosophy of “high tech, high touch, high quality.”

Response:

The Medical Assistant program is outcome-based and high quality, and must meet and show student work in order to meet the required 71 competencies, standards and outcomes of program instruction.

The program utilizes many methods of instruction and learning, including a hands-on approach to learning.

H. Does the program structure provide students with at least one elective choice? If no, is it possible to revise the curriculum so that there is at least one elective? Please explain your response.

Response:

The certificate program offers the maximum credits of 38 with no elective option. The degree program offers 68 credits with three elective options. The elective options are available in math, humanities and a choice of eight program electives.

I. Complete the Charter Course information for each of the courses within your major.

Response:

Not applicable.

J. Summary and Analysis: Description of Curriculum

Response:

The Medical Assisting curriculum is based on the recommended format from the program's external accrediting agency. Relevancy of program content is monitored by the external agency.

The format is competency based and must have instructional methodology to address all areas of content.

**Section II: Curriculum, Assessment, Instruction, Program Credentials, Faculty and
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3. Student and Program Assessment (Review relevant data over last three year period.)

Student Statistical Data

- A. What have been the incoming students’ average scores on QCC placement tests for each of the last three years?**

Response:

This information has not been made available.

- B. Please provide detailed tables showing the following measures of student success for each of the last three years.**

- **Students’ pass rates in all program specific courses**
- **Information on graduating students**
 - **Average cumulative GPAs**
 - **Average GPAs in major courses**
 - **Additional measures of central tendencies; i.e. median, mode, etc.**
- **Students’ pass rates on professional exams if required to obtain certification or licensure**

Response:

Based on information provided by the Registrar’s Office, the average GPA data for medical assistant students during the past 3 years is 3.15.

The CMA Exam is not mandatory for employment. This program coordinator and the AAMA-CRB do monitor and track the exam passing rates. The exam is still highly encouraged and does hold merit in the employment sector. The exam passing rates for the last three years are as follows:

Year	Passing Rate
2003	73.33%
2004	81.82%
2005	80%

- C. If relevant, how have students performed during their field placements or related work-based learning experience?**

Response:

The field placement site office manager completes a narrative evaluation of each site, and also each student completes the narrative evaluation. An additional tool was developed in Spring 2005 for the student to complete in order to obtain improvement in overall qualitative reportable outcomes of the externship experience.

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- D. Indicate the number of students who have transferred to a four-year program, if applicable. (Please refer back to your previous response to Question 1-C in Section I and import your answer)**

Response:

Due to many factors (i.e. mostly female, married, pregnancy, family responsibilities, returning to school already for a second career), medical assistant graduates have been less likely to attend four-year schools at this time. Based on statistics obtained, they have continued their education at the community college level.

One past graduate is attending Fitchburg State College’s Nursing Program.

- E. What have been the job placement rates for program graduates for each of the last three years, if applicable? (Please refer back to your previous response to Question 1-C in Section I and import your answer)**

Response:

Year	Placement Rates
2002	80%
2003	75%
2004	71.43%
2005	still conducting

- F. Track the average earnings of program graduates for each year of the three years immediately following graduation.**

Response:

The average of the three years' salary statistics is based on submitted graduate surveys at \$13.00 per hour or \$25,000/year. UMass Memorial starts entry- level graduates at \$13.87 an hour with the increased rate just occurring in the fall of 2005. Fallon Clinic starts entry-level medical assistants at \$13.00 an hour.

Program Statistical Data

- G. Provide a summary of the program’s enrollment patterns over the last three years.**

Response:

The Medical Assisting Program has admitted the maximum enrollment of 18-20 students for the past 3 years. The enrollment has grown secondary to word of mouth and the College’s reputation in the health care sector. Interest in the program, as well as the enrollment numbers and applications for admission, remain sufficient at this time.

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H. Indicate the program retention rate over the last three years. (Note: Consider two cohorts: Fall to Spring (same year); Fall to the following Fall (one year).)

Response:

Academic Year	Retention Rates
2002-2003	50%
2003-2004	58%
2004-2005	60%

I. Determine the number of semesters it takes for students to complete the program. What methods are used to evaluate the quality of the program?

Response:

The Medical Assisting certificate program is two semesters. Program evaluation is based on AAMA program outcome evaluation methods that assess faculty, courses, the College's facilities and the externship. Student CMA exam passing rates are monitored by the program, but the exam is optional.

J. Define indicators of program quality. Describe specific strategies used to assess the success of the program in achieving its stated objectives.

Response:

Outcome assessment tools are utilized to assess faculty effectiveness, course content and learning objectives, externship site selection and the quality of learning, graduate satisfaction with the overall program, and employer's assessment of entry-level graduates.

K. Summary and Analysis: Program Assessment

Response:

The program utilizes many tools of measurement for program assessment. These collection tools used are based on the various sets of data required. A self-study document is developed, written and submitted to the external accreditation agency four months prior to a scheduled AAMA site visit. This document specifically addresses program content with an overall analysis of the program's strengths and a lengthy plan to address program weaknesses.

**Section II: Curriculum, Assessment, Instruction, Program Credentials, Faculty and
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4. Relevance of Instructional Methodologies, Assessment Strategies and Program Credentials

- A. Summarize the current INSTRUCTIONAL METHODOLOGIES utilized in the program. What are the strengths and challenges of these methodologies? Include pertinent data with an analysis regarding student success as measured by graduation rates and successful course completion rates (Refer to statistical data measured in Questions 3-A and 3-B in Section II).**

Response:

The instructional methodologies are in a competency-based learning modality and include chapter reading assignments, lecture and discussion, audiovisual aids, demonstration of lab skills, practice of lab skills, written work, return demonstrations, lab and clinical examinations, as well as completion of the 71 competency skills required for graduation.

- B. If relevant, how can the program best address courses that keep students from succeeding in the program?**

Response:

Medical Assisting students require hands-on practice of their skills, and an additional “drop in” lab practice time would be the greatest enhancement for student success and learning. Five health care programs currently share the lab/classroom in 376A. This contributes to the very limited number of additional hours available in classroom 376A. This one improvement would contribute to student success, as this change would enhance the program's outcomes, especially regarding the limited lab time constraints.

Additional tutoring for ALH 102, Medical Terminology, and BIO 140, Human Body, would be an asset to this program. Tutoring services currently offered seem only to mirror certain programs/courses at QCC. The tutoring that we provide should reflect all the health care/College divisions' needs.

- C. Provide recommendations for additional methodologies that would enhance students' learning. More specifically, are there additional ways in which instructional technology could enhance students' learning? Options for distance learning? Computer-based instruction? Experiential learning? Please explain your answer, and include how the College might support these efforts.**

Response:

An additional methodology that would enhance students' learning and help them remain competitive in the medical assisting field is the further enhancement of an online curriculum. Online education is becoming the newest and fastest option in Medical Assisting programs across the country. This program director just submitted a course in Medical Terminology that would complement an online format and increase the selection of online courses the student could take in this format.

- D. Please provide a detailed ASSESSMENT plan (must be in chart form) outlining the methodologies used for on-going student assessment and final outcome assessment.**

Response:

This detailed outcome assessment is attached in the document 2003 CAAHEP Standards and Guidelines for Medical Assistant Programs.

**Section II: Curriculum, Assessment, Instruction, Program Credentials, Faculty and
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E. Describe the strengths and challenges of each of the assessment methodologies listed above.

Response:

Program strengths include a competency-based curriculum that provides the student and the instructional staff with clearly identifiable learning methods and stated outcomes. This ultimately challenges the instructional staff to meet the goals with the limited amount of semester hours/weeks to accomplish the instruction that must be taught. (i.e. if an inclement weather day occurs, the course material still needs to be covered)

F. Provide recommendations for additional methodologies to evaluate student achievement. Please consider, but do not feel limited to, the following strategies.

- Student work samples
- Student portfolios
- Capstone projects
- Laboratory activities
- Presentations
- Panel discussions
- Seminars or interdisciplinary projects
- Juried review of students projects
- Performance on case study / problem

Response:

Many of the strategies of achievement listed above are already utilized within this program. The program's already intense competency content limits any additional methodologies of this 2-semester program at this time. (See attached AAMA curriculum Content Outline.)

G. Has this program been evaluated by an EXTERNAL ACCREDITATION organization within the last five years?

Response:

Yes.

H. If yes, please provide name of organization and date of last accreditation review. Did the program meet all of the accreditation requirements? If no, please explain. Attach the summary of the accrediting team's recommendations.

Response:

The Medical Assistant Program obtained initial accreditation in April 2001 from the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The program has just completed the continuing accreditation review in December of 2005. (See the attached December 2005 Survey Team Report.)

I. If the program has not been evaluated externally, list any appropriate professional accreditation or licensure for this program that the College should pursue. (e.g., industry certifications, professional associations, etc.) Please note that federal and state funding agencies are strongly encourage program accreditation as a measure of performance accountability.

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Response:

Not applicable.

**J. What changes, if any, might need to be considered to foster enhanced program quality?
Consider the following, but you need not limit your response:**

- **change in admission requirements**
- **inclusion of an internship or other work-based learning experience**
- **introduction of 1 or 2 electives to allow students to self-select learning opportunities**
- **development of a capstone course to synthesize the learning experience**
- **varied instructional methodologies**
- **enhanced assessment of student competencies**
- **better integration of technology applications**
- **specific instructional aides/software etc.**
- **more coordination of faculty efforts, including the possibility of more full-time faculty**
- **attainment of program accreditation, certification, or licensure**

Response:

The changes in admission/program requirements will be submitted for approval through the Division of Academic Affairs for the 2006-2007 academic year. These required program changes will comply with the new 2003 Standards and Guidelines and include the following:

- The first change will also improve the program's admission requirements regarding the current math entrance requirement. The assessment test scoring and/or the completion of Math 095 will be amended to only require Math 090. The need for a math course in algebra is not necessary for this program's admission requirements. Math 090 addresses the math skills that are important for this program's learning outcomes.
- The addition of a new 2-credit Pharmacology Course for Medical Assistants (Spring 2007) will prompt this required change in Math.
- The third change to the curriculum will be elimination of the 3-credit course BSS 211, Medical Transcription, from the program's content for the Spring 2007 semester.
- These changes will allow the addition of 1 credit to the Fieldwork Experience, which will more closely align the fieldwork's required hours with the additional credit structure of 4.

The changes will reflect the new 2003 CAAHEP Standards and Guidelines of the AAMA. The program's 2-semester and maximum credit structure limits any additional modifications at this time, though an additional 1 credit would improve the learning and time constraints of ALH 151, Medical Office Administration. The program's certificate-level structure prohibits this change at this time.

K. Summary and Analysis: Relevance

Response:

The program will adhere to and meet the 2003 CAAHEP Standards and Guidelines for Medical Assistant Programs.

**Section II: Curriculum, Assessment, Instruction, Program Credentials, Faculty and
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5. Program Growth Opportunities

- A. In your opinion, would it be beneficial to develop a common core curriculum among related career programs? (E.g., computer education, business, administrative support, electronics, etc.) Please explain your answer.**

Response:

The Medical Assisting program content is based on the recommended program standards and content. The program curriculum does allow graduates to proceed with transfer to the PNP or ADN nursing programs. Core courses between nursing and medical assisting have similar content, especially with the medical science courses, English and psychology course structure.

The second option for the medical assistant student would be the consideration of the business management option, as this would be an excellent direction for those employed in the health care sector.

Management and business skills would be an asset to the program's graduates.

- B. Describe, in detail, all potential areas for program growth. Include, but do not limit your response to the following:**

- **Career Ladder Potential**
- **New Degree or Certificate Options**
- **Professional/Continuing Education Opportunities**
- **Professional Recertification Preparation/Testing**
- **Flexible Delivery Options**
- **Enhanced Instructional Methodologies**
- **Improved Assessment of Student Competencies**
- **Distance Learning Course Development**

Response:

The three areas noted below could enhance program growth and strength, but currently the program admission rates are stable and are meeting the employment needs of the Central Massachusetts region. The College would need to employ additional faculty to address the development of these ideas.

- Professional/Continuing Education Opportunities
- Professional Recertification Preparation/Testing
- Online Course Development

- C. Summary and Analysis: Program Growth Opportunities**

Response:

In summary, the program admission rates are stable and are meeting the employment needs of the Central Massachusetts region. As any program's admission rates can change at a moment notice, this coordinator believes in the long-term planning of IPR and the effectiveness that this process promotes.

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6. Faculty

A. Is the current faculty able to adequately address the instructional content needs of all courses, both general and specialty, in the program?

Response:

No. For this coordinator, this program requires a very specific set of skills, knowledge, education and qualifications for the instructional staff. The program coordinator's responsibilities have markedly increased with program enrollment and work and teaching load over the past 5 years. The additional responsibilities of the self-study process and the impending visit of an external accrediting agency combined with the addition of the IPR process created an extremely challenging and demanding role for this department's only full-time faculty/program coordinator.

The program's general course structure (English, Psychology, medical sciences, and computer applications) is taught by QCC full-time and adjunct faculty. The medical assistant specialty courses should and must be taught by faculty who understand and are able to teach the required competency format and outcomes. They must also be able to understand and have direct knowledge of what a medical assistant does.

The selection of faculty and their qualifications (in consideration of the collective bargaining structure) during the past seven years has not met the needs or requirements of this program, such as the selection of staff based on unit seniority and not on specific qualifications (i.e. a business office instructor with no medical background teaching medical courses). This has prompted the change of medical law and ethics and the medical coding and billing courses movement into the health care division. Specific credentials must be a requirement for the instructional staff in order for them to actually teach the curriculum (i.e. a specific example is hiring a non-nurse to teach the curriculum of Nursing I or II).

The addition of two courses to the health care division—ALH 106, Medical Coding, and ALH 107, Medical Law and Ethics—is based on the recommendations of the IPR process in May of 2005. This change was necessary due to the results of the IPR process of the Business Office Specialist (BOS) programs and its close relation with the Medical Assisting program IPR review.

B. Is institutional support for upgrading faculty credentials required? If yes, please explain the kind of upgrade required and approximate cost associated with the upgrade?

Response:

Yes, staff development funding for required continuing professional growth is a program standard; the professional development must be proven by documentation of attendance and content. This coordinator is required (based on the 2003 Standards) to hold the CMA credential and must attend and meet the requirements of sixty continuing education units every five years.

Funds to support the program coordinator's yearly attendance of the AAMA National Conference would be very beneficial, as this is the only professional development conference aimed just for program directors and/or educators of medical assistant programs. Costs for the 2006 conference are \$280 for members for the conference; this does not include room, meals or plane fare, which would vary yearly depending on where the convention is held.

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C. Over the last five years, what has been the ratio between full-time and part-time faculty within this program?

Response:

The ratio is one full-time program coordinator/faculty to one adjunct lab instructor who was added in 2003.

D. Describe how adjunct faculty are integrated into the existing program.

Response:

In the clinical laboratory setting, the instructional staff must maintain a ratio of twelve students per each instructor. This is the only additional adjunct faculty member hired to meet the program's needs before 2006.

E. Should the College employ additional full or part-time faculty in this discipline? Provide a detailed rationale.

Response:

Yes, additional faculty should be hired if program numbers increase. This program coordinator has been the sole person responsible for 100% of program management, student advising, externship development and supervision, budget submission and management, inventory control and supply ordering, curriculum changes and updates, catalog revisions, program enhancements, external accreditation requirements and the program's instruction. Another faculty member could help with these responsibilities. In addition, to remain in compliance with AAMA's accreditation standards, more faculty will need to be added if the program increases the number of students.

F. Describe how all faculty members contribute to curriculum development and overall program cohesiveness. Do ALL faculty members, both full and part-time have an opportunity to contribute to curriculum development?

Response:

The program has one full-time faculty member who is responsible for all curriculum development and program cohesiveness at this time. Informal meetings do occur regularly with the lab support instructor to discuss the needs of the medical assisting program and students.

G. Does the current level of support staff meet the needs of the program faculty? Please explain your answer.

Response:

No. In December 2005, the AAMA cited the program for not having adequate administrative support. The accreditation standards state the program coordinator must have adequate administrative level support. The recommendation was for the College to provide the coordinator with this type of support.

In January 2006, a part-time work-study student was assigned to this coordinator, in order to assist with the administrative functions of the program.

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H. Summary and Analysis: Faculty

Response:

A highly qualified faculty member who has the required credentials and professional and clinical experiences to meet the academic requirements of the AAMA and the College manages the program. The College will continue to need to address the ongoing requirement of an adequate administrative support staff member. The College must also adhere to the very specific academic credentials of the instructional staff of the medical assistant program.

In assessment of the present level of program staffing, the demands placed on this coordinator involve additional workload beyond contractual obligations. Each program's enrollment numbers must be considered by the College in order to fairly address each program's staffing and budget levels. Annual Program costs at the College can vary widely from this program's relatively low \$50,000 dollar annual cost to those programs that cost up to \$500,000 dollars to run (even though students are paying the same tuition amount). A comparison of other health care programs at the College (with similar annual admission of 20 candidates) can and do employ up to five full-time faculty members and/or have additional adjunct faculty to support the teaching and learning process.

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7. Program Assessment Plan

- A. **Develop a five-year “Assessment Plan” to measure the degree or certificate student learning outcomes you have set forth for your program. (Refer back to the list created in Question 1-B and updated in Question 2-C of Section II).**

Your Assessment Plan must include:

- **Six to eight measurable learning outcomes**
- **Methods used to assess these program learning outcomes**
- **Timeline indicating which learning outcomes will be assessed in each of the next five years**

In addition, each year you must submit a year-end report that addresses that year’s assessment of specified learning outcomes. Show the steps that were taken to meet these program outcomes, and share your reflections on the assessment results and how this information will impact the program’s current instructional methodologies. You will be required each year to post your completed Assessment Plan report on the QCC Electronic Portfolio website.

Response:

The Medical Assisting program is competency- and outcome-based and meets the requirements of the CAAHEP Standards and Guidelines. The learning outcomes are established throughout this process and do not necessitate duplication of this process as required above.

NOTE: When completed and approved, all Internal Program Review reports will be posted on the College’s internal IPR website.

SECTION III: Institutional Support and Other Program Resources

The combination of academics, vocational instruction, ties to local employers, and flexibility in designing programs is the unique strength of the community colleges.
-Excerpted from *Closing the Gap*, Massachusetts Institute for a New Commonwealth, 1997.

Section III: Institutional Support and Other Program Resources

1. Program Supports

(Please note: Use this section to reflect upon what institutional supports would be useful and why.)

- A. List targeted program marketing and recruitment strategies employed over the last two years? In your opinion, are they appropriate to sustain strong enrollment?**

Response:

The College has had limited recruitment strategies for this program during the past two years. A targeted marketing effort by the College would support this program's continued enrollment. (Noted for academic year 2004-2005 is the College's recent addition of two full-time marketing staff members). No additional methods or changes have been implemented since these new hires. The Medical Assisting program only employs one full-time coordinator/faculty person, who functions as the only qualified member to instruct the program based on accreditation standards.

The Health Careers Center initially provides students with program and career information. The student is then advised to contact this program coordinator for specific program questions. The program coordinator's name, telephone number and address are listed on the AAMA web site, and the site is directly linked to this coordinator's email address.

This coordinator supplies (as previously noted) four college information boards with program material and brochures on the medical assisting profession. The program also has a program page on the QCC web site, which was developed back in 2002. The coordinator has attended all open houses sponsored by the College for the past five years.

- B. Provide recommendations for new or additional marketing or recruitment strategies.**

Response:

Recommendations include the following:

- An annual open and immediate admission and/or transfer day. Those attending would only need to bring their transcripts. This would facilitate a smoother and faster process for granting admission for those attending this event.
- For the marketing or academic departments to maintain current program slip-sheets in the turnstiles and assure that the current version is on display.
- To develop space on the ground floor corridor (leading to the cafeteria) for a section on the wall spotlighting weekly one of the College's programs. The space now is filled with commercial pictures, but would do the College better service by using its own space for advertising of itself. The space would highlight a career of the month and/or week and should include information on how to apply and whom to contact. This new idea could be initiated by the additional hires within the marketing department.

- C. Does the program have sufficient linkages with business, community-based organizations, other colleges and universities, or K-12 public schools? Please explain and cite specific examples. Present in chart form as explained in the guidelines for C & D, opposite page**

Response:

The program has developed a substantial number of clinical sites for students located in a variety of internal medicine medical practices in the Worcester County region. Also, linkages were developed with the business health care community with the formation of a medical assistant advisory board.

Section III: Institutional Support and Other Program Resources

Future development and collaboration between this program and the new opening of the Worcester Vocational High school should be given priority linkage. No collaboration currently exists between K-12 public schools. (See Advisory Board Membership and each clinical site location in chart form attached.)

D. Provide suggestions for improved program linkages. What, if any, assistance do the program faculty need in order to facilitate these linkages effectively?

Response:

As noted in "C" above, the program coordinator has worked vigorously to develop the approximately 15 community affiliations with group practices, clinics and medical centers in the Worcester region. In order to provide additional support, the program would need to employ an additional full- or part-time faculty member.

E. Does the program have appropriate equipment to meet the instructional demands of the program? (e.g., medical equipment, laboratory supplies, computer hardware and/or peripherals)

Response:

The medical equipment, laboratory supplies and administrative equipment and supplies for instruction is currently adequate. Classroom supplies are supported by this program's annual budget.

This coordinator is required to maintain regular inventory and orders well over 100 individual items for each academic year. The program has purchased replacement equipment (EKG machine and centrifuge) over the past 5 years in order to comply with program instruction. The laboratories autoclave was donated by the College's dental department approximately two years ago, but a new, smaller, more compact autoclave will need to be purchased within the next one to two years.

All medical equipment is furthermore sent annually for bioengineering safety inspection and evaluation. The inadequate availability of a storage area for equipment not in use has been addressed during the Spring 2005 semester, but still space remains very limited.

F. If no, provide a list of required equipment purchases or upgrades. Please present this list in prioritized fashion and identify immediacy of the priority.

Response:

The first requirement is to upgrade the storage area for equipment as this program has many large size items. The Standards and Guidelines state that storage space should be adequate for equipment and supplies.

Upgrades to equipment in the next year or two will include a new autoclave that will need to be purchased due to the aging of the current donated autoclave. If a new lab/medical clinic is built, additional equipment will need to be purchased in order to supply this area with adequate equipment.

Section III: Institutional Support and Other Program Resources

G. Summary and Analysis: Program Supports

Response:

In summary the College has provided limited recruitment strategies for this program during the past three years, especially considering the additional hiring of marketing staff. A targeted marketing effort would provide the program with additional applicants to maintain continued enrollment, especially given the College's strength in health care education, as well as the health care industry being a major employer in the Worcester region.

This program coordinator is required to provide educational supplies and equipment to maintain compliance with the Standards and Guidelines of an Accredited Educational Program for Medical Assistants. The inadequate storage for medical assisting equipment has been addressed for the time being but will need to be revisited in the future. Major problems remain with the 376A classroom and laboratory space and involve the sharing with four other health care programs. The program faculty, dean and administration are currently formulating a strategic plan that should alleviate this in the future.

Section III: Institutional Support and Other Program Resources

2. Academic Supports

A. Are there sufficient instructional/research resources to support student learning in this program?

Response:

- The new library contains many resources for the Medical Assisting program. The required resources are referenced in program accreditation standards and the self-study report. These resources have recently been upgraded in reflection of the program's recent site visit.
- The library staff includes a research librarian that supports student learning.
- The LRC provides many tools to support instruction including the use of computers/printers, audiovisual equipment and VHS tapes, and tutoring services.
- New editions to the collection were made in 2003-2005 for the medical assisting program.
- The LRC was specifically noted as one of the two major strengths of the College's medical assistant program during the December 2005 site review.

B. Assess the overall currency of the current collection of books, periodicals, and audiovisual materials in the library. Recommend new acquisitions and/or periodical subscriptions. In addition, please work with the library staff to weed outdated materials from the library's current holdings.

Response:

The Medical Assistant program requires subscription to its professional magazine CMA Today, which is located in the periodical section of the Alden Library. The audiovisual tape series Delmar's Medical Assisting Video Series has a collection of 15 tapes on permanent hold in the LRC for student use.

The currency of the book collection is adequate and pertinent to medical assisting. Students have access to multiple electronic resources. New editions to the collection were made in 2003-2005. Outdated materials do not exist.

C. Are there sufficient technology resources, specifically software and hardware resources? Are these resources available and accessible to students? to faculty?

Response:

Yes, the technology resources are adequate and accessible for faculty and students. Classroom 377A has sufficient hardware and software to meet this requirement. A projector, two printers and a white board are permanently located in this classroom for support. The classroom/laboratory in 376A has recently been upgraded to offer Internet access for instructional support. The Fairlawn Foundation has donated technology resources specifically for this laboratory.

D. Provide a list of recommended technology acquisitions (i.e., software, hardware, PC projection units, etc.) Please prioritize this list and identify the immediacy of the priority.

Response:

There are no current needs.

Section III: Institutional Support and Other Program Resources

Hardware in classrooms is the latest technology. The updated version of Medisoft Billing software is required in classroom 377A and also required in the Harrington Computer Lab to assist with required coursework and instruction of ALH 151, Medical Office Administration.

The Harrington Computer Lab does require installation of at least three transcription tape machines for use for the fall semester's medical office administration course and the spring semester's medical transcription class. This equipment requires the instructor's time for installation and the media department's time and support of tape duplication equipment.

Classrooms 376A and 377A both have mounted projection units, computers, Internet access and TVs with VCR/DVD units for classroom use.

E. Does the Individualized Learning Center provide ample academic support services for students in the program?

Response:

While the tutoring support services are adequate, as noted in section II, additional tutoring for ALH 102, Medical Terminology, and BIO 140, Human Body, would be an asset to this program. Also, other specific tutoring needs are addressed in the next section.

F. Provide recommendations for improved academic support services.

Response:

As mentioned in Section II, the recommendation of the addition of specific course tutoring for ALH 102-Medical Terminology and BIO 140-Human Body, as these courses are extremely challenging, would benefit the marginal student to improve both passing or completion rates. This would ultimately increase program retention and enrollment management rates. (Keeping and supporting the students we already have)

G. Summary and Analysis: Academic Supports

Response:

Academic support is sufficient at this time with technology needs including hardware, software, and the media department and equipment. The services of the LRC and the collection of books and periodicals remain adequate at this time.

In order to properly evaluate and provide specific findings of the academic support services, a survey tool would assist this faculty in assessment of student support needs. It is truly difficult without this method to adequately assess the frequency and use of the Alden Library and the LRC by this program's student.

Section III: Institutional Support and Other Program Resources

3. Student Supports

A. How do your students explore career opportunities and prepare to access them?

Response:

Students in the program are provided with instruction in letter writing skills and résumé format in ALH 151, Medical Office Administration. Then students are encouraged to submit their résumés to the program coordinator for constructive evaluation and assistance. The program coordinator also provides many career opportunities in her interaction with the students throughout their coursework. The program coordinator regularly assists with job referrals.

They are also referred to work with Career Placement Services at the College. This department should be able to adequately provide assistance to students with their résumés, cover letters and help with their job searches.

All Medical Assisting students participate in an externship experience during which they can network and develop rapport with the staff of each site. This experience provides them with a professional reference and “on the job” experience to facilitate their job search.

B. Provide recommendations for enhancing students’ career exploration and planning.

Response:

No suggestions.

C. Are current student support services adequate to support the teaching and learning process? Describe specific activities in which you may have been engaged relative to student support services.

Consider:

- **Counseling Services**
- **Disability Services**
- **Health/Wellness Center**
- **Transfer Information**
- **Other Services (as listed in QCC catalog)**

Response:

Some of the services are adequate at this time. This department program has had frequent contact and utilizes the services of counseling, disability services and tutoring support. The above services are required standards of any CAAHEP accredited medical assistant program. Medical Assisting program students frequently have disability accommodations, but program exams are not timed; thus, students do not necessarily need to test in the disability services office. Students within the program have been referred to the counseling, transfer and tutoring support services as indicated.

The College's staff that provides academic advising services should have regular program-specific training to facilitate better advising. The advising center and the medical assistant coordinator should participate in regularly scheduled in-service training sessions. This is a college-wide issue and should be initiated sooner rather than later.

Section III: Institutional Support and Other Program Resources

D. Provide recommendations for additional services that would be beneficial to your students.

Response:

The College must consider providing enhanced child-care services. (A day camp with use of the QCC facilities should be coordinated with the area's public schools' vacation and days off schedule, especially for the second semester.) The single parent, as well as the two-parent student, finds it extremely difficult to attend classes and locate child-care during these times. Overall, campus attendance is noticeably down during these periods.

E. Summary and Analysis: Student Supports

Response:

There are many barriers for student success in the medical assistant programs as enrollment is usually female gender specific. Many students are single parents, and this has played a significant determining factor in their success and ability to complete this program. Economics, gender and age are factors for women who are paying for the rising costs of education, daycare, rent, cars, phones, food, gas, heat, electric, and insurance.

As noted in "D," problems with childcare occur when students' children are on vacation, such as the weeks of February and April vacation, as well as religious, teacher days off, and/or their children being ill. These factors play a significant role in student attendance and success.

Section III: Institutional Support and Other Program Resources

4. Physical Facilities

- A. Are the current physical facilities sufficient from an instructional perspective? If no, explain and provide recommendations.**

Response:

No, the physical space is not adequate for instruction.

Five programs share the 376A classroom/laboratory. The AAMA site team's visit in December of 2005 indicated that the space does not support the learning and instructional needs of the medical assisting program. The program was issued a citation and must address and correct this in a written formal plan. Storage space also remains limited.

Flexibility for the Medical Assisting class scheduling is difficult to achieve with the limitations of classroom space. Since conception, this program has tried to make the schedule work for all concerned and as this program was the newcomer to the 376A lab, other health programs have had priority time slot scheduling.

- B. Are the current physical facilities sufficient from a competitive perspective? If no, explain and provide recommendations.**

Response:

No, from a competitive perspective the physical facilities are not sufficient; the program was issued a citation based on current facilities in use. The submission of a Project Request Form detailing the need for a new medical clinic setting was submitted in February 2006 to address this external citation. The project has been approved and corrections are currently being addressed with coordination and submission of this IPR report.

The College also should consider that this space could actually be utilized as a learning laboratory offering free health care services. The clinic would be able to provide health care services, health promotion and disease prevention, medical exams and simple testing and screening.

The clinic's design could be staffed by our own health program students, thus providing the College and the Greendale community with needed health services. (Thus resembling what the dental clinic currently provides).

- C. Given enrollment projections, will additional classrooms or laboratories be required? If yes, please specify the requirements and identify immediacy of the need.**

Response:

Yes, space is extremely limited and the need is immediate, as indicated above.

- D. Summary and Analysis: Physical Facilities**

Response:

In summary, the physical space is inadequate for instruction. The coordinator and College have begun to implement the correction of the program's citation rendered from the external accreditation process.

Section III: Institutional Support and Other Program Resources

5. Program Financing

- A. Has the program’s funding been sufficient over the last five years? Please explain your response.**

Response:

While the budget has been adequate over the past 5 years, additional funds could be utilized for faculty to attend the annual AAMA national conference, as well as to update equipment. The allocated annual budget is \$8,000.00. The budget expenditures are used to purchase classroom supplies and equipment, service the medical equipment, cover professional membership dues, mandatory accreditation costs and 03 adjunct salary costs. All the allocated funds are depleted annually.

- B. Provide an analysis of the cost of this program. Be sure to include ALL costs. (For example, costs associated with instructional salaries, space, lost opportunity costs, equipment rentals and/or maintenance, etc.**

Response:

Annual Medical Assistant Program Costs	\$50,000 (approximate)
Full-time Faculty Salary as of 2006	\$42,000
Adjunct Faculty Salary	\$3000.00+
Classroom Supplies and Equipment	\$3000.00
Annual Accreditation Costs	\$800.00
Annual cost of equipment repair	\$500.00
Annual Membership Fees	\$185.00

- C. Based on your enrollment projections, are there projected increases or decreases in the budgetary requirements of this program over the next five years?**

Response:

Currently the program is admitting the maximum number of students, and there are no plans to increase enrollment at this time, especially with the limitations of potential externship sites and the physical limitations of the College campus. In account of the rising cost of inflation, projected increases in program costs will continue to rise. The cost of medical surgical supplies and need for new equipment, as well as the contractual salary increases, will be some of the factors to consider in the next five years.

- D. Summary and Analysis: Program Financing**

Response:

Although the budget is adequate at this time, an increase in funding will likely be necessary in order to insure that the program will be able to provide the medical assistant student with the quality program that the College and external accrediting agency require. An adequate budget is one of the standards of compliance of a medical assistant program. The ongoing need to update and purchase medical equipment and supplies will be a factor always in need of consideration.

SECTION IV: Executive Summary of Findings Medical Assisting Program

“In times of change, it is the learners who will inherit the earth, while the learned will find themselves beautifully equipped for a world that no longer exists.” Eric Hoffer
- Excerpted from the website of the American Association of Community Colleges

SECTION IV: Executive Summary of Findings Medical Assisting Program

- **Based on this review, briefly highlight the significant external forces that will guide program design and revision in the next three to five years.**

Purpose and Definition of the Medical Assisting Program

The Medical Assisting Program at QCC prepares graduates to perform routine administrative and clinical tasks that are necessary to keep the offices and clinics of physicians, podiatrists, chiropractors and optometrists running efficiently. The duties of medical assistants vary from office to office, depending on office location, size, and specialty. In small practices, medical assistants are usually "generalists," handling both administrative and clinical duties, and reporting directly to an office manager, physician, or other health care practitioner. Those in large practices tend to specialize in a particular area under the supervision of department administrators. Medical assistants perform many administrative duties while clinical duties vary according to state law and include taking medical histories and recording vital signs, explaining treatment procedures to patients, preparing patients for examination and assisting the physician during the examination. The documented shortage of health care workers, especially in the field of nursing, has driven the market and increased the need for medical assistants.

External Forces Guiding Program Design and Revision

The Medical Assistant Program obtained initial accreditation in April of 2001 from the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The program has just completed the continuing accreditation review in December of 2005. The QCC Medical Assisting Program must be in compliance with the Standards and Guidelines of the AAMA.

Another significant force is the location of another medical assistant program less than two miles from QCC that advertises daily with television commercials and local newspaper ads. This program spins out graduates faster than the speed of light. The quality of this school's graduates reflects adversely on the medical assistant profession in the Central Massachusetts region. This information is solicited openly by advisory board members and often stated by office managers to this program coordinator.

Competition is also an external force that continues to impact the focus and interest in choosing medical assisting as a career. The rise in nursing/radiological/dental salaries has prompted a large discrepancy between the health care professions. Medical assistant salaries have not risen at the same comparable level.

External forces that guide program growth are limited by qualified faculty staffing, availability of classroom and laboratory space, externship placement sites, program funding, and student enrollment and attrition rates.

Medical Assisting Program Employment Field

Graduates of the QCC Medical Assistant Program are prepared to sit for the American Association of Medical Assistants Certification (CMA) Exam. Our graduates who become certified can expect favorable job growth as the industry expands due to technological advances in medicine and the aging population. The excellent educational background that students receive while at QCC prepares them for many career opportunities and/or promotions including the following jobs: Office or Practice Manager, Medical Insurance Specialist, Medical Coder, Medical Transcriptionist, Claims Examiner, Collection Specialist. Some program graduates choose to further their education and become Registered Health Information Technicians, Registered Nurses, or Licensed Practical Nurses.

Additionally, in the state of Massachusetts and throughout the country, medical assistants may also be employed with on the job training (OJT). This option, though still prevalent, was the method of acceptable for training of medical assistants in the past. Due to this factor, the practice of medical assisting continues with inconsistencies of varying skill sets and competencies that can vary widely from employee to employee.

SECTION IV: Executive Summary of Findings Medical Assisting Program

According to the latest data from the Bureau of Labor Statistics, the field of Medical Assisting is expected to be one of the fastest growing occupations through the year 2014. Medical Assistants held about 387,000 jobs nationally in 2004. Almost 60% were employed in the offices of physicians, and another 10% were employed with other allied health care practitioners.

- **Recap the strengths or unique features of the proposed curriculum. Briefly describe the program's instructional approaches and assessment methodologies.**

Medical Assisting Program Strengths

- The competency-based curriculum is the program's most outstanding feature, as students are actually able to verify and state what they learned in the program.
- In December of 2005, the Medical Assistant program completed an external continuing accreditation program review and was noted to be in compliance with the Standards and Guidelines of the AAMA. The program will be required to provide corrective measures to address two program citations; thus, once corrected the program will be in full compliance. The program was noted to provide high quality education to its students and graduates. The external review assures that the program's curriculum is current and meets the instructional competencies.
- The proposed changes in admission/program requirements will be submitted for approval through the Division of Academic Affairs for the 2006-2007 academic year. These required program changes will comply with the new 2003 Standards and Guidelines and include the following:
 - ❖ The first change will also improve the program's admission requirements regarding the current math entrance requirement. The assessment test scoring and/or the completion of Math 095 will be amended to only require Math 090. The need for a math course in algebra is not necessary for this program's admission requirements. Math 090 addresses the math skills that are important for this program's learning outcomes.
 - ❖ The addition of a new 2-credit Pharmacology Course for Medical Assistants (Spring 2007) will prompt this required change in Math.
 - ❖ The third change to the curriculum will be elimination of the 3-credit course BSS 211, Medical Transcription, from the program's content for the Spring 2007 semester.
 - ❖ These changes will allow the addition of 1 credit to the Fieldwork Experience, which will more closely align the fieldwork's required hours with the additional credit structure of 4.
- The curriculum changes will reflect the new 2003 CAAHEP Standards and Guidelines of the AAMA. The program's 2-semester and maximum credit structure limits any additional modifications at this time, though an additional 1 credit would improve the learning and time constraints of ALH 151, Medical Office Administration. The program's certificate-level structure prohibits this change at this time.

Medical Assisting Program Instructional Approaches and Assessment Methodologies

- The instructional methodologies in this competency-based learning modality include chapter reading assignments and tests, lecture and discussion, audiovisual aids, demonstration of lab skills, practice of lab skills and clinical lab demonstrations, coding assignments, weekly workbook assignments, in-class computer assignments, group and individual presentations, written work (such as clinical reports and case studies), return demonstrations, lab and clinical examinations, as well as completion of the 71 competency skills required for graduation.

SECTION IV: Executive Summary of Findings Medical Assisting Program

- **Emphasize the specific areas targeted for improvement and discuss the anticipated changes recommended to address the concerns.**

Proposed Medical Assisting Modifications

- Improve the space allocated for the clinical laboratory classroom. The College must provide a new medical clinic for program use only.
 - Provide an administrative support staff member to aid this program coordinator with day-to-day administrative tasks.
 - Offer program-specific in-service training for QCC advising center staff to help ensure sufficient enrollment numbers and improve overall advising results.
 - Provide assistance from the Office of Institutional Research in order to conduct and monitor significant program outcome statistics.
 - Upgrade storage area to meet industry standards and guidelines.
 - Provide more flexibility with the Medical Assisting class schedules would also be advantageous.
 - Address the program's need (in two-three years) for a more compact autoclave than the one donated by the College's dental department.
- **Identify the supports and resources that are needed and are critical to supporting the program's goals.**
 - The assignment of a part-time administrative assistant (required program standard) that was cited in December 2005 accreditation site visit.
 - The construction and funding of a new Medical Assistant laboratory cited in December 2005, which could be actually used as a free care clinic that would provide significant experience for the multiple health care disciplines within the College.
 - To immediately develop program courses suitable for an online format.
 - Hiring of one additional qualified full-time program faculty.
 - Support from Institutional Research staff, as significant mandates require the conduction of additional program assessment and outcome measurements for year 2006.
 - As the program must meet national standards, out-of-state travel is essential for this program's success. This coordinator is required (based on the 2003 Standards) to hold the CMA credential and must attend and meet the requirements of sixty continuing education units every five years.
 - A survey tool to assist faculty in the assessment of student academic support (i.e. tutoring and library services) needs.
 - Tutoring services specifically for ALH 102, Medical Terminology and BIO 140, Human Body.
 - Enhance child-care services for students when the public schools have vacations and days off.
 - **In chart form**

SECTION IV: Executive Summary of Findings Medical Assisting Program

- Provide a summary of action steps, prioritizing what needs to be done with an estimated timeline for completion. Use the following codes to indicate priority status for each item:

- IP Immediate Priority (needs immediate attention)
- HP High Priority (needs attention as soon as possible)
- EP Essential Priority (needs to happen for program to be successful)

- Attach required documents as noted in guidelines

Priority	Need
IP	Allocation of additional space or the building a Medical Assistant Lab/Clinic
IP	Providing a part-time Administrative Assistant
EP	Insuring and funding faculty attendance to national organizations conference
EP	Hiring of one additional full-time faculty