

Medical Assisting Program Review

January 20, 2012

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1/20/2012

Program / Discipline Overview:

What are the educational goals or objectives of this program / discipline. How do these compare with national or professional program/ discipline trends or guidelines? Have they changes since the last review, or are they expected to change in the next five years?

The Portland Community College Medical Assisting Program is designed to prepare people with entry level skills to enter the job force as a functional unit of the healthcare team. This program has been a part of the PCC Family since 1974. Over the years the discipline has grown and changed to keep up with the current needs of healthcare today. This program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The American Association of Medical Assistants (AAMA) is the national organization that supports Certified Medical Assistants through State chapters. The AAMA is the only medical assisting organization granted Official Observer Status to the American Medical Association's House of Delegates. The National Board of Medical Examiners - responsible for many national examinations for physicians - serves as test consultants for the CMA (AAMA) Certification/Recertification Examination. As a result, the reliability and validity of the CMA (AAMA) credential is of the highest order. The program was surveyed in 1981, 1987, 1994, 2000, and 2008; and always received continuing accreditation. Our next survey is due in 2018.

The Medical Assisting Program is currently a multi-campus/center program. The Cascade Campus, is the hub of all application processing and advising and serves as the home of the faculty department chair, SAC chair and, and administrative support staff. The other location, housing lab and classroom space, is the newly constructed Willow Creek Center. There is consideration of establishing another cohort at a third location, the South East Center, in the near future. These two present cohorts start at staggered times so the clinical sites are not inundated with student externs. The Cascade group begins in the Fall and graduates in the Spring. The Willow Creek group begins in the Spring and graduates in the Fall. This program is a less than one-year certificate that delivers 41 credits in 3 terms. This program is considered lock-step and in order to progress onto each term the students must maintain a minimum of a 2.0 GPA and pass their soft skills assessments each term.

The program currently takes 24 students in each cohort. This number is aligned with the amount of externs our clinical affiliates are able to handle in any given year. There are 10 accredited medical assisting programs in Oregon, 7 of which are community colleges. There are a total of 18 medical assisting programs in this state (accredited and non-accredited combined) and that does not include online medical assisting programs. This high number has not impacted our enrollment because our costs are approximately a fifth the cost of the majority of proprietary schools and clinical sites prefer community college due to the depth of knowledge PCC students possess compared to the other schools.

Students who graduate from our program will be able to find jobs in most ambulatory care clinics, chiropractic offices, and specialty clinics. The medical assistant performs a variety of skills to include administrative, clinical, and team approaches to patient care.

The scope of practice for medical assistant has changed drastically over the years. The medical assistant began back in the day just checking patients in but now they have become a very important part of the patients overall healthcare. An enhanced practitioner model is emerging within the MA profession. Medical assistants are assuming more vital roles in the psychosocial care of patients. They not only perform administrative functions and clinical care for patients, but they are now serving roles as communicators, evaluator, and liaisons for other members of the primary care team. The future of primary care medicine is beginning to focus more on the roles of medical assistants and Portland Community College is continually updating the curriculum to support the evolution of the primary care industry. Our students will be prepared to take the next step in the world of medical assisting and will leave the program as what the industry calls “super MA’s”.

B. Please summarize changes that have been made since last review.

Since the last program review in 2006 the program has gone under some major changes. The biggest change is that we now have two cohorts running from two different campuses and another full time faculty member. The curriculum has also gone under some major changes as well. The previous prerequisites were compass scores to be ready to take WR 121, MTH 20, RD 90. The current prerequisites are completion with a C or better the following courses: MP 111, BI 121/122, MTH 60, and WR 121. The program has had some problems with attrition in the past due to students not being able to pass certain courses, mainly science based. We only take a small number of students each year and the idea was to try and get the best of the best from the beginning. The program is only 3 terms in length and the students need more time to concentrate on medical assisting related courses. If the above listed new prerequisites are completed prior to beginning the program then more time can be spent on the core objectives and the student has proven they are able to take more rigorous courses without problems.

Another change is that we have implemented a community based health fair where the medical assisting students, during second term in conjunction with their clinical courses, invite the public to come and get a basic health screening – to include hearing tests, vision screening (color, distance and near), blood pressure, height, and weight. The feedback from the students and the public has been very positive. (see appendix for more detailed information – appendix IV., A-D))

The program has also taken out outdated courses such as transcription and added an electronic health records course, human relations psychology, clinical phlebotomy, extended the coding course to include the new ICD-10, and combined the clinical practicum to be focused at the end of the program instead of having them split up during second and third term.

The changes are fairly new to the program but the feedback so far from the health professionals and the public have been very positive. By the next program review the data will be more substantial and more changes, if needed, will be derived from the results of the changes.

C. Were any changes made as a result of the last review? If so, please describe the rationale and result.

There were significant changes as a result from the last review. Proper writing and speaking skills are critical in the healthcare industry. One of the recommendations was to confer with ESOL instructors to learn more about the program in general and the assessment and placement of students in particular. We have been working with Kim Wright in ESOL at Cascade Campus to assess students coming in with communication or written barriers. If we have students that arouse concern regarding their ability to effectively communicate, verbal and written, we send them to Kim and she evaluates the students skills and presents them with an academic plan to get to the level that healthcare representatives require.

Another recommendation was to have more frequent communication between our instructors and practica supervisors for placement of our student externs. Clinical placement has become increasingly difficult over the past few years due to problems with non-PCC student externs demonstrating poor professionalism, communication, attitude, and performance. Many of the sites have discontinued taking student externs all together. The communication between PCC and the clinical sites have become year round conversations to ensure clinical placement for our student externs.

Lastly, the recommendation to expand the program has been fulfilled by opening up the Willow Creek Center, which graduated its first cohort in 2008. Having a west side program has been very successful with an average of 150 applications every year for that location.

2. Outcomes and Assessments:

The matrix below shows the mapping of the Medical Assisting Program Outcomes and Portland Community Colleges Core Outcomes. The main outcome that was present in all aspects was Professional Competence. We are a Career Technical Education program and our end goal is to get our graduates out in the workforce. Professional Competence is an outcome that the students must obtain in order to be successful in the health care field. Our program assesses Professional Competence through a series of proficiency testing throughout the program on specific skill sets that are relevant in today's medicine.

1. Medical Assisting Program Outcomes	2. Maps to a PCC Core Outcomes?
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Communicates effectively with persons through the use of verbal & non-verbal skills, written abilities, active listening, and information technologies within ambulatory care settings	Prof. Comp. Communication Cultural Awareness
Integrates the principles of mathematics and scientific knowledge with administrative and clinical medical assisting practice	Prof. Comp. Critical Thinking
Demonstrates the ability to meet personal needs as a mature, adaptable person and member of the medical assisting profession	Prof. Comp. Communication Self Reflection
Thinks creatively and critically in the identification, analysis, and resolution of problems, issues, truth claims, and ethical issues	Prof. Comp. Critical Thinking Community and Env. Resp
Commits to practice medical assisting within the standards and guidelines of medical assisting program of program accreditation and medical assistant certification standards	Prof. Comp.

3. Other Curricular Issues

A. *To what degree are courses offered in a Distance modality (on-line, hybrid, interactive television, etc)? Have significant revelations, concerns or questions arisen in the area of DL delivery?*

During Spring 2011 the program attempted to present selected courses in online formats. Pharmacology and Administrative Procedures were taught online and the feedback was poor.

The students' overall comments were that the topics were too difficult to learn in a distance modality and they suggested reverting to face-to-face classes.

B. Has the SAC made any curricular changes as a result of exploring / adopting educational initiatives (e.g., Service Learning, Internationalization of the Curriculum, Inquiry-Based Learning, Honors, etc.)? If so, please describe.

1. Medical Assisting second-term students are required to demonstrate a number of clinical skills essential to providing quality patient care. Effective patient education and communication are essential to accompany accurate measurement of patient, therefore, additional practice combining patient measurements with communication and education was implemented in the MA 123/124 course curriculum. We designed a one day Community Health Screening Fair which took place at our Willow Creek Campus July 27th 2011. The students worked in groups to design educational material handouts to the public during the event (appendix IV(D)). The clinical procedures performed by the students included the following: Blood pressure measurements, Pulse measurements, Height & Weight measurements, Distance Visual Acuity screening, Near Vision Acuity screening, and Audiometer screening. The students walked each volunteer through all of the clinical procedures. Communication, professionalism and attitude were evaluated by the volunteer patient using a confidential comment card. These comment cards were later discussed individually with students to provide feedback on their soft skills (appendix IV(C)). Each clinical skill performed during the Community Health Screening Fair was assessed during Medical Office Clinical Procedure Lab. The students were required to complete clinical proficiency testing for each skill set prior to participating in the event. Commission on Accreditation of Allied Health Educational Programs core curriculum components met during health fair:

- CAAHEP core curriculum components: (I. P Psychomotor skills 1.0 & IX.P Psychomotor skills 2.0 & I.A Affective Behavior 1.0, 2.0 3.0)
 - Clinical Skills Performed
 - Blood Pressure Measurements
 - Pulse Measurements
 - Height & Weight Measurements
 - Distance Visual Acuity
 - Ishihara testing
 - Audiometer Hearing Test
- CAAHEP core curriculum components: (II. C Cognitive Knowledge Base 3.0, 5.0, 7.0)
 - Documentation of Measurements
 - Accurately reading and recording vital signs

- Conversions of measurements for Height & Weight
- Correct documentation of Audiometer testing
- Correct documentation of DVA Snellen exam
- Correct documentation of Ishihara testing
- CAAHEP core curriculum components: (IV. A Affective Behavior 1.0, 2.0, 3.0, 4.0, 7.0, 9.0, 10.0)
 - Communication Skills
 - Active listening skills
 - Verbal and non verbal communication
 - Professional behavior

Results of the Community Health Screening Fair:

Over 150 patient volunteers participated in the Community Health Screening Fair. On average, each student was able to practice their clinical skills with 5 individuals. Post event surveys were given to the students to collect feedback on the event (appendix V (E)).

C. Identify and explain any other significant curricular changes that have been made since last review.

1. Completion of , WR 121, MP 111, MTH 60, BI 121 and 122 with a C or better prior to beginning the program.
2. Addition of PSY 101, Human Relations.
3. Addition of MP 201, Intro to Electronic Health Records
4. Addition of MA 120, Intro to Clinical Phlebotomy
5. Deletion of MA 134, Transcription
6. Combined MA 125, Administrative Directed Practice; MA 133, Clinical Directed Practice, and MA 147, Specialty Directed Practice to MA 270, Clinical Practicum. The feedback from the clinical sites was that they would rather have the student all at once instead of splitting their time throughout two terms.
7. Increase in credits for MA 180, Coding and Reimbursement – we added the ICD10 curriculum into course.

4. Needs of Students and the Community: are they changing?

A. How is instruction informed by student demographics?

Expanding the program to two different campuses has allowed more students to enroll in our program that might not have enrolled due to transportation difficulties. There is consideration of adding a third cohort based at the Southeast Center. The demand is growing in that area for a PCC Medical Assisting Program. If and when that happens we will be reaching a demographic that we have not been able to reach before.

B. *Have there been any notable changes in instruction due to changes in demographics since the last review?*

Due to generational issues, the need to emphasize patient communication, customer service, and other front offices soft skills now need to be emphasized more ie phone etiquette. Those soft skills are a major focus of the “super MA” concept.

C. *Describe current and projected demand and enrollment patters. Include discussion of any impact this will have on the program / discipline.*

Over the past three years the demand for the program has gone up exponentially. Part of this is due to the downturn in the economy and the other part is the Labor Bureau stating that Medical Assisting is one of the most growing and in demand jobs projected to 2018.

2008 National Employment Matrix title and code	Major occupational group	Employment		Change, 2008-18		Median Annual wage quartile, 2008	Most significant source of postsecondary education or training
		2008	2018	Number	Percent		
Registered nurses	29-1111 Professional and related	2,618.7	3,200.2	581.5	22.20	VH	Associate degree
Medical assistants	31-9092 Service	483.6	647.5	163.9	33.90	L	Moderate-term on-the-job training
Personal and home care aides	39-9021 Service	817.2	1,193.0	375.8	45.99	VL	Short-term on-the-job training
Retail salespersons	41-2031 Sales and related	4,489.2	4,863.9	374.7	8.35	VL	Short-term on-the-job training
Postsecondary teachers	25-1000 Professional and related	1,699.2	1,956.1	256.9	15.12	VH	Doctoral degree
Computer software engineers, applications	15-1031 Professional and related	514.8	689.9	175.1	34.01	VH	Bachelor's degree
Receptionists and information clerks	43-4171 Office and administrative support	1,139.2	1,312.1	172.9	15.18	L	Short-term on-the-job training
Carpenters	47-2031 Construction and extraction	1,284.9	1,450.3	165.4	12.87	H	Long-term on-the-job training
Network systems and data communications analysts	15-1081 Professional and related	292.0	447.8	155.8	53.36	VH	Bachelor's degree
Licensed practical and licensed vocational nurses	29-2061 Professional and related	753.6	909.2	155.6	20.65	H	Postsecondary vocational award

**Table 1.4 Occupations with the largest job growth, 2008 and projected 2018
(Numbers in thousands)**

2008 National Employment Matrix title and code	Major occupational group	Employment		Change, 2008-18		Median Annual wage quartile, 2008	Most significant source of postsecondary education or training
		2008	2018	Number	Percent		
Physicians and surgeons	29- 1060 Professional and related	661.4	805.5	144.1	21.79	VH	First professional degree

Source: Employment Projections Program, U.S. Department of Labor, U.S. Bureau of Labor Statistics

D. What strategies are used within the program / discipline to facilitate access and diversity?

To achieve organizational cultural competence within the program and the health care leadership workforce, it is important to maximize diversity. This may be accomplished through:

- Creating the desired result of a diverse core professional who may assume influential positions in healthcare public, government, and private industry.
- Accepting and promoting minorities in the health care workforce with a strong English language foundation.
- Involving community representatives in health care organizations and non-medical personnel to the medical assisting advisory board meetings.

To achieve systemic cultural competence (e.g., in the structures of the health care system and within the program) it is essential to address such initiatives as conducting community assessments, developing mechanisms for community and student feedback, implementing curricula for patient/student racial/ethnic and language preference data collection, developing quality measures for diverse student populations, and ensuring culturally and linguistically appropriate health education materials with an understanding that a strong command of the English language is first line.

To achieve systemic cultural competence within the program may include:

- Students having a strong understanding that developing health information for patients is written and communicated at the appropriate literacy level and is targeted to the language and cultural norms of specific populations.
- Having students use research tools to identify medical errors due to lack of systemic cultural competence, including those due to language barriers.
- Having students understand the standards used by the Joint Commission on Accreditation of Healthcare Organizations in regards to serving a diverse population of patients. (JCAHO) and by the National Committee for Quality Assurance (NCQA).

E. Has feedback from students, community groups, transfer institutions, business, industry or government been used to make curriculum or instructional changes.

Most of the changes that have happened and will continue to happen are based on assessments of the overall program and feedback from the students and the clinical professionals. The program has surveys and assessments in all aspects of the program. The new PCC rules regarding assessments make every class of every term accountable to be assessed. The medical assisting courses are evaluated at the end of each term. These evaluations are looked over and tallied at the end of each term and changes are discussed at that time between the department chair and SAC. For example, one of the comments we often heard was that coding was too short in length and they felt it would be a better course if it were a little longer. We made the one credit coding and reimbursement into a two credit course based mainly by feedback from the students. The course has yet to run as a two credit course so we don't currently have comparative data.

We also performed a post-graduate focus group to see how we could improve the program from the standpoint of students whom just recently sat for the National Exam and graduated the program. The results of the focus group are in the appendix. The feedback was very helpful and we have made many updates to the modules we use throughout the program based on the results of this focus group.

Approximately 6 months after a student graduates we send out follow up surveys to see how many graduates are employed and the details of their employment. With these results I try and stay in touch with the clinics to possibly use as externship sites if and when available.

The appendix has examples and summary of the surveys and assessments. Approximately 80% of our graduates are employed within the healthcare field within 6 months of graduating and taking the national exam.

5. Faculty: reflect on the composition, qualifications and development of the faculty

A. Provide Information on

1. Quantity and quality of the faculty needed to meet the needs of the program/ discipline.

Personnel as stated from The American Association of Medical Assistant/CAAHEP Standards:

1. Program Director

- a. Responsibilities: The program director must be responsible for program effectiveness, including outcomes, organization, administration, continuous review, planning and development.

b. Qualifications: The program director must have a minimum of an associate degree and instruction in educational theory and techniques.

Practicum Coordinator

a. Responsibilities: The Practicum Coordinator must select and approve appropriate Practicum sites; provide orientation for the on-site supervisors; and provide oversight of the Practicum experience, including on-site assessment of student experiences and the quality of learning opportunities at least once during each term students are assigned to the Practicum site.

b. Qualifications: The Practicum Coordinator must be knowledgeable in program curriculum, as evidenced by education and/or experience, and effective in evaluating student learning and performance.

The program director must be credentialed in medical assisting by a credentialing organization accredited by the National Commission for Certifying Agencies (NCCA). The program is currently accredited through CAAHEP.

2. Faculty and/or Instructional Staff

a. Responsibilities: Faculty must utilize instructional plans, direct and assess student progress in achieving theory and performance requirements of the program.

b. Qualifications: Faculty must be knowledgeable in course content, as evidenced by education and/or experience, effective in directing and evaluating student learning and laboratory performance, and be prepared in educational theory and techniques.

2. *Extent of faculty turnover and changes anticipated in the next five years.*

- a. There are currently two full time faculty members between the two campuses with no back up or part time staff. Willow Creek campus does not have any administrators or support staff. Jin Kim took over as program director in 2008-09 with the most recent addition to the program was Virginia Chambers in 2009 and the retirement of Denise Rigsbee also in 2009. Additional staff will be required to keep up with the pace and demand of the changes within the healthcare community over the next several years. As the program changes to meet the needs and requirements of employers and healthcare policy makers, additional help will be essential to program success and in turn student success.

3. *Extent of the reliance upon part-time faculty and how they compare with full-time faculty in terms of educational and experiential backgrounds.*

The program currently has no reliable part time faculty. One of the goals within the next academic year is to hire competent adjunct faculty.

4. *How the faculty composition reflects the diversity and cultural competency goals of the institution.*

The Medical Assisting faculty consists of two females, one Caucasian and the other is Pacific Islander. This composition reflects the diversity and cultural competency of the college.

B. Report any changes the SAC has made to instructor qualifications since the last review and the reason for the changes.

No changes have been made to the instructor qualifications. See above under Personnel to see the current standards.

C. How have professional development activities of the faculty contributed to the strength of the program / discipline? If such activities have resulted in instructional or curricular changes, please describe.

1. Virginia Chambers BS, MHA, CMA (AAMA) with support from Jin Kim, Program Director and Faculty Chair
 - Attended the National AAMA conference in September 2010 and participated in a variety of lectures covering topics such as, professionalism, proper injection techniques, global health disparities, legal considerations for medical assistants, new HPV research, and instructor development.
 - Attended the Oregon Society of Medical Assistants national conference in May 2011.
 - Organized a PCC Medical Assisting team to participate in the Juvenile Diabetes Research Foundation or JDRF walk October 2010 & 2011
 - Participated in Oregon Health Science University Diabetes Summit November 2010 & 2011
 - Participated in the “A Year of Action”, which was a live online panel discussion on Haiti presented by Doctors Without Borders
 - Attended the Oregon Partnership to Immunize Children national conference in September 2011.

After attending various lectures and seminars a HIPAA certification lecture and test was created for students. Discussions to research and develop new courses for the Medical Assisting program to provide additional education and training in vaccination and immunization, new Seminar course for mentoring and communicating in a team environment, are being discussed every term.

6. *Facilities and Support*

A. Describe how classroom space, classroom technology, laboratory space and equipment impact student success.

The overall success of the students has been impacted by the classroom shortage at Cascade Campus as well as the Willow Creek Center. The main lab space at the Cascade campus has been turned into a general purpose classroom leaving the MA students at this campus having to travel to the Willow Creek Center for any clinical laboratory based curricula. This has been voiced as inconvenient, especially for those that rely strictly on public transportation.

B. Describe how students are using the library or other outside-the-classroom information resources.

1. Library information sessions are scheduled for every new cohort during first term. At Willow Creek campus the Library information session is held at Rock Creek Campus since the Willow Creek Center has no library or resource center. This session includes a tour of the library, description of resources and shows the students how to access the library while off campus.

C. Provide information on clerical, technical, administrative and / or tutoring support.

1. Willow Creek faculty currently does not have access to administrative support or clerical resources. The campus does not have tutoring resources, library or open computer labs for students. Students are directed to Rock Creek campus if they need any of the above.

D. Provide information on how Advising, Counseling, Disability Services and other student services impact students.

1. Willow Creek students have no access to Advising, Counseling, Computer Lab resources or Library. It would be nice to get some type of support staff for students out there eventually.

7. *Career and Technical Education Programs: curriculum keeps pace with changing employer needs and continues to successfully prepare students to enter a career field by:*

A. Advisory Committee members – impact – appendix for the advisory committee meetings minutes. (appendix II.,A-C)

Our Advisory Committee plays a vital role in the medical assisting program. They have a wealth of knowledge in the healthcare field ranging from administrative persons to active clinical staff. The members are continually giving feedback and encouraging us to stay proactive in the field. We have the last three meeting minutes in the appendix.

B. How are students selected and or prepared for program entry?

In the years past the selection of medical assisting students has been first come first serve. This has changed based on the increase number of applications and the demands for overall professional graduates. On average the program receives 150-200 application for each of the cohorts. The program director screens all the applications by the submitted letters of recommendation, successful completion of all prerequisites, and overall GPA. The top 24 are given seats in the program.

C. Review job placement data for students over the past five years, including salary information where available. Forecast future employment opportunities for students, including national or state forecasts if appropriate.

1. According to the AAMA Medical Assistant Survey published in the CMA Today Journal; Hourly pay for Certified Medical Assistant in the Pacific Northwest averages \$16.85 per hour. Based on number on years of experience, the hourly pay could be as high as \$19.00 per hour in some specialty care clinics. (CMA Today, 2011. Vol.44:6)

See the appendix for specific recent graduate results (appendix V, F).

D. Analyze any barriers to degree or certificate completion that your students face, and identify common reasons that students may leave before completion.

In the past the biggest barrier for students being successful has been the biology requirement within the program and the medical laboratory course. By creating the change for the biology sequence to be completed prior to the start of the program the idea is to have less attrition and barriers. The changes have recently been added to the program so by next program review we should have ample data to see if the prerequisite changes have made a difference on the overall success of the student in the professional setting.

E. *Describe and explain any additional changes that have been made to the program since the last program review.*

1. Student Soft Skills Assessment: see appendix for example (appendix I.(D))
2. Student Self Evaluations: see appendix for example (appendix I., (D))
3. Community Health Screening Fair implemented during 2nd term for additional clinical practice and soft skills development see appendix for example and structure
4. Mandatory meeting with academic advisor during 3rd term to assess students potential for degree or transfer degree for educational pathway options
5. Students create a portfolio to keep track of accomplishments, extra public educational seminars attended and certifications gained within the program. (CPR/First Aid, HIPAA, Bloodborne Pathogens...etc).
6. Resume building with Tanya Maldonado from PCC Career Services
7. Health Insurance Portability & Accountability Act lecture and certification exam was implemented during first term

8. **Recommendations**

A. *Identify recommendations related to teaching and learning that derive from results of the assessment of student learning outcomes (course, degree, certificate and / or College Core Outcomes)*

Our recommendation for the program is to feel like and have continued administrative support. Often times there is a sense of disconnect with our faculty and administration. We serve our students best in a face-to-face environment and without continued support from administration we won't have time to best serve them.

B. *Identify recommendation relevant to areas such as maintaining a current curriculum, professional development, access and success for the students, obtaining needed resources, and being responsive to community needs. For recommendations that require additional funding, present them in priority order.*

1. New EKG machines would be nice to have in our MA 124 lab
2. Student graduates as lab assistants and clerical help would be very helpful to help with program related events like the community health fair
3. Office Space designated for Virginia and Jin together instead of Jin and MT in SSB but keep office space at WCC. Jin and Virginia travel back and forth from Cascade to WCC every term and it helps to have a designated work space when you get to work.
4. New adjunct faculty
5. Own lab space at Cascade Campus

Medical Assisting Program Review Appendix:

I. Medical Assisting Program

- A. PCC Medical Assisting Program Student Handbook
- B. Program Outcomes for Medical Assisting
- C. Classroom Behavioral Assessment
- D. Student Self-Evaluation Form
- E. Absence Request Form

II. Advisory Committee Board

- A. Members List and Contacts
- B. Meeting Minutes August 2011
- C. Meeting Minutes December 2011

III. Commission on Accreditation of Allied Health Education Programs Medical Assisting Program Standards

IV. Community Health Screening Fair

- A. Advertisement flyer
- B. Screening Documentation Form
- C. Feedback Comment Cards
- D. Student Created Educational Handouts
 - a. Audiometer Handout
 - b. Ear News for Kids Handout
 - c. Ear/Hearing Vocabulary Handout
 - d. Color Blindness Screening Handout

V. Surveys and Results

- A. RESULTS of Graduate Survey on Program Outcomes Workshop
- B. Pre-Graduate Survey on Program Outcomes
- C. RESULTS of Pre-Graduate Survey on Program Outcomes
- D. RESULTS of AAMA Graduate Survey
- E. Student Feedback Survey on Health Fair RESULTS
- F. Clinical Directive Practice Survey for sites

VI. Articles and Presentations

- A. "New Roles of the Certified Medical Assistant to Enhance Quality and Effectiveness of Care"
- B. "Picture of Professionalism"

- C. “Why More Employers are Hiring CMA’s”
- D. PCC News: Medical Assistants JDRF Walk to Cure Juvenile Diabetes

I. Medical Assisting Program
A. Student Handbook

**Portland Community College
Medical Assisting Program**



**Portland Community College
Medical Assisting
Student Handbook
2011-2012**

PORTLAND COMMUNITY COLLEGE MEDICAL ASSISTING PROGRAM MISSION STATEMENT

The mission of Portland Community Colleges Medical Assisting Program is to prepare individuals to be successful key players with in the healthcare team. We do so by intensive academic studies coupled with clinical partnerships in the community. Our program is designed around successful identification of the following critical skills: communication, professionalism, critical thinking, and attitude. Our goal is to provide students with the necessary knowledge and soft skills to become strong, confident, and capable working professionals within the healthcare community.

PROGRAM ORGANIZATION

The Medical Office Assisting Program is located within the Allied Health and Science Division of Portland Community College; PCC. Other health programs within this Division include: Medical Laboratory Technology, Ophthalmic Medical Technology, and Alcohol and Drug Counseling, and Health Information Management. Other courses offered within the division include biology, chemistry, physics, and general science.

Students Right-To-Know (Public Law 101-543) Portland Community College is required by federal law to disclose to all current and prospective students the completion rate of PCC's first-time, full-time, certificate and degree seeking students. This information is available in the Financial Aid and Registration offices of each campus.

Equal Opportunity It is against the college's policy for any manager, supervisor, faculty, staff, or student to engage in harassment or discrimination of any member of the college community based on his/her race, color, religion, ethnicity, use of native language, national origin, age, sex, marital status, height/weight ratio, disability, or sexual orientation. Inquiries regarding these matters may be directed to Sylvia Welch, Director, Affirmative Action, 503-978-5841. Questions specific to the Americans with Disabilities Act (ADA) may be directed to Cheryl Belt, 971-722-5869.

SPONSORSHIP

Portland Community College is accredited by the NWCCU; Northwest Commission on Colleges and Universities, 8060 165th Ave. N.E., Suite 100, Redmond, WA 98052, 452/558-4224. July 2007, NWCCU re-affirmation of accreditation. The Medical Assisting Program is accredited by the CAAHEP; Commission on Accreditation of Allied Health Education Programs, 1361 Park St., Clearwater, FL 33756, 727/210-2350.

PROGRAM GOAL

The goal of the Portland Community College Medical Assisting Program is to educate students who are well prepared technically with demonstrated work ethics and professional values. These include:

- students who achieve entry level competencies

- students who promote a positive attitude

- students who contribute as team players

- students who are responsible professionals

PROGRAM OBJECTIVES

The following objectives are derived from the college objectives developed by the Strategic Planning Steering Committee.

- To offer a Medical Assisting program that is regularly assessed and updated in order to maintain technical standards and to meet the needs of students and the community.
- To teach using traditional and innovative instructional methods, materials and equipment.
- To provide students with accessible library collections and learning resources.
- To provide students with opportunities to broaden their awareness and understanding of our diverse society.

FACULTY AND STAFF

DISTRICT PRESIDENT:

Preston Pulliams, Ed.D.

CAMPUS PRESIDENT, CASCADE CAMPUS:

Algie Gatewood, Ed.D.

DEAN OF INSTRUCTION: Scott Huff, P.E.

DIVISION DEAN,

ALLIED HEALTH AND SCIENCE: John Saito, MPH

DEAN OF STUDENT DEVELOPMENT: Linda Reisser, Ed.D.

PROGRAM DIRECTOR, FACULTY CHAIR: Jin Kim, CMA (AAMA)

FULL TIME FACULTY: Virginia Chambers, CMA (AAMA)

ADJUNCT FACULTY: Carolyn Griffith, CMA (AAMA)

ALLIED HEALTH & SCIENCE ADMISSIONS: Julie Rodriguez

DIVISION INSTRUCTIONAL ADMINISTRATIVE

ASSISTANTS:

Corinne Hiebert, Donna Fielding

ACADEMIC POLICY

ACADEMIC PERFORMANCE

The program consists of 43 credits. Students must maintain a minimum level of performance (no lower than a "C" grade) in each of the required technical courses (Biology, Medical Assisting, Math, Medical Lab Technician, or Health prefix) in order to continue to progress through the MA program and be eligible for the Certificate in Medical Assisting.

Students who fail to meet the minimum level of performance in one or more courses will be informed in writing of their dismissal from the program. There is no re-entry into the Medical Assisting program if dismissed.

GRADING AND EVALUATION POLICIES

The grading scale used for each class in the MA program will be contained in each course syllabus. Students will be expected to maintain the minimum level of performance as outlined under Academic Performance regardless of the type of grading definition used.

The basis for the letter grade is the composite score of projects, papers, quizzes, lab modules/clinical objectives and/or tests for each course. See policy on "Assignments" and "Tests" which have a bearing on grade. In making such a grade determination instructors will take into consideration student performance in the course in terms of attendance, attitude, participation, and other evidence of student achievement. Course instructors have the prerogative of raising or lowering a grade by one letter based on these factors.

Term by term evaluation and feedback will be provided prior to moving forward. Classroom behavioral assessments and self-evaluations will be performed to help provide feedback on attendance, attitude and communication and professionalism, prior to continuing on to the next term. The Program Director will make the decision if a student progresses to the next term based on these evaluations and other factors.

Students are expected to maintain a "C" grade (or Pass) for each course in the program. Course instructors have the prerogative of requiring students to repeat any learning experience for which they receive less than a "C" letter grade (or Pass). In making such a determination, instructors will take into consideration the importance of the learning experience to a related job entry level skill, knowledge or attitude.

Other symbols routinely used for grading and the conditions under which these may be applied are indicated below. Specific definitions are listed in the college catalog and in the schedule each term.

-**"I"** -- Incomplete. When the quality of work is satisfactory, but some minor, yet essential, requirement of the course has not been completed, and for reasons acceptable to the instructor, a report of "I" may be made and additional time granted for completion of the work. All incomplete coursework must be completed by graduation in order to be eligible to sit for the AAMA national certification examination.

-**"P"** -- Pass. Acceptable performance. A grade of "**P**" represents satisfactory achievement which would have been graded "C" or better on the regular grading scale, but is given instead of a letter grade.

-**"NP"** -- No Pass. Unacceptable performance when the class is only offered on a pass/no pass basis.

-**"W"** -- Withdrawal. This mark is to be used only by student records when the student has followed established school policies for properly withdrawing from class within the specified time limits.

Graduation – All students graduating from Portland Community College must complete a graduation application, preferably one term in advance of the student’s final term. Petitions for graduation may be obtained from the Business Office, Advising, Counseling, the Graduation Office, or downloaded from www.pcc.edu/resources/graduation. A separate petition is required for each degree or certificate application. The \$10 fee may be paid at the business office or mailed to the Graduation Office with the petition. Students must file their petition no later than one year after completing all degree requirements.

TEST POLICY

This test policy is applicable only to those courses with a MA prefix.

No make up tests will be given for absences, no matter what the reason.

Tests: There will be no make-up for tests missed unless arrangements have been made **prior** to the test. If you are ill or there is some other urgent matter that causes you to miss a test, you must notify the instructor **prior** to the class in order to make other arrangements for testing. No make-up exams will be given for absences.

Retake of failed tests (excluding final exam) is at the discretion of the course instructor. Grade on a retake can be no higher than 70%, and no more than one retake per class.

Students will need to purchase scantrons and #2 pencils for exams. Scantrons and pencils can be purchased in the bookstore.

ASSIGNMENTS

Students are expected to turn in course assignments at the beginning of class. No assignments will be accepted via FAX or e-mail. **No late assignments accepted under any circumstances.**

HIPAA certification examination

Students are required to pass the MA program's Health Insurance Portability and Accountability Act certification exam. In order to pass Medical Office Administrative Procedures course (MA 117) the student must pass the certification exam with an 80% or better.

Bloodborne Pathogens certification examination

Students are required to pass the MA program's established Bloodborne Pathogens certification exam from the National Safety Council. In order to pass the Medical Office Clinical Procedures course (MA 123) the student must pass the certification exam with an 80% or better.

Community Health Screening Fair

Students are required to participate in a free Community Health Screening during second term. The students will have the opportunity to practice additional clinical skills including; Blood Pressure, Pulse, Respirations, Weight, Height, Audiometer screening, Distance & Near Visual Acuity screening and color vision screening using the Ishihara book.

FINAL EXAMS

In order to receive a passing grade for the course students must obtain a 70% or higher on the final examination of the course.

No early final exams will be permitted unless there is an emergency or unusual situation and the instructor can accommodate the student. Such decisions are at the discretion of the course instructor.

If a student is absent for a final exam, the student may receive an incomplete or a failing grade for that course at the discretion of the course instructor.

There will be no retake of a final exam with an unsatisfactory test score.

COMPUTERIZED TEST FORM INSTRUCTION

Using a #2 pencil only, students must correctly fill in the name section (last name, first).

The test must have the student name printed on it and returned with the answer sheet to the instructor. Students will be allowed to review corrected test in class. Test grade will not be recorded until test is returned to instructor during that class period. Students are not permitted to keep tests or copy them. Copying any of the tests or quizzes goes against the student code of conduct and will be grounds for dismissal from the program.

HANDOUTS

The student is responsible for materials handed out during class. Arrangements should be made for a classmate to obtain handouts when absent.

CLASS ATTENDANCE

Potential employers use attendance and promptness as two indicators of dependability and employability. Attending classes regularly and promptly is an important aspect of the training. The highly integrated structure of the curriculum requires regular and prompt attendance for successful achievement in the program.

You will be required to fill out an “absent request form” for any missed classes. These forms will be kept by your core instructor and reviewed at the end of each term. Evaluation and review of your performance will include your attendance. Missed attendance can be used as a factor as dismissal from the program.

Absenteeism can adversely affect the student who is on a financial aid. The college is required to maintain class attendance records in order to verify a student's attendance on a specific day or dates. Students who do not attend classes may not be entitled to receive funds.

Adherence to the following attendance policies is therefore important:

Absence from class: The student is responsible for completing all course work regardless of absenteeism. The student is responsible for materials handed out in class and assignments made during class. Arrangements should be made for classmates to obtain handouts (see "Handouts"). **Missed class notes may only be obtained from another student or on-line when available.**

Absences from labs: All lab exercises/modules must be completed for a passing grade.

Missing two or more labs WILL result in a "No Pass". Three late arrivals will constitute one absence.

Absence from tests/presentations: Absences from exams or assigned oral presentations may result in a score of "0" for the test or assignment.

Accumulated absence: Absences and tardiness from one-third or more of the scheduled **classes** may result in a lowered final grade, or failure at the discretion of the course instructor.

Tardiness: Tardiness is defined as arriving in class after the instructor has started or leaving class before it has officially ended. There is no "excused" tardiness; **3 late arrivals will constitute one absence.**

Absence from Directed Practice site: All time lost from Directed Practice work activities must be made up. Time rescheduled will be only at the convenience of the site. Students are required to notify the Program Director, Jin Kim, 971-722-5664.

PROGRAM POLICY

College admissions policies and practices, policy on advanced placement, number of credits required for completion of the program, tuition/fees and other costs required to complete the program, withdrawal and refund policies can be found in the college catalog www.pcc.edu, MyPCC, and PCC catalog. PCC does not give credit for experiential learning. For other costs required to complete the program go to: www.pcc.edu/programs/medical-asst/.

Academic calendar available at MyPCC, click on my courses, click on academic calendar.

PROGRAM ADMISSIONS POLICY

- Students must possess a high school diploma or GED.
- Show COMPASS (English and math skills assessment) exam scores that demonstrate readiness to successfully complete Writing 121, Reading 115, and Math 60.
- Students must demonstrate satisfactory English language ability through a written and oral interview assessment.
- Demonstrate a working knowledge/back ground of basic computer skills.
- Meet keyboarding requirements for MA 134: 35/wpm with no more than three errors.
- Attend a session with a Medical Assisting program advisor.
- Provide transportation to and from clinical facilities.
- Provide two recommendations from employer, instructor or counselor.

Students also must have documentation of the following prior to the beginning of second term: satisfactory physical examination, current immunizations, mantoux test, evidence of immunity to measles and evidence of initiating the Hepatitis B immunization series or a signed waiver. Qualified applicants are accepted based on the allotted space available and completed prerequisites. Transcripts are reviewed and seats given based on overall GPA, letters of recommendation, and performance on the written and oral assessment.

PROGRESSION IN THE PROGRAM (term by term)

Students are eligible to continue from term to term in the program provided that they meet academic and performance standards as specified in this handbook.

READMISSION TO THE PROGRAM

Students who have left the program and wish to rejoin must re-apply to the program. The decision to re-admit will be based on space availability by the Program Director.

Students' who fail to successfully complete a class or classes with a "C" or better, will need to complete the **entire** nine month sequence of classes. **If a student has failed course work readmission may not be an option.**

TERMINATION OF ENROLLMENT

Student progress is reviewed on a quarterly basis by the Program Director. The MA Program reserves the right, upon the specific recommendation of the faculty and after the student has received written notification of the reasons and procedures, to terminate a student's enrollment in the program. Such

action will be initiated when the faculty deems it inadvisable for that student to complete the program.

The conditions contributing to these determinations by the faculty may include (but are not limited to):

- a. Unsatisfactory academic performance levels
- b. Unsatisfactory clinical affiliation (directed practice) performance.
- c. Unsatisfactory behavior skills assessments
- d. Unethical or unprofessional conduct.
- e. Violations of the Student Code of Conduct, www.pcc.edu/about/policy/student-right

CLASS CANCELLATION

Class canceled due to inclement weather will be announced over local radio stations and is campus specific. Class and lab missed will be rescheduled as time permits. See “Practicum Policies” for further details.

LABORATORY

The laboratory area (JH 101 or WCC 304, 213/214) is available to students only during their scheduled lab time or class time.

Lab use is on a structured basis. Equipment will be available during lab and/or class times as required by class work.

Beverages (except water) and food are **NOT** permitted in the laboratory. Beverages and food are not permitted in any PCC classroom or lab. Smoking is restricted to areas outside the buildings. The laboratory is a work area only. Please be considerate of other students by working as quietly as possible. Children are not allowed in the classrooms or labs.

Students must assume responsibility for their personal property. Purses, briefcases and other valuables should never be left unattended in the laboratory, in any college classroom or other college facility. The staff is not responsible for the personal property of the students.

Each student is responsible for maintaining a neat work area in the laboratory. All equipment and books must be returned to their proper place at the conclusion of class or lab session. Students are also responsible for reporting equipment breakdowns to the instructor.

ALCOHOL AND DRUG POLICY

Illegal drugs and alcohol will not be tolerated. Use of such drugs constitutes grounds for immediate dismissal from the program. Practicum sites require a drug screen prior to accepting a student.

CRIMINAL BACKGROUND CHECK

All PCC students enrolled in a health care or child care program, including Medical Assisting, with requirements for practical experience or field training may have to pass Criminal History Checks (CHC) as a condition of their acceptance into a medical or other facility for training. Students who do not pass the CHC may not be eligible to complete training at affiliated practicum sites, to sit for certification exams, or be hired for some professional positions. If you believe that your past history may interfere with your ability to complete the program of study or to obtain certification in your chosen field, you should contact the appropriate state board or the program director.

DRESS CODE

Students are expected to dress appropriately at all times. Long hair must be tied back for safety and cleanliness while attending labs. Closed toe and heel shoes required in all labs. Additional uniform requirements will be discussed during the first week of classes. Please see handouts provided from your instructor.

PROFESSIONAL CONDUCT

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

CODE OF ETHICS

The Code of Ethics of this Association shall set forth principles of ethical and moral conduct as they relate to the medical profession and the particular practice of medical assisting.

Members of this Association dedicated to the conscientious pursuit of their profession, and thus desiring to merit the high regard of the entire medical profession and the respect of the general public which they serve, do pledge themselves to strive always to:

- Render service to humanity with full respect for the dignity of person.
- Respect confidential information gained through employment unless legally or required by responsible performance of duty or divulge such information.
- Uphold the honor and high principles of the profession and accept its disciplines.
- Seek to continually improve our knowledge and skills of medical assisting for the benefit of patients and professional colleagues.
- Participate in additional service activities which aim to improve the health and well-being of the community.

In accepting admission into the MA program the student commits himself/herself to the generally understood ethics of the health professions and specifically to the ethics of their chosen profession. Ethics will be addressed throughout the course of study.

An extremely important aspect of professional ethics is the maintenance of the confidential status of patient medical records and physician/facility business. This applies to information obtained in the classroom, in the laboratory, or during directed practice. Confidential information must not be disclosed to unauthorized individuals, including family and friends.

The Program Director will investigate all instances of alleged misconduct or unethical behavior. If necessary the matter will be referred to the Division Dean for hearing and determination. Unethical or unprofessional conduct is cause for dismissal from the program.

Unless the instructor directs otherwise, students are expected to complete assignments on an independent basis. Asking another student or graduate to share projects, papers, modules or tests is considered unethical behavior. It is equally unethical to share materials with a student who intends to cheat. Unethical conduct is cause for dismissal from the program. Please refer to the Student Code of Conduct for specific violations and sanctions and procedures, www.pcc.edu/about/policy/student-rights.

LEGAL LIMITATIONS FOR CMA CERTIFICATION

Individuals who have been found guilty of a felony, or pleaded guilty to a felony, are not eligible to take the Certified Medical Assistance Examination (CMA). However, the certifying board may grant a waiver based on mitigating circumstances. See the American Association of Medical Assistance (AAMA) CMA Examination Application for specifics.

PROFESSIONAL ASSOCIATION

Students of the Medical Assisting Program are eligible for membership to the American Association of Medical Assistants (AAMA). Some of the benefits of membership include receipt of the official journals of the organization, attendance at professional meetings and involvement in the association before job entry.

Students are eligible to join during the first term. Application forms will be provided in Seminar I or membership@aama-ntl.org.

Student membership is highly recommended by the MA Program staff as part of professional training and development. Professional associations provide avenues for continuing education and networking. Association involvement may be beneficial to career advancement.

American Association of Medical Assistants AAMA Mission

The mission of the American Association of Medical Assistants is to enable medical assisting professionals to enhance and demonstrate the knowledge, skills, and professionalism required by employers and patients; protect the medical assistant's right to practice; and promote effective, efficient health care delivery through optimal use of multi-skilled certified Medical Assistants. For AAMA membership contact www.aama-ntl.org. For local chapter membership contact www.onlineosma.org.

American Association of Medical Assistants: Professional Characteristics of an Effective Medical Assistant

1. Reliability and dependability
2. Organization
3. Honesty
4. Tolerance
5. General interested in helping people
6. Warm and caring towards others
7. Able to put the needs of others first
8. Able to remain calm in difficult situations
9. Neat, clean and well groomed
10. Courteous
11. Willing to take initiative
 - a. Ability to act or follow through without being supervised
 - b. Identifying and performing needed tasks without being told to do so
12. Able to adapt to change
13. Able to work with others – teamwork

CONFERENCES AND COUNSELING

Course instructors are available for conferences concerning assignments, tests, course content, etc .. Formal conferences may be scheduled during each term to assess student progress.

Professionally trained counselors are also available to assist students. Help is available for matters such as learning difficulties and study skills, development and exploration, as well as for family, personal and social problems. Counselors are a good source of information about the college and its programs, community resources, etc .. The counseling office at the Cascade Campus is located in the Student Services Building (SSB), SSB 150, 971-722-5271.

EMPLOYMENT (during academic year)

The number of hours of employment while attending the MA Program is dependent upon the student's ability. Part-time employment of more than 15 hours a week is discouraged. Part-time employment will not count toward required hours in MA directed practice, even if students are employed by clinical affiliation sites. Employment may not interfere with scheduled classes, labs or clinical experience.

JOB PLACEMENT

Our program is well-known throughout the medical community and we do receive local, regional, and national job listing throughout the year. While we do not actually place graduates, job openings are posted through the college career center and students can be notified via e-mail of such opportunities. We cannot guarantee or promise a job to anyone.

EQUAL OPPORTUNITY

Portland Community College affirms the right of all individuals to equal opportunity in education and employment without regard to race, color, religion, national origin, sex, age, handicap, marital status,

sexual orientation or any other extraneous considerations not directly and substantially related to effective performance.

CERTIFICATION EXAMINATION

Students who successfully complete the MA Program are eligible to take the national certifying examination given by the AAMA. An application must be filed and fees payable during second term. The program staff will provide the necessary information prior to the time applications must be submitted. Students are encouraged to allow sufficient time for materials to reach the national exam office.

HEALTH RELATED REQUIREMENTS

It is a requirement of the MA Program that all students have a "**PHYSICAL EXAMINATION FOR MEDICAL ASSISTING STUDENTS**" form completed prior to the conclusion of first term. Students that have not provided all required medical documentation will not be eligible for scheduled Directed Practice rotations third term.

One of the interests that we have is ensuring safety against exposure to acquired illness. There are additional considerations which each student as an individual needs to address - that being Hepatitis B vaccination.

Portland Community College **strongly recommends** that each student in the MA Program show evidence of completion of the Hepatitis B vaccine series prior to clinical directed practice. This series is a form of insurance against the acquisition of Hepatitis B in handling blood and blood products. Additionally, it may become the policy of clinical affiliated sites to require individuals to have these immunizations prior to gaining practical experience at their site. Consult your physician and/or health clinic for further information. All students are required to have a current TB skin test within 6 months of going out to directive practice. Documentation of results must be provided.

Oregon statute requires that all students of allied health programs born on or after January 1, 1957, furnish written proof of first and second doses of the measles immunization.

An additional consideration is that of **tetanus immunization**. We strongly suggest that students have a tetanus immunization. We suggest this precaution due to the potential for skin punctures in the clinical sites.

STUDENT HEALTH

Student participation in the program requires maintenance of a level of physical and mental health that will permit successful completion of all elements of the program.

If there is evidence that a student's mental or physical condition is a contributing factor to substandard achievement in the program, the student shall be counseled to seek help from a private physician, or Student Counseling Services. In the course of these procedures it may be deemed necessary for the student to submit statements from a physician pertaining to his/her mental and/or physical abilities to continue in the program. Cases in which a student refuses to seek such assistance or the MA staff feels that the student should not continue in the program will be referred to the Division Dean for final determination.

In the event of pregnancy, a student may be asked to comply with the following conditions:

- a. After pregnancy is verified, the program may request the attending physician to attest in writing to the student's physical capacity to continue in the sequence of classes.
- b. The student may be required to withdraw from any directed practice site by the quarter term during which she reaches the eighth month of pregnancy. This decision would involve the site supervisor, the student and the MA staff and, if necessary, the student's physician. After delivery, she may request readmission (see "Readmission to the Program") in the proper course sequence with her physician's approval.

ACCIDENTS AND INJURIES

Any accident to the student on the campus or at a clinical affiliate must be reported to the Medical Assisting Program office immediately. While on regularly scheduled non-paid clinical rotations, students are covered through the college workers' compensation insurance; any accident is to be reported to the MA office promptly 503/978-5667 or Campus Public Safety, 971-722-4444.

Emergency situations may receive treatment through hospital emergency rooms; however, minor treatment should be arranged outside the hospital at clinics, urgency centers, etc .. Students should avail themselves of less expensive health care services when possible.

IF A STUDENT IS INVOLVED IN AN ACCIDENT OR INJURY WHILE AT A CLINICAL SITE:

REPORT THE ACCIDENT OR INJURY IMMEDIATELY. Inform the on-site supervisor or the acting clinical instructor that you have been involved in an accident or have been injured. This is to be done regardless of how insignificant the accident may appear to have been.

THE SUPERVISOR WILL HELP IN DETERMINING IF MEDICAL ATTENTION IS DEEMED NECESSARY AND DIRECT APPROPRIATE ACTION.

COMPLETE THE REQUIRED FORMS:

- a. Complete all forms required of the respective clinical affiliate. These forms may be obtained from the on-site supervisor. Return the completed form to the location designated by the supervisor.
- b. Complete the PCC Accident Report Form #801 and the PCC MEDICAL INCIDENT REPORT. These forms may be obtained from the college (see Candia Elliott, Admissions Specialist).

Return the completed forms to the MA staff at PCC within 24 hours of the incident.

- c. Sign all of the Accident Report Forms.
- d. SEEK FOLLOW UP CARE IF THE ACCIDENT HAS RESULTED IN INJURY. Document and report all follow up care.

GENERAL EDUCATION

Portland Community College requires General Education courses and competencies to meet degree requirements. It is the responsibility of the student to maintain the catalog of the admission to Portland Community College and to monitor their progress. Advisors are available to assist in planning.

GRADUATION PROCEDURES

MA students planning on graduating **must** petition for the Medical Assisting Certificate. Students should begin the petition process second term (see college graduation requirements).

MA students must have a current CPR and First Aid card in order to participate in Directed Practice and in order to sit for the national certification examination following graduation. Additional information can be found at www.pcc.edu/resources/graduation

GRIEVANCE PROCEDURE

It is recognized that a process for the resolution of student complaints is necessary. A complaint may be initiated by a student who believes he/she has been subjected to unjust action or denied student rights. Grievance procedures should start with the instructor and immediate administrator. Copies of Portland Community College Student Rights and Responsibilities Handbook including the Student Code of Conduct and grievance procedure are available from Associated Students of Portland Community

College (ASPCC) offices or the Dean of Student Development. This information can also be accessed on the college website at www.pcc.edu

LIBRARY

Cascade Campus and Rock Creek Campus both provide library services which include: materials for the health occupations including reference books, periodicals, tapes and slides. The materials in the Library are subject to the department's circulation policies and procedures. See the college catalog for additional information on media and drop-in center.

Study areas including small conference rooms for study groups and computers are available for student use.

PHOTOCOPY

Machines are located in the Library. At the copy machine in the Library, coin operated (\$.10/copy) or a card can be purchased for \$1.00 for 10 copies or \$5.00 which covers 63 copies.

Medical Assisting Program Curriculum Competencies

Administrative Competencies

Perform Clerical Functions

- Schedule and manage appointments
- Schedule inpatient and outpatient
- Organize a patient's medical record
- File medical records

Perform Bookkeeping Procedures

- Prepare a bank deposit
- Post entries on a daysheet
- Perform accounts receivable procedures
- Perform billing and collection procedures
- Post adjustments
- Process credit balance
- Process refunds

- Process NSF checks
- Post collection agency payments

Process Insurance Claims

- Apply managed care policies and procedures
- Apply third party guidelines
- Perform procedural coding
- Perform diagnostic coding
- Complete insurance claim forms

Clinical Competencies

Fundamental Procedures

- Perform hand washing
- Wrap items for autoclaving
- Perform sterilization techniques
- Dispose of bio-hazardous materials
- Practice Standard Precautions

Specimen Collection

- Perform venipuncture
- Perform capillary puncture
- Obtain specimen for microbiological testing
- Instruct patients in the collection of a clean-catch mid-stream urine specimen
- Instruct patients in the collection of fecal specimen

Diagnostic Testing

- Perform electrocardiography
- Perform respiratory testing
- CLIA Waived Tests
- Perform urinalysis
- Perform hematology testing
- Perform chemistry testing
- Perform immunology testing
- Perform microbiology testing

Patient Care

- Perform telephone and in-person screening

- Obtain vital signs
- Obtain and record patient history
- Prepare and maintain examination and treatment areas
- Prepare patient for and assist with routine and specialty examinations
- Prepare patient for and assist with procedures, treatments, and minor office surgeries
- Apply pharmacology principles to prepare and administer oral and parenteral medications

General Competencies

Professional Communications

- Respond to and initiate written communications
- Recognize and respond to verbal communications
- Recognize and respond to nonverbal communications
- Demonstrate telephone techniques

Legal Concepts

- Identify and respond to issues of confidentiality
- Perform within legal and ethical boundaries
- Establish and maintain the medical record
- Document appropriately
- Demonstrate knowledge of federal and state health care legislation and regulations

Patient Instruction

- Explain general office policies
- Instruct individuals according to their needs
- Provide instruction for health maintenance and disease prevention

Operational Functions

- Perform an inventory of supplies and equipment
- Perform routine maintenance of administrative and clinical equipment
- Utilize computer software to maintain office systems
- Use methods of quality control

REGISTRATION (TERM BY TERM)

Students should register for the next term when announced. On-line registration is available. Please refer to the schedule published each term for details on how to use the MyPCC registration system. Permission to continue in the program will be at the discretion of the Program Director.

Students who have **not** registered may **not** attend classes and will be asked to leave. Registration **must** be completed prior to the first day of classes each term.

The faculty/advisors are available for program counseling on an appointment basis prior to registration each term.

SCHEDULES

Class, laboratory, and clinical schedules will be published and distributed to students at the beginning of each term.

STUDENT RECORDS

The PCC district shall follow all applicable state and federal laws, rules and regulations which apply to student records. All information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon the lawful subpoena or other order of a court of competent jurisdiction.

SPECIAL ACCOMMODATIONS

Students with special learning or physical needs requiring special accommodations must contact the Office of Students with Disabilities (OSD). The OSD offers a variety of supportive services. Their telephone number is 971-722-7433

TELEPHONES

There are public (pay) telephones in Jackson Hall and other buildings for student use. MA office phones are limited to staff use, unless in an emergency.

Public (pay) phones are also available at the clinical affiliate sites. Students may use these for personal calls only during designated breaks.

Please inform friends or relatives to call the college Campus Public Safety Department, 971-722-4444 or directed practice sites only in case of emergency

WITHDRAWALS

Program Withdrawals-Students should confer with the MA Faculty or Program Director before making application at the business office to withdraw from the program. It is important to know why a student decides to withdraw, for program planning purposes. A student may be eligible for readmission to the program only after reapplying (re-acceptance is on a space availability basis), he or she will need to repeat the entire term upon readmission. It may be deemed advisable for a student to audit previously completed courses upon readmission to assure continuity in the program. **Students dismissed from the program who failed to meet the minimum level of performance are not eligible for re-admission into the program until they meet additional coursework requirements that will be determined on a case by case basis.**

Withdrawing from College

You may formally withdraw from class by filling an Add/Drop form with the campus registration office or via the Student Web at <https://my.pcc.edu>.

Adding or Dropping a Class

Consult the Schedule for add-drop procedures in case of course changes or program withdrawals. Classes may be added or dropped by filling an Add/Drop form with the campus registration office or by visiting the Student Web at my.pcc.edu.

OTHER INFORMATION

Consult the College Catalog for information on financial services, bookstore, food service, parking, insurance and student activities, etc ..

PRACTICUM POLICIES

Students are responsible for their own transportation to and from Directed Practice (DP) sites. Student must have transportation to DP facilities throughout the Portland metropolitan area and surrounding communities.

Schedules and other specific details will be given to students at the **required** Directed Practice Orientations (dates and time are listed in the college schedule and on MyPCC).

Students are supervised while out on Directed Practice. Students may not take on the responsibility or the place of facility staff. However, after demonstrating proficiency, students may be permitted to perform procedures with careful supervision.

Students are not to be substituted for paid staff, **nor are they to be paid for any portion of their Directed Practice rotation under any circumstances**. Students may not be paid while on Directed Practice. Students may be employed in the clinical facility outside their regular education hours provided the work is limited so it does not interfere with regular academic responsibilities. The work must be non-compulsory, paid and subject to employee regulations.

UNIFORMS

Students must wear uniforms when attending Directed Practice. The uniform identifies the individual as a student of Portland Community College and not as an employee of the facility. The uniform also assures a professional appearance.

The basic uniform for the MA Program is a navy blue lab jacket, PCC name badge, and beige pants with clean close toed shoes (scrubs are not acceptable attire for clinics). Specific details will be given during the **required** DP orientations (dates and time are listed in the college schedule and on MyPCC).



INCLEMENT WEATHER/COLLEGE CLOSURES

Students may go to practicum sites when the college is closed using their best judgment concerning weather conditions. Remember that clinics have a different point of view concerning closure due to weather. You may find the experience to be better on a "snow" day as not all staff are able to get to

work and students are presented unique opportunities to help. Site supervisors usually will take notice of your diligence in attending during adverse conditions.

Time missed from DP site when the college is closed will not need to be made up. However, if the college is open and you are unable to get to your DP site due to weather or illness, this time must be scheduled with the site for make-up.

I. Medical Assisting Program
B. Program Outcomes for Medical
Assisting

Portland Community College Medical Assisting Program



Program Outcomes

After completing the Medical Assisting Program at Portland Community College, students will be able to:

1. Communicate effectively with persons through the use of verbal & non-verbal skills, written abilities, active listening, and information technologies within ambulatory care setting.
2. Integrate the principles of mathematics and scientific knowledge with administrative and clinical medical assisting practice.
3. Demonstrate the ability to meet patient's needs as a mature, adaptable person and member of medical assisting profession.
4. Think creatively and critically in the identification, analysis, and resolution of problems, issues, truth claims, and ethical issues.
5. Practice medical assisting within the standards and guidelines of medical assisting program accreditation and medical assistant certificate standards.

II. Medical Assisting Program

C. Classroom Behavioral Assessment

Classroom Behavioral Assessment

Student: _____ GI#: _____ Date: _____

Instructor: _____ Class: _____ Year & Term: _____

Evaluate this student by circling the appropriate number for each criterion using the following rating scale:

NA	Not Applicable	3	Meets Minimum Expectations
1	Inadequate – Immediate Attention is Needed	4	Above Average – Growth is Demonstrated
2	Poor – Needs Significant Improvement	5	Excellent – Demonstrates Strong Skills

Provide comments for any rating which is a "2" or less.

1.) Participation		Rating: (Circle appropriate rating)					
a.	Listens actively and with empathy. (Does not interrupt)	NA	1	2	3	4	5
b.	Seeks to understand rather than to advocate for his/her own ideas.	NA	1	2	3	4	5
c.	Understands and respects the personal "boundaries" of self and others, both in terms of physical personal space as well as subjects which are and are not appropriate to discuss with others. (Self disclosure is appropriate)	NA	1	2	3	4	5
d.	Demonstrates unconditional positive regard and respect for others. (Both teaching and learning environment)	NA	1	2	3	4	5
Comments:							
2.) Communication		Rating: (Circle appropriate rating)					
2a.	Communicates with others in an open and honest manner. (Uses assertive communication, not aggressive, passive-aggressive, or passive)	NA	1	2	3	4	5
2b.	Uses appropriate verbal communication, including the rate, pitch, tone and volume of his/her voice.	NA	1	2	3	4	6
2c.	Uses appropriate non-verbal behavior, including monitoring appropriate personal space, gestures and facial expressions. (Does not engage in cross-talk or side bar conversations)	NA	1	2	3	4	5
2d.	Verbal and non-verbal behaviors are consistent with each other.	NA	1	2	3	4	5
2e.	Uses appropriate professional language.	NA	1	2	3	4	6
2f.	Does not perpetuate personality conflicts.	NA	1	2	3	4	5
Comments:							
3.) Team Work – Collaboration		Rating: (Circle appropriate rating)					
3a.	Works collaboratively as a team member.	NA	1	2	3	4	5
3b.	Works well in groups.	NA	1	2	3	4	5
3c.	Provides support for other people and team members.	NA	1	2	3	4	5
3d.	Is aware of group process and monitors own behavior so as to foster positive group process, rather than pursuing own personal agenda.	NA	1	2	3	4	5
3e.	Assists group in the accomplishment of task and relationship behaviors in order to foster and maintain health of group.	NA	1	2	3	4	5
Comments:							

I. Medical Assisting Program
C. Student Self Evaluation Form

Student-Self Evaluation Form

Name: _____

Program: Medical Assisting

Term / Year: _____

<p style="text-align: center;">Rating System</p> <p>1= Needs Improvement (does not meet the program expectations)</p> <p>2= Satisfactory (meets all program requirements)</p>
--

1. Quality of academic work

Comments _____

2. Participation in class

Comments _____

3. Attendance

Comments _____

4. Student involvement / participation in team activity _____

Comments _____

5. Interpersonal communication with fellow students _____

Comments _____

6. Taking initiative to achieve goals and complete assignments _____

Comments _____

7. Overall performance rating _____

Comments _____

Areas of Strength:

Areas of Improvement:

Additional Student Comments:

Date: _____

Student's Signature

Instructor

comments:

I. Medical Assisting Program
D. Absence Request Form

Absence Request**Absence Information**

Student Name: _____

Classes Missed: _____

Type of Absence Requested:

- Sick Vacation Maternity/Paternity
 Military Jury Duty Other

Dates of Absence: From: _____ To: _____

Reason for Absence:

*You must complete this form and return it to your **Core Class Instructor**.*

*Student Signature*_____
*Date***Instructor Approval**

Absence Number: _____ Comments:

*Core Class Instructor Signature*_____
Date

II. Advisory Committee Board

A. Members List and Contacts:

Portland Community College Medical Assisting Program



Portland Community College Medical Assisting Program Advisory Committee Board Meeting Members

Members & Contact Information:

Paula Purdy CMA (AAMA) * Medical Society Staffing & AAMA Board Member

- paula@msmp.org
- 503-944-1128

Joss Willis CMA (AAMA) * Dr. John Lindgren's Office Manager & AAMA Board Member

- Joss_willis@comcast.net
- 503-297-1542

Karen Anderson CMA (AAMA) * NW Rheumatology – Administrative Manager

- Karen_anderson@nwramail.com
- 503-206-3059

Carolyn Griffith CMA (AAMA) * Doctors Family Clinic & Immediate Care – Clinical Manager

- cgriffith@dfcic.com
- 503-639-2800
- Cell# 503-803-2219

Barbara Gomez * Providence Medical Group Staffing & Recruitment Manager

- Barbara.gomez2@providence.org
- 503-893-6582

Stephen Date * Current PCC Medical Assisting Student Representative

- Steve.date@pcc.edu
- 503-332-5443

John Saito * Allied Health & Emergency Medicine Division Dean

- John.saito15@pcc.edu
- 971-722-5383

Jin Kim * Medical Assisting Program Director

- Jin.kim2@pcc.edu
- 971-722-5664

Virginia Chambers * Medical Assisting Program Instructor

- Virginia.chambers@pcc.edu
- 971-722-2544

Scott Huff, PCC Dean of Instruction

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- 971-722-5573

Kimberly Farrer

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Lisa Watts DO, ATSU Medical School

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- 503-780-9522

Gary Schwab

- garyhelp@xpert.net
- 503-223-4357

Klatt MD,

- drklatt@aol.com

Teresa Ransom,

- transom@centralcityconcern.org

II. Advisory Committee Board

B. Meeting Minutes August 2011

**Portland Community College
 Medical Assisting Program
 Advisory Committee Board Meeting
 August 12, 2011**

Members attended:

Paula Purdy CMA (AAMA) * Medical Society Staffing & AAMA Board Member
 Joss Willis CMA (AAMA) * Dr. John Lindgren's Office Manager & AAMA Board Member
 Karen Anderson CMA (AAMA) * NW Rheumatology – Administrative Manager
 Carolyn Griffith CMA (AAMA) * Doctors Family Clinic & Immediate Care – Clinical Manager
 Barbara Gomez * Providence Medical Group Staffing & Recruitment Manager
 Stephen Date * Current PCC Medical Assisting Student Representative
 John Saito * Allied Health & Emergency Medicine Division Dean
 Jin Kim * Medical Assisting Program Director
 Virginia Chambers * Medical Assisting Program Instructor

Meeting Agenda:

Welcome / Introductions – Jin Kim
 Program Overview – John Saito
 Community Health Fair – Virginia Chambers
 Curriculum Changes – Jin Kim
 Student Feedback – Stephen Date
 Questions / Closing – Jin Kim

Topics discussed:

- Program review will take place in January 2012
- Healthcare reform is changing the way we see and use medical assistants
- Computer application and typing skills are essential to ambulatory care settings – possible increase scribe skills for students
- Discussion of expanding the medical assistants scope of practice
- Grammar and non-verbal communication are vital
- HIPAA discussion – add HIPAA discussion in each term (not just in the first term)
- Biology 121 & 122 – should both be prerequisites?
- Potential post graduate courses: HIPAA, X-ray, CG course on interviewing and job application?
- Health Fair potential for Winter term at Cascade – possible Flu Clinic component
- Simulation laboratory concepts for future cohorts

Next Meeting: December 2011

II. Advisory Committee Board

C. Meeting Minutes December 2011

**Portland Community College
Medical Assisting Program
Advisory Committee Board Meeting
December 16, 2011**

Members attended:

Joss Willis CMA (AAMA) * Dr. John Lindgren's Office Manager & AAMA Board Member
 Carolyn Griffith CMA (AAMA) * Doctors Family Clinic & Immediate Care – Clinical Manager
 Laura Garner BSN * Providence Nurse Clinical Educator
 Gary Schwab * Medical Business Proprietor
 Teresa Ransom CMA (AAMA) * Central City Concern
 Scott Huff PE * PCC Dean of Instruction
 Stephen Date * Current PCC Medical Assisting Student Representative
 John Saito MPH * Allied Health & Emergency Medicine Division Dean
 Jin Kim CMA (AAMA) * PCC Medical Assisting Program Director
 Virginia Chambers CMA (AAMA) * PCC Medical Assisting Program Instructor

Meeting Agenda

Introductions and New Members – Welcome
 AAMA National Exam Results- Jin Kim
 Medical Assistants: Expanded Scope of Practice- Jin Kim
 Expectations of Program Excellence- Virginia Chambers
 Student Perspective and Insight- Stephen Date
 Program Review January 20th at Cascade Campus

Topics Discussed:

- **Jin Kim-** PCC Medical Assisting Students have an average passing rate for AAMA National Exam ~588 points, which is roughly 90th percentile
- **Joss Willis / John Saito-** Clarify in the Program Review write up that the AAMA exam is conducted by the National Board of Medical Examiners and that it is not a state sponsored certification exam
- **Jin Kim-** Expanded Scope of Practice article from the AAMA – discussing the Medical Home Model
- **Teresa Ransom-** Old Town Clinic adopted the Medical Home Care Model a few years ago and supports the expanded scope of medical assistants. Teresa added that medical assistants need to be trained to foresee or predict what the physician or provider may need and act with confidence.
- **Jin Kim-** Curriculum changes to the program included: Prerequisites of BI 121, 122, MTH 60 prior to program enrollment. Applications are review by Jin individually and

recommendations for approval for program enrollment include: transcripts and letters of recommendations.

- **Jin Kim**- new- Students will no longer be able to re-enter the program due to a non-passing (70%) grade for any course.
- **Scott Huff**- Enforcing students to complete on time- is beneficial to the individual and to the college.
- **Virginia**- Article “Picture of Professionalism” from the CMA Today AAMA sponsored magazine (Sept. 2011). Discussion of soft skills and how educators must take more initiative with mentoring professional behavior with students.
- **Virginia**- Expectations of Program Excellence – what does this mean to students, instructors, college program and businesses? PCC MA Program goal is to be transparent with expectations of students – lead by example and enhance mentoring programs for soft skill support.
- **Virginia**- New- introduction lecture during orientation to describe program expectations in detail, which allows students to make informed decision prior to enrolling.
- **Virginia**- WE LOVE SURVEYS- feedback is essential to the growth and development of any program. Student reflection post graduate survey’s – pre graduate survey’s – healthcare facilities survey’s for directive practice.
- **John Saito / Scott Huff**- It is important to keep track of any feedback whether or not it drives curriculum changes.
- **John Saito**- Survey Monkey may be a good tool to help facilitate Directive Practice Survey’s.
- **Virginia**- Post Graduate Student Hire for Winter term 2012 will be given several tasks – including sending out survey’s
- **Joss Willis**- Medical Assistants in the state of Oregon fall under the Physician’s Practice Act.
- **Joss Willis**- It is important for students to learn how to “scribe” and understand they will be required to complete administrative tasks
- **Stephen Date**- Student feedback: Content with the course load – MLT, MA 120, MOCP, MOAP Labs were helpful, Soft Skills assessments and instructor support was beneficial, skills sets learned in clinical were helpful, but should be expanded- more time with injections, more time with phlebotomy, and more practice with clinical skills would be beneficial. An introduction to the most common medications prior to third term would be helpful. Students also would like X-ray offered in the program.
- **Joss Willis**?- Suggested DP review / lecture prior to sending students out to clinical sites. Also, offering an AAMA review prior to the National Exam to help students prepare.
- **Laura Garner / Teresa Ransom**- graduates should have more training on wound care and vaccination / immunizations.

- **Joss Willis**- Wound Care lecture during last OSMA – will send contact information to Laura Garner, Jin Kim, and Carolyn Griffith.
- **Joss Willis**- suggested contact with Oregon Partnership to Immunize Children to have students attend a workshop on vaccines as a requirement -within a class instead of creating a separate additional class.
- **John Saito**- potential use of simulation lab for students
- **Joss Willis**- Next Oregon Society of Medical Assistants will be held on April 20th in Eugene Oregon; Next AAMA conference will be in Arizona Sept 2012.
- Next meeting potential dates: Feb 17th/24th ; April 20th/27th; July 13th/20th

**III. Commission on Accreditation of
Allied Health Education Programs
Medical Assisting Program
Standards:**



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines *for the Accreditation of Educational Programs in Medical Assisting*

*Essentials/Standards initially adopted in 1969;
revised in 1971, 1977, 1984, 1991, 1999, 2003, 2008*

Adopted by the
American Association of Medical Assistants
American Medical Association
and
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Medical Assisting Education Review Board (MAERB).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the medical assisting profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the American Association of Medical Assistants and American Medical Association cooperate to establish, maintain and promote appropriate standards of quality for educational programs in medical assisting and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of medical assisting programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession: Medical assistants are multiskilled health professionals specifically educated to work in ambulatory settings performing administrative and clinical duties. The practice of medical assisting directly influences the public's health and well-being, and requires mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be one of the following:

1. A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

IV. Community Health Screening Fair

A. Advertisement Flyer

COMMUNITY HEALTH SCREENING FAIR

Willow Creek Campus
Wednesday, July 27, 2011
8:30am–3:30pm

FREE TESTING INCLUDES:

- Blood pressure
- Audiometer—hearing testing
- Distance visual acuity testing
- Near vision acuity testing
- Ishihara—color vision testing



Event is hosted by the
Medical Assisting Program
at Portland Community College



IV. Community Health Screening Fair
B. Screening Documentation Form

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



Portland
Community
College



Name: _____ Date: _____

BP: _____ P: _____ R: _____ Ht. _____ Wt. _____

VISION SCREENING

Distance Vision Acuity Testing: OD: _____ CC SC
 OS: _____ CC SC
 OU: _____ CC SC

Near Vision Acuity Testing: _____

Ishihara testing (color vision): _____

AUDIOMETER TESTING

Frequency in Hertz (Hz)

	500		1000		2000		3000	
	L ear	R ear	L ear	R ear	L ear	R ear	L ear	R ear
15								
20								
25								
30								
35								

Student Medical Assistant: _____

IV. Community Health Screening Fair

C. Feedback Comment Cards

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



Student Name _____

Student feedback is essential to the learning process. Please take a moment to fill out this comment card. Mark a box corresponding to a score of 1 (needs improvement) to 5 (excellent) next to each of the three concepts.

	1	2	3	4	5
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments _____

Thank you for your participation in this community event.

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



Student Name _____

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	1	2	3	4	5
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Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments _____

Thank you for your participation in this community event.

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



Student Name _____

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	1	2	3	4	5
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Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments _____

Thank you for your participation in this community event.

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



Student Name _____

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Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments _____

Thank you for your participation in this community event.

IV. Community Health Screening Fair

D. Student Created Educational Handouts

a. Audiometer Handout

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



Audiometer

An audiometer is an instrument used to perform a basic hearing test. The patient's hearing ability is tested by exposing them to a range of sounds at different pitches and decibel levels. The tones vary in pitch (frequency, measured in hertz) and loudness (intensity, measured in decibels). The person being tested wears headphones, and they are asked to push a button or raise their hand to signal when a sound is heard. This test is performed in each ear and the results of the test are plotted on a graph called an audiogram, which helps to show the pattern of any hearing loss. If hearing deficiency is detected, further testing may be necessary.

What Causes Hearing Loss

For some people, the cause of hearing loss is the result of a gradual buildup of earwax, which blocks the ear canal and prevents conduction of sound waves. Earwax blockage is a cause of hearing loss among people of all ages. In most cases, however, hearing loss results from damage to the inner ear. Aging and prolonged exposure to loud noise may cause wear and tear on the ear. Higher pitched tones may become muffled to you. It may become difficult for you to pick out words against background noise.

Factors of hearing loss:

- Loud noises reaching 85 dB or stronger
- Aging
- Heredity
- Ear infection
- Abnormal bone growths or tumors of the outer or middle ear
- Ruptured eardrum
- Some medications
- Some illnesses

Symptoms

Signs and symptoms of hearing loss may include:

- Muffled quality of speech and other sounds
- Difficulty understanding words, especially against background noise or in a crowd of people
- Frequently asking others to speak more slowly, clearly and loudly
- Needing to turn up the volume of the television or radio
- Withdrawal from conversations
- Avoidance of some social settings

When to see a doctor

Talk to your doctor if you have difficulty hearing. Your hearing may have deteriorated if you find that it's harder to understand everything that's said in conversation, especially when there's background noise; if sounds seem muffled; or if you find yourself having to turn the volume higher when you listen to music, the radio or television.

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



Portland
Community
College



Comparing Loudness of Common Sounds

<http://www.mayoclinic.com/health/hearing-loss/DS00172/DSECTION=prevention>

What kind of decibel levels are you exposed to during a typical day? To give you an idea, compare noises around you to these specific sounds and their corresponding decibel levels:

Sound levels of common noises	
*Decibels	Noise source
	Safe range
30	Whisper
60	Normal conversation
70	Washing machine
	Risk range
85 to 90	Heavy city traffic, power lawn mower, hair dryer
95	Motorcycle
100	Snowmobile, hand drill
110	Chain saw, rock concert
	Injury range
120	Ambulance siren
140 (pain threshold)	Jet engine at takeoff
165	12-gauge shotgun blast
180	Rocket launch

Adapted from National Institute on Deafness and Other Communication Disorders, 2008, the National Institute for Occupational Safety and Health, 2009, and American Tinnitus Association, 2009

Maximum sound-exposure durations

Below are the maximum noise levels on the job to which you should be exposed without hearing protection, and for how long.

Maximum job-noise exposure allowed by law	
Sound level, decibels	Duration, daily
90	8 hours
92	6 hours
95	4 hours
97	3 hours
100	2 hours
102	1.5 hours
105	1 hour
110	30 minutes
115	15 minutes or less

Source: Department of Labor's Occupational Safety & Health Administration, 2005

IV. Community Health Screening Fair

D. Student Created Educational Handouts

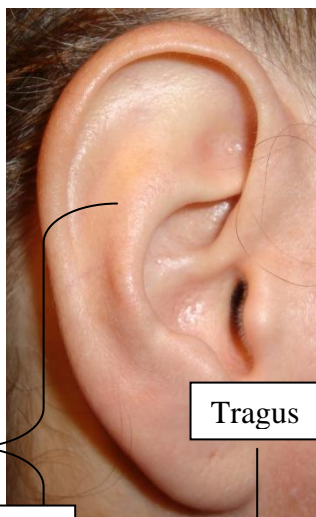
b. Ear News for Kids Handout

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



Portland
Community
College



Auricle

Tragus

Lobe

Ear News for Kids

About Your Ear

The outer part of your ear is called the **auricle**. At the bottom of the auricle is the **lobe**. The triangle shaped flap at the front of your ear is called a **tragus**. Inside your ear are very tiny hairs that help you hear. Ear wax is called **cerumen**. Its job is to trap dirt and dust before it gets too far inside your ear. At the end of ear canal is the **tympanic membrane**. This is what hurts if you have an ear infection. Doctors look at this with a special lighted instrument called an **otoscope**. On the other side of the tympanic membrane are the three smallest bones in your body. They are so small that together they will all fit on a penny. Most of your body stops growing during your teen years but ears never stop growing.

Testing Your Hearing

Testing hearing can be as easy as hearing someone whisper to you, but we're using a machine called an **audiometer**. The machine makes quiet beeps that can only be heard through headphones. The person wearing the headphones lets the tester know when they hear the sounds by either pushing a button or raising their hand. At the end of the test you'll get a paper telling you how many beeps you heard.



Protect Your Ears!

Listening to loud sounds for a long time can permanently affect your hearing by damaging or killing the little hairs in your ears.

Sticking things (like cotton swabs) in your ears could hurt your tympanic membrane or push your cerumen against it, making it hard to hear.

Did You Know...?

- ❖ The ears of a cricket are located on the front legs, just below the knee.
❖
- ❖ Snakes can hear through their jaw bone and through a traditional inner ear.
❖
- ❖ Male mosquitoes hear with thousands of tiny hairs that grow on their antennae.
❖
- ❖ A giraffe can clean its ears with its 21-inch tongue?

Word Search

E P O C S O T O L R J S L N K
Y O X I J A R D A O U Z J I H
E Y D G L Y C E Z G B Q H K X
L M F U G Y H F A B H E J F U
E L C I R U A R F J X V G F R
R H P O E M T D U O R T L C R
K W U Y X T K R B R W W A D M
A U D I O M E T E R Y B O B G
T Y M P A N I C N E M U R E C
I K Q E B E W F X V O P R A K

Can you find the following words in the puzzle above?

AUDIOMETER

AURICLE

CERUMEN

EAR

LOBE

OTOSCOPE

TRAGUS

TYMPANIC

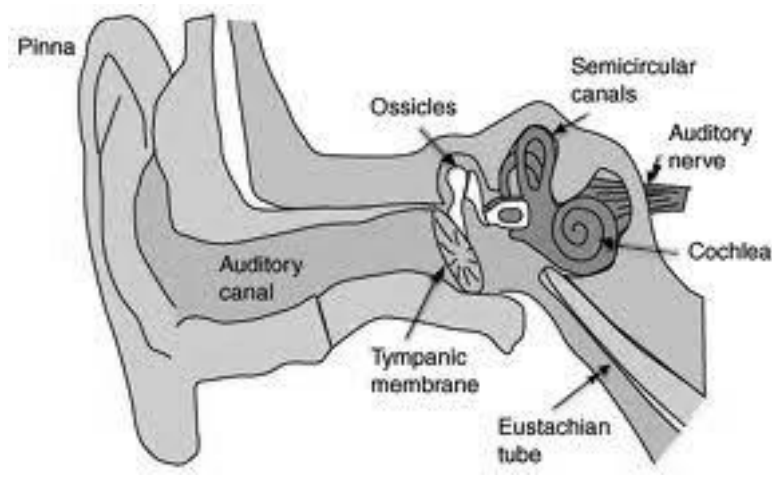
IV. Community Health Screening Fair

D.Student Created Educational Handouts

c. Ears/Hearing Vocabulary

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



(Dept. of Health, State of New York)

Glossary of Hearing and Hearing-related Terms

Audiogram: a graphic representation of hearing loss, showing the amount of hearing loss (in decibels or dB) at different frequencies (250 - 8000 Hertz or Hz).

Audiologist: a health care professional who is trained to evaluate hearing loss and related disorders, including balance (vestibular) disorders and tinnitus, and to rehabilitate individuals with hearing loss and related disorders. An audiologist uses a variety of tests and procedures to assess hearing and balance function and to fit and dispense hearing aids and other assistive devices for hearing. The minimum academic degree is a Master's. State licensure is required to practice audiology in most states.

Audiology: the study of hearing; the profession is concerned with measurement and rehabilitation of auditory and communication problems.

Audiometer: a device for presenting precisely measured tones of specific frequencies (or speech and recorded signals) and intensity levels in order to obtain an audiogram.

Conductive Hearing Loss: a loss of sensitivity to sound, resulting from an abnormality or blockage of the outer ear or the middle ear. The most common cause of conductive hearing loss is middle ear fluid or infection. Other causes include wax buildup in the ear canal, a hole in the eardrum, or damage to the tiny bones of the middle ear.

Deaf: a term used to describe persons who have a hearing loss greater than 90 dB HL. It also may be used to refer to those who consider themselves part of the Deaf community or culture and choose to communicate using American Sign Language instead of spoken communication.

Dizziness: a physical unsteadiness, imbalance, and lightheadedness associated with balance disorders. See also “vertigo.”

ENT: ear, nose, and throat.

Equilibrium: your sense of balance

Hearing Aid: electronic device that brings amplified sound to the ear. A hearing aid usually consists of a microphone, amplifier, and receiver.

Hearing Disorder: disruption in the normal hearing process that may occur in outer, middle, or inner ear, whereby sound waves are not converted to electrical signals and nerve impulses are not transmitted to the brain to be interpreted.

Hearing Loss (or impairment): a problem with hearing that is characterized by decreased sensitivity to sound in comparison to normal hearing. See conductive, sensorineural, and mixed hearing loss.

Otoscope: a tool which shines a beam of light to help visualize and examine the condition of the ear canal and eardrum. Examining the ear can reveal the cause of symptoms such as an earache, the ear feeling full, or hearing loss.

Sensorineural Hearing Loss: hearing loss caused by damage to the sensory cells and/or nerve fibers of the inner ear.

Tinnitus: sensation of a ringing, roaring, or buzzing sound in the ears or head. It is often associated with many forms of hearing impairment and noise exposure.

TTY/TTD: a device for severely or profoundly hearing-impaired persons to send or receive written messages transmitted via telephone lines.

Vertigo: a false sensation of motion or spinning; a sensation as if the external world were revolving around an individual (objective vertigo) or as if the individual were revolving in space (subjective vertigo).

Sources

Dept. of Health, State of New York

Idaho Public Television: Dialogue for Kids. (<http://idahoptv.org/dialogue4kids/>)

My Baby's Hearing. (<http://www.babyhearing.org/hearingamplification/glossary/index.asp>)

National Institute on Deafness and Other Communication Disorders (NIDCD). NIDCD is one of the Institutes that comprise the National Institutes of Health (NIH). (<http://www.nidcd.nih.gov/health/glossary.html>)

The New York Otolaryngology Group. (<http://www.nyogmd.com/glossary/>)

U. S. National Library of Medicine, National Institutes of Health. NIH is the federal government's focal point for the support of biomedical research. (<http://www.nlm.nih.gov/>)

IV. Community Health Screening Fair

D.Student Created Educational Handouts

d. Color Blindness Screening Handout

COMMUNITY HEALTH SCREENING

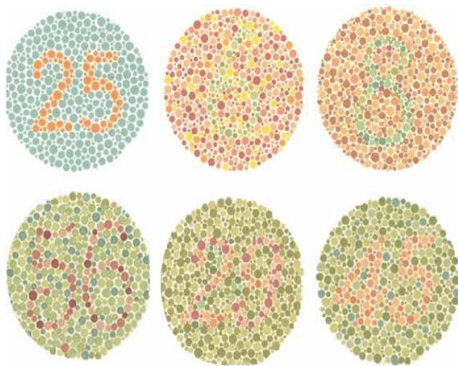
Portland Community College
Medical Assisting Program



Ishihara Testing

Purpose: To determine whether you have any problems with your color vision. This can be done with cards that have multicolored dot patterns.

For: Everyone.



Color Blindness

What is it? Color blindness means you have trouble seeing red, green, or blue or a mix of these colors. It's rare that a person sees no color at all.

Color Blindness

What causes it? Most color vision problems are inherited (genetic) and are present at birth. But in some cases, a person can have an acquired color vision problem caused by:

- Aging
- Eye problems, such as glaucoma, macular degeneration, cataracts, or diabetic retinopathy.
- Injury to the eye
- Side effects of some medicines

How is it treated? It cannot be treated or corrected.

Statistics: Approximately 1 in 76 or 1.30% or 3.5 million people in USA have color blindness.

Red/green color blindness is the most common form (99%). 75% of people with red/green color blindness have trouble with green perception while 24% have trouble with red perception.

V. Survey and Results

A. Graduate Survey and Results on Program Outcomes

Portland Community College
Medical Assisting Program



Post Graduate Workshop information:

When: August 19th 2011

Where: Willow Creek Campus

The purpose of the post graduate workshop was to identify areas of weakness within program courses by involving students in a focus group. The Medical Office Clinical Laboratory course was the main focus of the workshop. Students provided essential feedback on the clinical laboratory modules, worksheets, assignments and structure of the laboratory course. They also compared information learned in lab to what they experienced in their directive practice clinic. The response and feedback provided from the students resulted in significant changes in laboratory structure, design and an update in lab modules.

RESULTS of Graduate Survey on Program Outcomes Spring 2011

Date survey given: **August 19th 2011**

Number of graduates Spring 2011: **12**

Number of postgraduate students that completed survey: **7**

Medical Assisting Program Outcomes:

- Communicated effectively with persons through the use of verbal and non-verbal skills, written abilities, active listening, and information technologies within ambulatory care settings.
 - 6 students reported they strongly achieved this outcome
 - 1 student reported generally achieved this outcome

- Integrates the principles of mathematics and scientific knowledge with administrative and clinical medical assisting practice.
 - 5 students reported they strongly achieved this outcome
 - 1 student reported they generally achieved this outcome
 - 1 student reported they were neutral (acceptable)

- Demonstrates the ability to meet patient's needs as a mature, adaptable person and member of the medical assisting profession.
 - 7 students reported they strongly achieved this outcome

- Think creatively and critically in the identification, analysis, and resolution of problems, issues, truth claims, and ethical issues.
 - 6 students reported they strongly achieved this outcome
 - 1 student reported they generally achieved this outcome
- Practice medical assisting within the standards and guidelines of medical assisting programs accreditation and medical assistant certification standards.
 - 7 students reported they strongly achieved this outcome

Feedback and Additional Comments:

- Additional comments: Please identify two or three strengths of the program:
 - Knowledge of the two instructors. Course content was relevant to the program and real world. Instructors were always willing to help answer questions and go over information with students.
 - Instructors were specific in what was expected of us, which helped in the directive practice site.
 - Hands on practice. Virginia and Jin's motivation for excellence.
 - Variety of ways of teaching.
 - The instructors and hands on practice.
 - Wonderful instructors.
 - Gave me the confidence in my skills to be able to go into the field and succeed.
- Additional comments: Please make two or three suggestions to further strengthen the program:
 - Medications course should be taught in person and not DL. More practice time on injections.
 - Add another instructor for clinical lab. More hands on with injections and other clinical procedure tasks.
 - Needs to be more organized.
 - More guidance in transcription class.
 - Program and or class field trip to clinical site.
 - Teach a variety of EMR programs and ear irrigation techniques.
- Additional comments: What qualities / skills were expected of you upon employment OR soon to be employed that were not included in the program?
 - Phlebotomy skills
 - Most everything was at least touched on during the program
 - Communication skills and computer skills
 - Ear lavages
 - 3 responded N/A

V. Survey and Results

B. Pre-Graduate Survey on Program Outcomes

Portland Community College Medical Assisting Program



You will be sent a post-graduate survey after completing this program and your directive practice hours. As you know feedback is essential for improvement and growth. We are now asking third term students to provide additional feedback and support by completing a pre-graduate survey. This allows us to look at our program outcomes and college core outcomes to see if there are deficiencies or areas that need improvement. Below you will find a list of all of the Medical Assisting Program courses, PCC MEDICAL ASSISTING PROGRAM OUTCOMES, as well as the PCC COLLEGE CORE OUTCOMES. Please read through all of the information and instructions before answering the survey questions.

Medical Assisting Core Program Course:

MA 112 Seminar I

MA 117 Medical Office Administrative Procedures Lecture

MA 118 Medical Office Administrative Procedures Lab

MA 120 Intro to Phlebotomy

MA 122 Seminar II

MA 123 Medical Office Clinical Procedures Lecture

MA 124 Medical Office Clinical Procedures Lab

MLT 100 Medical Laboratory Technology

MA 180 Coding & Reimbursement

MA 132 Seminar II

MA 131 Intro to Medical Science

MA 136 Medications

MA 270 Directive Practice

PCC MEDICAL ASSISTING PROGRAM OUTCOMES:

- Communicate effectively with persons through the use of verbal & non-verbal skills, written abilities, active listening, and information technologies within classroom environment.
- Understands the concepts and principles of mathematics and scientific knowledge the relationship with administrative and clinical medical assisting practices
- Demonstrates the ability to meet patient's needs as a mature, adaptable person and member of the medical assisting profession.
- Think creatively and critically in the identification, analysis, and resolution of problems, issues, truth claims, and ethical issues.

I. Based on your experience during the PCC MA Program, please use the following scale to rate how well you achieved or not achieved the above Medical Assisting Program Outcomes. On the next page you will do the same for the College Core Outcomes.

MA PROGRAM OUTCOMES

RATING (1-5)

1. Communicate effectively with persons through the use of verbal & non-verbal skills, written abilities, active listening, and information technologies within classroom environment.

2. Understands the concepts and principles of mathematics and scientific knowledge the relationship with administrative and clinical medical assisting practices.

3. Demonstrates the ability to meet patient's needs as a mature, adaptable person and member of the medical assisting profession.

4. Think creatively and critically in the identification, analysis, and resolution of problems, issues, truth claims, and ethical issues.

PCC COLLEGE OUTCOMES:

- Communicate effectively by determining the purpose, audience and context of communication, and respond to feedback to improve clarity, coherence and effectiveness in workplace, community and academic pursuits.
- Apply scientific, cultural and political perspectives to natural and social systems and use an understanding of social change and social action to address the consequences of local and global human activity.
- Identify and investigate problems, evaluate information and its sources, and use appropriate methods of reasoning to develop creative and practical solutions to personal, professional and community issues.
- Use an understanding of the variations in human culture, perspectives and forms of expression to constructively address issues that arise out of cultural differences in the workplace and community.
- Demonstrate and apply the knowledge, skills and attitudes necessary to enter and succeed in a defined profession or advanced academic program
- Assess, examine and reflect on one’s own academic skill, professional competence and personal beliefs and how these impact others.

PCC CORE OUTCOMES

RATING (1-5)

- | | |
|---|--------------|
| <p>1. Communicate effectively by determining the purpose, audience and context of communication, and respond to feedback to improve clarity, coherence and effectiveness in workplace, community and academic pursuits.</p> | <p>-----</p> |
| <p>2. Apply scientific, cultural and political perspectives to natural and social systems and use an understanding of social change and social action to address the consequences of local and global human activity.</p> | <p>-----</p> |
| <p>3. Identify and investigate problems, evaluate information and its sources, and use appropriate methods of reasoning to develop creative and practical solutions to personal, professional and community issues.</p> | <p>-----</p> |
| <p>4. Use an understanding of the variations in human culture, perspectives and forms of expression to constructively address issues that arise out of cultural differences in the workplace and community.</p> | <p>-----</p> |

5. Demonstrate and apply the knowledge, skills and attitudes necessary to enter and succeed in a defined profession or advanced academic program -----

6. Assess, examine and reflect on one's own academic skill, professional competence and personal beliefs and how these impact others. -----

I. Which courses do you feel covered the following concepts: (please see the full list of MA courses on the front page of this survey)

Courses Associated

- **Community and Environmental responsibility:**

- **Cultural Awareness**

- **Self-Reflection**

- **Communication**

- **Critical Thinking and Problem Solving**

- **Professional Competence**

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V. Survey and Results

C. Results of Pre-Graduate Survey on Program Outcomes

Portland Community College Medical Assisting Program



RESULTS of PRE-Graduate Survey on Program Outcomes Fall 2011

Date survey given: **November 15th**

Number of students to graduate in Fall 2011: **21**

Number of students that completed survey: **20**

The rating system was based on a scale of 1-5. The number 1 represents very poor and the number 5 was the highest score in fulfilling the outcome.

Medical Assisting Program Outcomes:

- Communicated effectively with persons through the use of verbal and non-verbal skills, written abilities, active listening, and information technologies within classroom environment.
 - 5 score = 17 students
 - 4 score = 3 students
- Understands the concepts and principles of mathematics and scientific knowledge and the relationship with administrative and clinical medical assisting practices.
 - 5 score = 12 students
 - 4 score = 7 students
 - 3 score = 1 student
- Demonstrates the ability to meet patient's needs as a mature, adaptable person and member of the medical assisting profession.
 - 5 score = 17 students
 - 4 score = 3 students
- Think creatively and critically in the identification, analysis, and resolution of problems, issues, truth claims, and ethical issues.
 - 5 score = 13 students

- 4 score = 6 students
- 3 score = 1 student

Portland Community College Core Outcomes:

- Communicate effectively by determining the purpose, audience and context of communication, and respond to feedback to improve clarity, coherence and effectiveness in workplace, community and academic pursuits.
 - 5 score = 12 students
 - 4 score = 8 students
- Apply scientific, cultural and political perspectives to natural and social systems and use an understanding of social change and social action to address the consequences of local and global human activity.
 - 5 score = 12 students
 - 4 score = 5 students
 - 3 score = 3 students
- Identify and investigate problems, evaluate information and its sources, and use appropriate methods of reasoning to develop creative and practical solutions to personal, professional and community issues.
 - 5 score = 13 students
 - 4 score = 6 students
 - 3 score = 2 student
- Use an understanding of the variations in human culture, perspectives and forms of expression to constructively address issues that arise out of cultural differences in the workplace and community.
 - 5 score = 13 students
 - 4 score = 5 students
 - 3 score = 2 students
- Demonstrate and apply the knowledge, skills and attitudes necessary to enter and succeed in a defined profession or advanced academic program
 - 5 score = 14 students
 - 4 score = 4 students
 - 3 score = 2 students
- Assess, examine and reflect on one's own academic skill, professional competence and personal beliefs and how these impact others.
 - 5 score = 15 students
 - 4 score = 4 students
 - 3 score = 1 student

V. Survey and Results

D. AAMA Graduate Survey and Results

RESULTS of the AAMA Graduate Survey

Graduate AAMA Surveys completed: 10

Of the 10 individuals who filled out the survey 9 are AAMA Certified

Of the 10 individuals who filled out the survey 6 are currently employed as CMA's with their wage range \$12.00 to \$14.25 hourly rate.

Of the 10 individuals who filled out the survey 2 are Unemployed.

Length of time from graduation and completing survey varied from 2 – 10 months.

Cognitive Domain: The Program...

- Helped me to acquire the medical assisting knowledge appropriate to my level of training:
 - 7 students = strongly agree
 - 3 students = agree
- Prepared and encouraged me to apply for and pass my professional credentialing exam:
 - 6 students = strongly agree
 - 3 students = agree
 - 1 student = neutral (acceptable)

Psychomotor Domain: The program...

- Prepared me to collect patient data effectively:
 - 5 students = strongly agree
 - 4 students = agree
 - 1 student = did not answer
- Prepared me to perform appropriate diagnostic and medical procedures:
 - 3 students = strongly agree
 - 5 students = agree
 - 1 student = neutral (acceptable)
 - 1 student = did not answer
- Prepared me to use sound judgment for functioning in the healthcare setting:
 - 5 students = strongly agree
 - 4 students = agree
 - 1 student = did not answer
- Prepared me to perform all clinical skills appropriate to entry level medical assisting:
 - 3 students = strongly agree
 - 5 students = agree
 - 1 student = neutral (acceptable)

- 1 student = did not answer
- Prepared me to perform all administrative skills appropriate to entry level medical assisting:
 - 3 students = strongly agree
 - 5 students = agree
 - 1 student = neutral (acceptable)
 - 1 student = did not answer

Affective Domain: The Program...

- Prepared me to communicate effectively in the healthcare setting:
 - 6 students = strongly agree
 - 1 students = agree
 - 3 student = neutral (acceptable)
- Prepared me to conduct myself in an ethical and professional manner:
 - 6 students = strongly agree
 - 3 students = agree
 - 1 student = neutral (acceptable)
- Prepared me to manage my time efficiently while functioning in the healthcare setting:
 - 6 students = strongly agree
 - 3 students = agree
 - 1 student = neutral (acceptable)
- Please rate and comment on the OVERALL quality of your preparation as a medical assistant:
 - 6 students = strongly agree
 - 3 students = agree
 - 1 student = neutral (acceptable)

V. Survey and Results

E. Student Feedback Survey on Health Fair RESULTS

COMMUNITY HEALTH SCREENING

Portland Community College
Medical Assisting Program



RESULTS OF THE FREE HEALTH SCREENING EVENT:

Over 150 individuals participated in the Free Health Screening Event. On average, each student was able to practice their clinical skills with 5 individuals. Comment cards for each student were averaged for the 3 concepts (Professionalism, Communication & Attitude) additional comments were typed up and the students were given a copy. The information obtained was discussed individually during their assessment meeting.

Student Feedback:

Feedback forms were given to each student after participating in the Free Health Fair Screening event. They were asked the following questions:

- Do you think the Health Screening was relevant to the skills you learned in class?
 - **25 responded YES**
- Do you believe the Health Screening was important to your success after completing the program?
 - **25 responded YES**
- Do you think the location was a good fit for the event?
 - **24 responded YES**
 - Additional comments:
 - Cascade Campus would have been better
 - Yes, but it would have been nice to have it at a Farmer's Market
 - A main campus would have drawn in more people
- Would you recommend the next cohort experience a similar event?
 - **25 responded YES**
- Would you volunteer to help with the next Health Screening in the Winter term?
 - **22 responded YES**
- What was your favorite part of the event?
 - Being able to work on a variety of individuals
 - Meeting and working with random members of the community
 - Being able to practice these skills on new people

- Working with people from different cultures
- Practicing skills on real people and not just other students
- Applying the skills learned in lab in real life
- The real world experience
- Everything – meeting, greeting and taking vitals
- The preparation and anticipation
- Several people asked about the program and I enjoyed being able to say good things about it
- Introducing myself to others
- The T-shirts
- How could the event improve?
 - Provide a referral list of health clinics in the area that are free or sliding scale
 - Advertise earlier
 - More advertising
 - More time and planning with handout / notice distribution, it could have the potential to be much bigger
 - Information in different languages
 - Give the participants a gift for helping
 - Address of the event on the flyers and signs – not just PCC Willow Creek
 - Refreshments
 - Hold the event later in the term so people felt more confident in their skills
 - A more systematic way of distributing the incoming participants equally to the students
- What would you change about the way in which the event was organized?
 - Start working on the event during first term or start to prepare for it
 - Large banner outside to draw in the MAX station people
 - Audiometer waiting area should be farther away from the testing room
 - It was very well organized
 - More equipment – less time to wait

V. Survey and Results

F. Clinical Directive Practice Survey for Sites

Portland Community College Medical Assisting Program



Portland Community College Medical Assisting Program is dedicated to a comprehensive academic approach to learning and providing the students with the tools to become an active healthcare team member. PCC requires 192 directive practice hours prior to completing the Medical Assisting Certificate. In order to ensure the best possible symbiotic relationship between the student and organization we are requesting information and feedback.

We appreciate you answering the following questions

ORGANIZATIONAL QUESTIONS:

Clinic Name & Address:

Clinic Contact & Phone Number:

What is your clinic specialty?

Do you have more than one clinic? _____

If so, please specify: _____

How many medical providers do you have at your clinic? _____

What is your current medical assistant to provider ratio? _____

What are your preferences with hosting a medical assisting student? For example; how many days a week? How many students? What conditions are ideal for your facility? _____

In the future – what is the best way to contact your clinic or organization regarding hosting a student?

STUDENT SPECIFIC QUESTIONS:

Have you ever hosted a medical assisting student in the past? _____

How long ago did you host your last student? _____

Did you have any poor or negative experiences with your student medical assistants?
Explain: _____

Does your clinic or organization require specific skills outside the scope of practice for medical assistants (example: Insertion of IV lines or infusions) _____

What deficiency's (if any) do you see with medical assisting students when they enter into directive practice? _____

Any additional comments: _____

VI. Articles and Presentations

A. “New Roles of the Certified Medical Assistant to Enhance Quality and Effectiveness of Care”

New Roles for the Certified Medical Assistant to Enhance Quality and Effectiveness of Care

Donald A. Balasa, J.D., M.B.A.*

Employing the CMA (AAMA) in clinical and administrative procedures in an ambulatory delivery setting is proving to be a cost-effective way of providing high-quality care. The CMA (AAMA) credential represents a Certified Medical Assistant (CMA) who has achieved certification through the American Association of Medical Assistants (AAMA). The CMA (AAMA) must graduate from an accredited postsecondary medical assisting program, pass a national examination administered by the National Board of Medical Examiners, and recertify every five years. The CMA (AAMA) is valued in societal sensitivity and highly skilled in communication with patients. In an effort to reduce potential malpractice liability, insurance carriers are recommending that practices employ culturally competent "patient advocate" professionals such as the CMA (AAMA) who has the required listening and speaking abilities. Researchers are exploring new ways of utilizing the CMA (AAMA) that enhance efficiency and reduce patient noncompliance with physicians' instructions, such as serving as a "health coach" who meets with patients before and after the physician/physician, nurse/practitioner, physician assistant/physician, and assistant during the clinician visit.

Keywords: CMA (AAMA); certification; malpractice; patient advocate; teacher.

Providing high-quality healthcare at a reasonable cost has become a daunting challenge for health professionals and practice managers. One of the most effective human resource solutions to this dilemma has emerged in recent years—the utilization of the CMA (AAMA) in both the clinical and administrative areas of the ambulatory care delivery setting. The CMA (AAMA) credential represents a Certified Medical Assistant (CMA) who has achieved certification through the American Association of Medical Assistants (AAMA). The rapidly increasing demand for CMAs (AAMA) is evidenced by the United States Bureau of Labor Statistics' projection that medical

assisting will be one of the fastest growing professions through the year 2014.¹

All CMAs (AAMA) are required to graduate from an accredited postsecondary medical assisting program. To earn the credential, graduates must pass the CMA (AAMA) Certification/Recertification Examination. (This examination is accredited by the National Commission for Certifying Agencies and utilizes the National Board of Medical Examiners as examination consultant.) The CMA (AAMA) is required to recertify every five years by completing continuing education. Just as licensed professionals can be disciplined for illegal or unethical conduct, any CMA (AAMA) who violates the *Disciplinary Standards for the CMA (AAMA)* is subject to sanctions such as temporary or permanent revocation of the credential.²

As cost pressures continue to buffer American healthcare, a higher percentage of care is being delivered

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VI. Articles and Presentations

B. “Picture of Professionalism”

Photo: iStock.com



Picture of professionalism

Help students hone soft skills

By Marguerite Darlington

After graduation and certification, brand-new CMA's (AAMA) will begin to look for work. Their success depends not only on the textbook information they absorbed while in school, but also on their ability to be professional in the workplace.

"Employers look for two sets of skills from new employees," explains Michelle Gross, CMA (AAMA), manager of staff training and development for the physician group at the University of Minnesota in Minneapolis, Minn. "Hard skills include the ability to perform key tasks, such as [taking] vital signs and venipuncture. Soft skills are those characteristics and talents that are difficult to train, but are absolutely essential to success on the job. Professionalism is mastering these soft skills."

Soft skills are qualities that include compassion, customer service, reliability, decorum, and a strong work ethic, according to Gross. The Commission on Accreditation of Allied Health Education Programs actually requires educators to teach these skills to aspiring medical assistants. In fact, "These qualities are subjective, however, which makes them difficult for educators to communicate."

Model image

A medical assistant's ability to assimilate lessons about professionalism from an educator depends on that educator's ability to model these behaviors.

Deficiencies in the learning environment and the subjective nature of evaluating professionalism can leave students feeling unfairly judged, and genuinely confused. To combat this, educators must establish transparency in the academic process while demonstrating their own professional and ethical behavior.¹

Jody Stenzel, CMA (AAMA), LPN, explains how this dynamic can play out in the workplace if office managers are not careful about their own behavior. Stenzel teaches medical assistants at the Minnesota School of Business' Plymouth and Elk River campuses, and works at the North Memorial Clinic-Elk River Physicians Family Practice clinic.

"The medical office is often a hectic scene, with staff performing quickly to keep patients moving smoothly through their visits. It is in the midst of this busy atmosphere that unprofessional behaviors can arise.² Medical assistants must be prepared to balance efficiency with effective patient care, and great educators can help them prepare to do this.

"[Instructors] state that professional medical assistants should do a specific behavior, then don't do it themselves," says Stenzel. "An example would be saying a medical assistant should not get involved in office politics and gossip, then engaging in those behaviors."

Unprofessional office behavior also includes working while poorly groomed or inappropriately attired, arriving late to work, using inappropriate language, and being loud or boisterous within the ears of patients, according to Gross.

Gross suggests a solution: clear, formalized policies for students regarding standards of conduct. Stenzel notes that everyone involved must follow these policies, from small things such as promptly responding to e-mails, and keeping a consistent schedule, help show students how to maintain professionalism at all times.³ "Lead by example," says Stenzel. "Don't just say 'do.'"

Eye of the beholder

Christian Dormann, PhD, professor of industrial and organizational psychology at the University of Mainz, Germany, defines professionalism as "accepting the best behavior for performing a specific occupation, behaviors recognized by experts in the field as most appropriate."

VI. Articles and Presentations

C. “Why More Employers are Hiring CMA’s”



Donald A. Balasa, JD, MBA
AAMA Executive Director, Legal Counsel

Why more employers are hiring CMAs

Even before the American Association of Medical Assistants (AAMA) adjusted the eligibility requirements for the AAMA CMA Certification/Recertification Examination to better meet the human resource needs of the current health care environment, more employers of allied health personnel were preferring or even insisting that their medical assistants have the AAMA Certified Medical Assistant® (CMA) credential. Understanding why employers are aggressively recruiting Certified Medical Assistants is of the utmost importance for a medical assistant's entry into and advancement within the allied health work force.

First of all, the United States continues to be one of the most litigious nations in the civilized world. Disputes that used to be settled by discussion and mediation are now being referred to attorneys and ending up in courts of law. Lawsuit mania is particularly acute in the world of health care. Patients have come to view health care providers as guarantors of a positive outcome, and any less-than-optimal result often leads to litigation.

Because of this unfortunate state of affairs, health care providers have had to fortify themselves against malpractice suits and other legal perils. Employers of allied health professionals have currently concluded that having credentialed personnel on staff will lessen the likelihood of a successful legal challenge to the quality of work of the employee. Thus, in the realm of medical assisting, the CMA credential has become a means of protecting against potential plaintiffs who might seize upon the fact that the employer (whether a physician, a physician's corporation, a group practice, or a clinic) is utilizing unlicensed allied health personnel. (Medical assistants currently are not licensed in most states, although some states require education and/or credentialing as a legal prerequisite for the performance of certain duties.)

Another major influence dominating the American health care scene is managed care. The cost limitations imposed by managed care organizations (MCOs) are causing mergers and buyouts throughout the nation. Small physician practices are being consolidated or merged into larger providers of health care, and the resulting economies of scale are—supposedly—making the delivery of health care more cost-effective. Human

resource directors of MCOs place great faith in professional credentials for their employees (including physicians), and therefore are more likely to establish certification as a mandatory professional designation for medical assistants. All indications are that the managed care revolution has not yet run its course; consequently, the requiring of the CMA credential by employers is likely to accelerate.

In addition to these factors, state and federal laws—especially certain provisions of the Occupational Safety and Health Act (OSHA) and the Clinical Laboratory Improvements Act (CLIA)—are making mandatory credentialing for medical assistants a logical next step in the hiring process. Although OSHA and CLIA do not per se require medical assistants to be CMAs, there are various components of these statutes and their regulations that can be met by demonstrating that the medical assistants in the clinical setting are certified. Furthermore, private sector bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the National Committee for Quality Assurance (NCQA), often look favorably upon (although do not mandate) such professional credentials as the CMA to verify the competence of medical assistants.

All in all, the AAMA Certified Medical Assistant® (CMA) credential is assuming increasing importance in the eyes of all types of employers of medical assistants. By offering the CMA designation to worthy medical assisting candidates, the American Association of Medical Assistants is providing a valuable service to the medical assisting profession, employers of medical assistants, and the American public. Indeed, the Certified Medical Assistant® is becoming the allied health professional of choice for ambulatory health care delivery settings. 4



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VI. Articles and Presentations

E. PCC News: Medical Assistants JDRF Walk to Cure Juvenile Diabetes



Medical Assisting program students, staff take a walk to find a cure

Photos and Story by James Hill | [Print this story](#)

On Oct. 2, students from PCC's Medical Assisting program joined a group of over 5,000 people in a walk to cure Type I diabetes. The organization that puts this walk together was the Juvenile Diabetes Research Foundation, which is the worldwide leading funder and advocate of diabetes science.

The PCC team reached 42 strong during the walk and raised \$1,570 dollars towards a cure. Overall, the walk raised \$200,000.

"They have been involved with funding research for a cure for over 40 years," said Virginia Chambers, medical assisting instructor, of the foundation. "Every year around this time, thousands of people gather in Southeast Portland at Oak's Amusement Park to show their support for this important cause."



The team was led by team captains and current students Stephen Dete and Halley Bond, and included nine other students, the program director Jin Kim and program instructor Virginia Chambers, and 29 family members and friends.

PCC's name was broadcast during the event with members of the Medical Assisting program's team wearing matching PCC t-shirts. The team was led by team captains and current students Stephen Dete and Halley Bond, and included nine other students, the program director Jin Kim and program instructor Virginia Chambers, and 29 family members and friends.

"Something about getting thousands of community members together to strive for a common goal felt