

# **Portland Community College**

## **Medical Assisting Program**

### **Program Review**

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**January 2006**

**Portland Community College  
Medical Assisting Program Review**

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# Purpose and Methodology

The Medical Assisting (MA) Program is a professional technical program that awards a completion certificate in medical assisting. The program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The MA program Subject Area Curriculum Committee consists of one full-time faculty and is supported by our division dean and administrative support staff in the Allied Health and Science Division.

The MA Program Review was used to address the following issues:

- Analysis of the current state of the MA Program
- Assess the need for program change
- Evaluation of long-term goals
- Review of national and statewide employment trends

The purpose of this report is to ensure that curriculum keeps pace with changing industry demands and continues to successfully prepare students to enter the Medical Assisting field. The final report will be submitted to college administrators and the MA advisory committee. It would be most helpful if the report would elicit suggestions for future needs or changes.

Sources of information include:

- National and state employment and earnings statistics for CMAs
- Current and future demand information
- Post-graduate survey, PCC's 2004 Cascade Career Services survey and employer satisfaction survey's
- Program quality results
- Advisory committee meeting minutes
- Focus group outcomes
- Review of PCC's Institutional Research statistics for the MA program
- Departmental program data
- Accreditation reports

# Program Overview

The Portland Community College Medical Assisting Program has been a part of campus life since 1974 with great stability and has earned a positive well respected reputation in the community. The dedication and expertise demonstrated by the staff of the program is considered a strength. The program has enjoyed accreditation through “The Commission on Accreditation of Allied Health Education Programs” (CAAHEP) and the “American Association of Medical Assistants” (AAMA) since 1976. The program was surveyed in 1981, 1987, 1994, and 2000; and always received continuing accreditation. The Medical Assisting Program is currently a single campus program. All courses are delivered at the Cascade Campus. The program transitioned from a two-year associate degree program to a one-year certificate program in 1989. This change was primarily due to low enrollment and an attempt to compete with proprietary schools in the area.

## Program Description

The Medical Assisting Program is located on the Cascade Campus of Portland Community College in the Allied Health and Science Division. Other allied health programs within this division include:

- Alcohol and Drug Counseling
- Health Information Management
- Medical Laboratory Technology
- Ophthalmic Medical Technology

The Medical Assisting Program is a lock-step program that delivers 43 credits in three terms beginning fall term. The class size of 24 is limited by the number of clinical affiliations, as required by the national accreditation standards. Courses are sequenced so that students complete the theory and practical laboratory prior to practicum placement. For example the Medical Office Administrative Procedures course, lecture and lab, is offered fall term, and the Administrative Directed Practice, the linked practicum, is offered winter term. A 2.0 grade point average or higher is required for all courses.

Students completing training in the Medical Assisting Program will find employment in clinics, hospitals and physician offices. The medical assistant performs a variety of clinical and administrative duties, for example, taking and recording vital signs and case histories, and scheduling and receiving patients.

## Curriculum

The curriculum is reviewed on an annual basis for content, strategies, and outcome. Assessment of student outcomes is by didactic exams, laboratory assessment, skills proficiency testing and computer simulation. All outcomes must also be demonstrated in a practicum situation. Students are required to complete a total of 192 hours of practicum with an approved field supervisor. Communication and collaboration with site

supervisors is critical to success of the program. All graduates meet “Entry-Level Competencies for the Medical Assistant” as defined by the AAMA. Graduates of the program are eligible to sit for the AAMA National Certification Exam, upon passing they earn the title CMA (Certified Medical Assistant). Students that successfully complete a CAAHEP accredited program are eligible to sit for the AAMA examination. Graduates are not required to pass the national exam in order to gain employment, but it increases their chances of employment and may result in higher pay. Some physician offices and clinics in the Portland metropolitan and out lying areas require the CMA certification.

Methodologies used include lecture format encouraging class participation, guest speakers that are currently employed in the profession, group activities/projects, writing assignments, hands on instructional skills/computer labs. Directed practice externships are held at Kaiser, Oregon Health and Science University, Providence, Legacy, and private physician offices.

Students are asked to complete class/lab evaluations throughout the program. Evaluations are reviewed and improvements are implemented accordingly. Instructors in the program continue to improve their knowledge of the profession by obtaining continuing education at the local and state level through the AAMA or equivalent. A supportive and active advisory committee allows the faculty another way to stay current in the field.

The medical assisting program has never shied away from trying something new, approximately four years ago the program was offered on-line but found that a “hands on” program didn’t match well with an on-line presentation. The program experienced significant attrition in the on-line program. It was during this period of time that the program also decided to go from a lock step program to an open enrollment program, allowing student to begin the program in any term. Open enrollment resulted in moving students, as many as 68 students at one time, but all at different stages of their education. The open enrollment was problematical. As enrollment grew it created unmanageable challenges for faculty and staff, and had a negative impact for student success on the national exam (students had up to three years to complete the program). PCC graduates had always ranked in the 90<sup>th</sup> percentile nationally until the time the program was changed to open enrollment. The PCC MA program national exam results dropped to the 68<sup>th</sup> percentile nationally for June 2003. The program returned to the lock-step program and performance was expected to return to the 90<sup>th</sup> percentile. This has been realized in the June 2004 results, 87<sup>th</sup> percentile, and January 2005 results, 98<sup>th</sup> percentile.

## **Meeting the College Mission**

Portland Community College’s mission is to provide quality education in an atmosphere that encourages the full realization of each individual’s potential. To help guide the faculty and staff in the accomplishment of its mission, the College has a set of fundamental values. In addition, the Cascade Campus has a mission statement and values statements. Both the College’s mission and values and the Cascade Campus’s mission and values have been adapted directly into the Medical Assisting Program. The goals and

objectives, evaluation methods, and student outcomes can be found in the program's 2000 accreditation self-study.

## Students

Twenty-four students enter the program each year. Most are women, in fact only three men entered the program between 2000 and 2005. While diversity in gender does not exist, the MA Program has been successful in recruiting students representing a broad cultural diversity. Approximately one-third of all students identify themselves other than Caucasian.

| Total | African American | Asian/Pacific Islander | American Indian/Alaska Native | Hispanic | Caucasian | Other/Unknown |
|-------|------------------|------------------------|-------------------------------|----------|-----------|---------------|
| 117   | 6                | 11                     | 0                             | 11       | 77        | 12            |

The MA Program has worked with Oregon Health Career Center (OHCC) for eight years to educate and graduate medical assisting students of Hispanic and Russian background. Students must be bilingual (Spanish speaking and Russian speaking) and bicultural. OHCC partners with health care facilities to manage student scholarships and closely monitors the student for any assistance they might need. Upon completion of the MA Program the graduate enjoys the success of full-time employment with the health care facility that provided the scholarship.

Approximately five years ago many practicum site supervisors indicated that they had concerns regarding written and oral communication, the language barriers were so great that clinics were dismissing them because of poor oral communication skills and writing ability. A greater number of students were having difficulty communicating with patients and demonstrated inadequate use of their written English language with respect to documentation. As a way to ensure greater student success faculty and staff have worked closely with Penny Thompson and the ENNL department to develop an oral and written assessment test which has been administered for the past three years. This assessment has allowed the program to determine those students that are not yet ready to pursue this career until they have met further reading, writing, and communication classes in English. This test is given to all students that have met the provisional acceptance requirements. This assessment has also contributed to greater student success.

## Retention

The program has had a good record with respect to student retention, some years retaining the total number of students from beginning to end. Student retention is enhanced through a required advising session prior to program acceptance and continuous support via faculty advising throughout the year. Departmental data indicate an average completion rate of 82% for all cohorts entering from 2000 to 2004.

## **Faculty and Staff**

The program has dedicated but small staff. The department has only one full-time faculty member, Denise Rigsbee.

The sole full-time faculty's job responsibilities include Medical Assisting Program Director, department and SAC chair, and the primary employee for addressing student concerns, student retention, laboratory needs, program review and accreditation. Principal department chair duties and responsibilities include gathering information regarding criminal background checks, term schedules, adjunct faculty schedule assignments, interview and recommend adjunct faculty, adjunct faculty advising, adjunct faculty assessment, inventory and ordering of lab/equipment supplies, recommend equipment and supply expenditures, setting up labs, graduation petitions, program review and assessment, schedule advisory committee meetings, set agenda, and hold meetings, student advising, student assessment, evaluation of assessment, written communications, new student advising, serve on committees as needed, assist with articulation arrangements with high schools (2005 Benson High School, MP 111), problem resolution between students and faculty (BI 55 instructor, fall 2004), American Association of Medical Assistants, Program Director, program management, graduation petitions, other duties as assigned.

In addition, this individual is available for instruction, advising and mentoring students, revising curriculum, maintaining strong relationships with practicum sites, supporting adjunct faculty, and continuous program improvement. The full-time faculty member delivers 65% (28 credit hours) of the didactic and laboratory instruction. She is released from two days of teaching annually to attend the Oregon Society of Medical Assistants State Convention, which affords opportunity for required continuing education. Professional development is also accessed at the local level, but funds are limited for out of state travel and therefore attendance at the national convention is infrequent.

The entire faculty that teaches in the medical assisting program meets all of the criteria specific to teaching within their subject area and their area of expertise. All faculty and staff will be members of at least one medically related professional organization and will maintain at least one medical credential appropriate for their instructional assignment. For example students take a class specific to collection and processing of laboratory specimens, the instructor that teaches this class has the following credentials: CLS; Clinical Laboratory Scientist, CLT; Clinical Laboratory Technologist, and MLT; Medical Laboratory Technician and is a member of the ASCLS; American Society for Clinical Laboratory Science, and OACLS; Oregon Association for Clinical Laboratory Science.

The SAC has established that full-time faculty must have a background in and current knowledge in both the administrative and clinical areas of medical assisting (minimum of three years experience in the field) as well as knowledge in specific subjects they are teaching. Full-time faculty must hold a current CMA certification while part-time faculty may or may not hold the CMA certification based on their experience. One part-time lab instructor worked as a registered nurse with 45 years of work and teaching experience in

hospitals and medical clinics, she teaches in the clinical procedures lab. Another part-time instructor is a CMA, a graduate of the PCC medical assisting program, and has ten years clinical work experience.

The Medical Assisting Program engages faculty who are knowledgeable in their subject area, have experience working in physician offices and medical clinics, and who are able to present curriculum in a meaningful way to students.

The Medical Assisting Program utilizes a few part-time instructors most of whom hold current full-time positions in the medical profession. These instructors have individual areas of specialization, and each brings unique experiences to instructing students. Sue Tomlin, a retired Registered Nurse, had served the program for 13 years as a part-time instructor and retired last year. Other part-time instructors include Carolyn Griffith, Jin Kim, and Christie Oldenstadt. In addition, the program has strong faculty support from other allied health and science programs, administration and the instructional support staff.

This program review was completed with continued support from Larry Clausen, Division Dean of Allied Health and Science.

## **Community Needs and Partnership**

The MA Program has a long standing relationship with over 35 clinical affiliates including:

- Providence Medical Groups
- Oregon Health Science University
- Kaiser Permanente
- Legacy Health Systems
- Private physician offices

The MA Program is supported by an active and dedicated Advisory Committee. The MA Advisory Committee, which meets three times a year, has fifteen members (some having served up to 16 years). Members include: a physician advisor, AAMA representatives, local high school educators, human resources personnel, a PCC MA graduate, and a current student.

## **Competitor Programs**

Eight medical assisting programs in Oregon are currently accredited by CAAHEP in the state of Oregon and another 20 in the state of Washington. The accredited schools, in addition to PCC, within the Portland metropolitan area are:

Mt. Hood Community College  
Clackamas Community College  
Western Business College

Concorde Career Institute  
Clark College

Other CAAHEP accredited medical assisting programs in the state of Oregon are:

Central Oregon Community College  
Lane Community College

Schools that offer medical assisting in the Portland metropolitan area but are not accredited by CAAHEP include:

Chemeketa Community College  
Apollo College  
Cambridge College  
Pioneer Pacific College

Students who complete programs at non-accredited schools are not eligible to take the national certifying examination administered by the American Association of Medical Assistants.

# Findings and Analysis

## Employment Outlook and Compensation

Certified Medical Assistant (CMA) graduates of the Program obtain secure, living wage (\$12.70/hour to \$17.26/hour) jobs and are in high demand. Most health care providers require the CMA certification or equivalent of that certification. This certification reduces the liability risk for a medical provider.

### National and State Employment Trends

The US Department of Labor Bureau of Labor Statistics ranks medical assisting as the single fastest growing occupation (Table 3, “Occupational Employment Projections to 2012” in February 2004 Monthly Labor Review). The Bureau’s 2004 occupational employment data projected the employment of medical assistants in the United States to grow by 59% between 2002 and 2012 resulting in 214,800 new positions over the ten-year period.

At the state level, strong growth is projected as well but at a slower rate than nationally. The Oregon Employment Department projects that the employment of medical assistants will increase by 23.9% between 2002 and 2012. On average there will be 270 medical assistant jobs openings each year due to growth and replacement during this period. Of course, variation will exist among regions within Oregon, but the majority of the new job openings will occur in Region 1, Multnomah, Tillamook and Washington counties. The Department projects 124 annual job openings in these three counties. While rural areas generally have a higher rate of increase, the number of job openings is fewer. For example, Jackson and Josephine counties are projected to experience a 31.4% growth in job openings, but this translates into only 20 openings per year.

### Medical Assistant Compensation

The 2004 survey of practitioners and educators conducted by the American Association of Medical Assistants (AAMA) revealed that nationally the average salary for the medical assistant with three to five years of experience was \$25,189 for a certified medical assistant and \$23,684 for a non-certified medical assistant. The Pacific region, California, Oregon and Washington, reported the highest salary among all regions, \$27,082 per year. Positions in urban areas tend to pay about 10% more than in rural areas. Of those responding to the survey, 64% had earned their certificate/diploma in medical assisting, while 32% had earned their associate’s degree in medical assisting. Salary differences between these two groups, if any, were not reported.

It may be more accurate to report earnings in terms of hourly wage. Eighty-three percent of full-time practitioners responding to the AAMA survey were paid hourly, while 17% were paid by annual salary. In Oregon, the median salary reported for medical assistants is \$13.23 compared with a nation median of \$11.69 (America’s Career InfoNet, 2005).

The AAMA survey revealed that the majority of full-time practitioners receive health benefits and that their employers offer a retirement plan.

## **Data from the Office of Institutional Effectiveness**

The Medical Assisting Program has generally had a good record with respect to student retention but with notable variation. Some years the program has retained the total number of students from beginning to end while in other years unreasonably high attrition is noted. The Institutional Effectiveness data reveal that the completion rate was 87% for the cohort which entered in the fall of 2002, and 68% for the 2003 cohort. The 2004-2005 academic year experienced minimal attrition, 24 students were accepted fall term with 20 students, 83%, successfully completing the program. Student retention is due to a preliminary advising session prior to program acceptance, students are also provided with continuous support via faculty advising throughout the year.

The MA Program has historically had a highly diverse group of students and graduates. Race and ethnicity has included African American Asian/Pacific Islander, American Indian, Hispanic, and Caucasian. The IE data indicates that the non-Caucasian student population is about 32% at the Cascade campus compared with 45% for the MA Program. However, we believe that the proportion is more in line with Campus numbers and suggest the data presented on page 4 are more accurate. Gender is traditionally more female than male, and this is also reflected in industry as well. Variation in age also exists, ranging from 17 years of age to over fifty with the mean being about age 30.

## **Graduate Survey**

Cascade Career Services complete a 2004 Professional/Technical Graduate Employment Survey which included medical assisting. Their finding indicated that 50% or more of the MA graduates found jobs primarily through their internship while a smaller percentage from Career Connections e-mail postings, employer web sites and faculty member referrals. Career Services have been very involved with the MA Program spring term conducting sessions on resume and cover letter writing, interview techniques and attire, and job search.

The MA Program also conducted its own survey although the response was small (only 7 surveys returned) the information was consistently indicating that technical skills are good. Ten graduates responded to the survey all of which are utilizing clinical and administrative skills. The graduates were split when asked if they feel challenged in their positions, half reported sometimes while the other half said always. This is an anticipated response as these individuals are multi-skilled, multi-task and are expected to work in many areas of the medical office which can be overwhelming at times.

## **Key Findings of Advisory Committee Focus Group**

With input from the advisory committee fall and winter term it was decided that we would put together a focus group to ask questions regarding program quality, employer

satisfaction and marketing. The focus group was selected according to familiarity with PCC medical assisting students and graduates. One of the initial concerns regarding a focus group was participation. It was decided with a positive response from three big facilities in the area that we would move forward. The recorded notes for the focus group are attached to this report.

### **Focus Group Participants:**

Paula Purdy, CMA, manager of Medical Placement Services and advisory committee member for sixteen years

Elisabeth Yerkes, Director of Human Resources, Providence Medical Groups and advisory committee member for two years

Kimberly Farrer, CMA, PCC medical assisting graduate 2004, advisory committee member for two years

Joy Preciso, Providence Medical Group

Brandon Byars, Kaiser, Human Resources

### **Focus Group Participants absent:**

Billie Lena, Kaiser, Human Resources

Tammy Wade, OHSU, Ambulatory Service

As previously discussed one of the initial concerns regarding a focus group was participation with only two of the four participants attending. The two individuals that did attend did not have the history with PCC MA students/graduates. Brandon Byars is new to Kaiser and has neither experience with PCC students or graduates. Billie Lena has had over 16 years experience with students and graduates but did not attend. Joy Preciso has 9 years with Providence, 8 ½ years as clinical staff supervisor, 1 ½ years as a back office training supervisor which is her greatest exposure to our graduates. Tammy Wade has had many years experience with students and graduates.

### **Focus Group Findings**

The focus group focused on three different areas:

- Program Quality/Content
- Employer Satisfaction
- Marketing

### Program Quality/Content

As predicted the writing, speaking, and keyboarding are critical to the success of a medical assistant also ranked right up there is interpersonal skills. Both Providence and Kaiser have experience with our externs and hire entry-level medical assistants. Our graduate surveys support that OHSU also hires entry-level medical assistants.

Providence states that the entry-level PCC graduate is fearful of calculating medications or dealing with medications in general. As part of our teaching, students are fully aware that dosage calculations and administration of medications including parenteral is a critical responsibility and that it can not be taken lightly. They are working with medications and calculations that could be life threatening if mistakes are made. It was the main reason for implementing MTH 22, Metric Scientific Notation, a curriculum requirement that took place approximately eight years ago.

### Employer Satisfaction

The majority of student externs utilized by Providence have been PCC students. The quality of the program and graduates is above average and our graduates meet the essential skills required for an entry-level position according to Providence and Kaiser (see Providence Medical Group Clinic Training Checklist for Medical Assistants). It was noted that the major difference between PCC students and those of other programs is that PCC students tend to be more mature and professional.

### Marketing

Providence and Kaiser could not project the number of CMAs that might be hired for the upcoming year. Neither Kaiser nor Providence provided a salary differential for certification although Providence is moving toward a tier that would separate salaries for certified and non-certified medical assistants.

Both institutions have a need for bilingual students especially Spanish and Russian.

Both facilities use a variety of resources to recruit for CMAs including contact with the schools and having had externs.

Both Providence and Kaiser felt that PCC should expand the Medical Assisting Program. One concern would be graduating a greater supply than demand given all of the accredited schools in the Portland metropolitan area.

# Medical Assisting Program Outcomes

## Entry Level Competencies

Upon completion of the Medical Assisting Program graduates should have entry-level competencies in the following areas:

### Display Professionalism

- Project a positive attitude
- Perform within ethical boundaries
- Practice within the scope of education, training, and personal capabilities
- Maintain confidentiality
- Work as a team member
- Conduct oneself in a courteous and diplomatic manner
- Adapt to change
- Show initiative and responsibility
- Promote the profession

### Communicate

- Listen and observe
- Treat all patients with empathy and impartiality
- Adapt communication to individuals' ability to understand
- Recognize and respond to verbal and non-verbal communication
- Serve as Liaison between physician and others
- Evaluate understanding of communication
- Receive, organize, prioritize and transmit information
- Use proper telephone technique
- Interview effectively
- Use medical terminology appropriately
- Compose written communication using correct grammar, spelling and format

### Perform Administrative Duties

- Perform basic secretarial skills
- Schedule and monitor appointments
- Prepare and maintain medical records
- Apply computer concepts for office procedures
- Perform medical transcription
- Locate resources and information for patients and employers

### Perform Clinical Duties

- Apply principles of aseptic treatment and infection control
- Take vital signs
- Recognize emergencies
- Perform first aid and CPR
- Prepare and maintain examination and treatment area

- Interview and take patient history
- Prepare patients for procedures
- Assist physician with examination and treatments
- Use quality control
- Collect and process specimens
- Perform selected tasks that assist with diagnosis and treatment
- Screen and follow up patient test results
- Prepare and administer medications as directed by physician
- Maintain medication records

**Apply Legal Concepts to Practice**

- Document accurately
- Determine needs for documentation and reporting
- Use appropriate guidelines when releasing records or information
- Follow established policy in initiating or terminating medical treatment
- Dispose of controlled substances in compliance with government regulations
- Maintain licenses and accreditation
- Monitor legislation related healthcare issues and practice

**Manage the Office**

- Operate and maintain facilities and equipment safely
- Inventory equipment and supplies
- Evaluate and recommend equipment and supplies
- Maintain liability coverage
- Exercise efficient time management

**Provide Instruction**

- Orient patients to office policies and procedures
- Instruct patients with special needs
- Teach patients methods of health promotion and disease prevention
- Orient and train personnel

**Manage Practice Finances**

- Use manual bookkeeping systems
- Implement current procedural terminology and ICD-9 coding
- Analyze and use current third party guidelines for reimbursement
- Manage accounts receivable
- Manage accounts payable
- Maintain records for accounting and banking purposes
- Process employee payroll

**Communication Footnote**

Some of the advisory committee members had first hand information regarding non-native speakers in the program being dismissed from clinical sites. Members of the PCC

Medical Assisting Advisory Committee addressed renewed concerns regarding candidates applying to the medical assisting program.

In order to obtain provisional acceptance into the MA Program a candidate needs to provide an official high school transcript or copy of GED, and must show readiness for writing 121, reading 115, and math 60. A great concern is that the program assessment process is not reflective of a grade of A or B in WR 115 or 121. The first indication that there is a problem is when the program application asking a candidate why they should be considered for the program is compared with the hand written assessment.

As some of the Advisory Committee members represent the employers who would hire graduates, they looked at the written and oral communication skills of graduates who apply for positions in offices. Written and oral skills are paramount in a medical office. Examples would include, writing a chart note, chart documentation, letters and/or other correspondence, assisting patients, telephone techniques, taking verbal physician orders. High accountability is placed on the medical team, if a member cannot communicate adequately the employer assumes a higher risk of liability.

## **Recommendations and New Directions**

The following recommendations were developed through input from staff, the focus group, management, and the advisory committee:

1. Continued collaboration with the resource center regarding written and oral assessment to ensure student success, as writing and speaking is critical to the success of a medical assistant.
2. Greater and earlier communication efforts between the Directed Practice Supervisor and the Affiliation Supervisor should occur and include greater emphasis on identifying and addressing concerns regarding entry level skills and student concerns.
3. Maintaining a positive, well respected reputation in the community should be a high priority.
4. Student outcomes as demonstrated by successful performance on the national examinations should be a primary benchmark in assessing the quality of the program, and the goal of the program should be to achieve a pass rate at the 90<sup>th</sup> percentile.
5. An opportunity for program expansion exists but a commitment to do so will require a closer examination of the projected CMA job openings and the number of graduates from CAAHEP accredited schools in the area. Additional full-time instructional staff would be required to support expansion.

### **Conclusion**

The Medical Assisting Program has kept a flexible approach to meeting the needs of the community. By using a blend of an experienced dedicated full-time faculty augmented by new part-time faculty hired for specific expertise to access and revise the curriculum, the program allows a wider variety of students to achieve their goals of medical assisting. A top priority has always been student success, student retention, and cultural diversity.

The demand in the profession remains high, and our graduates can expect to find employment in the metropolitan area in the range of \$13 to \$14 per hour. Most positions will offer benefits. This outcome is reasonable for a nine-month certificate program.

## Reference Documents

1. National and state employment and earnings statistics for Certified Medical Assistants
  - a. America's Career InfoNet: Occupation Report [www.acinet.org](http://www.acinet.org)
  - b. Leever, N.; AAMA 2004 Medical Assisting Employment Issues and Salary Survey for Practitioners and Educators; CMA Today, AAMA, Sept/Oct 2004.
2. Current and future demand information
  - a. Oregon Employment Department – Workforce and Economic Research
  - b. U.S. Census Bureau: State and County QuickFacts  
<http://quickfacts.census.gov>
  - c. PCC CareerConnections <http://www.pcc.edu/careers>
  - d. U.S. Department of Labor, Bureau of Labor Statistics
  - e. Annual Oregon Population Reports and Supplements, School of Urban Studies and Planning, Portland State University, 2004.
  - f. Leever, N; *ibid.*
3. Graduate Survey and Employer Satisfaction Survey
  - a. PCC Cascade 2003 – 2004 Professional/Technical Graduate Employment Survey; Office of Career Services
  - b. PCC Medical Assistant Graduate Questionnaire; Medical Assisting Department 2004
  - c. PCC, Certified Medical Assistant, Employer/Supervisor Questionnaire; Medical Assisting Department 2004
4. Program Quality
  - a. Program Performance Report, June 2004 Certification/ Recertification Examination, American Association of Medical Assistants
5. Focus Group Outcomes
  - a. Recorded notes from PCC Advisory Board Focus Group, April 28, 2005.
6. Institutional Research Data/Departmental Data
  - a. PCC Institutional Research data packet including Characteristics of Students, Summary Enrollment, Grade Distribution, and Student Retention for 2001 – 2004
  - b. Student Characteristics, Medical Assisting Department data 2001 – 2005.
  - c. 2005 Annual Accreditation Report, CAAHEP
7. Departmental Student Survey – 2005
8. Adjunct Faculty Evaluation – 2005

**PCC Advisory Board Focus Group met on Thursday, April 28, 2005  
at 6:30 p.m.**

**Program Quality/Content**

- 1) **In your opinion, how important are keyboarding, writing and speaking skills? Does oral communication rank higher than written communication in the clinical area?**

Keyboarding is critical. Writing, penmanship and grammar are more important. Other items of importance are organization of thought, and patient communication.

- 2) **What other skills do you seek in an entry-level medical assistant (CMA) to do the job?**

Entry-level skills and strong interpersonal skills are most important. You can train anyone on skills but cannot everyone on interpersonal skills. Also, strong values, professionalism and customer service skills are important.

- 3) **What types of positions would an entry-level medical assistant (CMA) be considered for in your organization?**

Entry-level positions include medical assisting for Providence. Kaiser does not hire entry level for all positions.

- 4) **Do you draw candidates from all of the area's medical assisting programs?**

Both hire from all schools in the Portland area. According to Providence, Concorde is most developed in the skills area. This is more so than PCC or Mt. Hood. According to Kaiser, prefers the AA degreed medical assistant.

- 5) **What is the greatest strength you have observed from PCC students you have hired? Greatest weakness?**

Providence experience with entry-level PCC students is the fear of calculating medications or dealing with medications in general. Also included with medications are possibly vitals and patient contact. Kaiser has no experience with this topic.

## Employer Satisfaction

- 1) **Have you utilized a PCC student as an extern, or hired a PCC graduate? Did individuals perform satisfactorily?**

Providence, yes, have utilized PCC students as an extern. Yes, some worked out and some have not. PCC students have the majority as opposed to say Concorde Career Institute. Kaiser agreed.

- 2) **How do you judge the overall quality of the PCC medical assisting program and its graduates?**

Quality of program and graduates is above average. According to Kaiser, there haven't been any negative comments about PCC students.

- 3) **Have you observed differences between graduates of PCC and other area programs?**

The difference between PCC students and other program students is the maturity and professionalism.

- 4) **What curricular areas do you think should be emphasized more and which less? Interpersonal skills, more team building exercise, etc...**

The curriculum areas that should be emphasized are clinical skills, medication calculations, patient interaction (confidence) and drawing up medications.

- 5) **What are the essential skills needed in the medical office? Please list in order of importance.**

Essential skills in the office – see attached (Joy had a list. Elisabeth may have copy).

## Marketing

- 1) **Projecting for the up coming year, how many medical assistants (CMA) do you anticipate hiring?**

Focus group participants did not have knowledge of hiring projections.

- 2) **Do you differentiate in salary between a CMA and a non-CMA?**

Currently neither Providence nor Kaiser differentiates salaries for CMAs. However, Providence is moving towards a tier that separates salaries for certified and non-certified medical assistants.

3) **Do you have a need for bi-lingual medical assistants? What language?**

Yes both Providence and Kaiser have a need for bilingual students. Languages desired are Spanish and Russian.

4) **What resources do you use to recruit for a medical assistant (CMA)?**

Resources used by Providence to recruit for medical assistants are: website, skills fairs and PMG job fair, Oregonlive, career builders and Jobdango. Resources for Kaiser is website, job fairs, and contacts with schools. Managers have personal relationships with varies schools. Also, Kaiser requires all candidates to complete the application on-line. There is no other way to apply for a position.

5) **How many positions in your office or clinic are for the clinical medical assistants? How many positions for the administrative medical assistants?**

According to Providence about 1/3 of all positions are clinical. It is less than that for Kaiser. Kaiser hires more administrative

6) **Should PCC expand the existing CMA program to train more qualified applicants?**

Should PCC expand, yes according to both Providence and Kaiser. Providence wants students all year round not just in June.

Supplemental question asked by one of the advisory committee members:

Both parties were asked to rank PCC among the other skills.

Providence indicated that Concorde ranks high for skill set, Mt. Hood CC ranks highest for retention and true concept of medical assisting. PCC ranks second. According to Kaiser, Mt. Hood ranks first because of the AA degree.