

**Medical Assisting
April, 2017**

We thank you for your hard work, dedication, and commitment to your profession and students. The Program Review document and discussion was thorough and thoughtful. This response contains 4 sections: 1) Commendations, 2) Suggestions/observations, 3) Response to recommendations/areas of SAC needs and 4) Closing comments.

1. Commendations

- *The Program Review Document was thorough, thoughtful, and well organized.
- *The Program Review discussion provided significant insight into the Medical Assisting profession and instructional challenges.
- *The Program Review discussion provided valuable insight into the importance of soft skills training and assessment in the instructional program at PCC.
- *Recommendations based on assessment results, advisory committee input, and concern for student preparation and placement have been incorporated into the structure of the program and its curriculum.
- *Changes in curriculum align with changes in the profession and are guided by feedback from professional organizations and the External Advisory Committee.
- *The Medical Assisting Program's External Advisory Committee provides useful feedback on the skills needed to enter the profession. Advisory committee members attended the Program Review presentation and provided valuable insight and information.
- *The focus on integrating the Medical Home Model in M.A. training is forward-looking and helps prepare students for future developments in health care.

2. Suggestions and Observations

The foci on soft skills, sensitive interpersonal communication, and understanding the Medical Home Model provide a strong foundation for students entering the Medical Assisting field. It is evident that a lot of work has been done on the curriculum, assessments, and improving the facilities at Cascade, as well as on the Program Review and the upcoming CAAHEP accreditation process. However, discussion about creating a third evening and weekend cohort are premature, despite industry demands, until there can be a thoughtful process about how adjusting the current curriculum to a new scheduling model can be thoroughly considered.

3. Recommendations

SAC's plans for improving teaching and learning, student success, and certificate completion:

Plan 1: Credit addition to MA 112 & MA 122

Justification: MA 112 and MA 122 are Seminar courses involving preparing students for clinical practicum placement and developing soft skills. The one credit course does not lend enough time for students to ask questions, work on collaborative projects, and limits the amount of guest speakers. Changing the courses to two credits will allow for more faculty time with students as well as more time for employers to meet with students. *Adding credits to these particular seminar classes may be beneficial, but the program needs to remain mindful of the overall credit requirements to complete the program. Are there opportunities to remove credits elsewhere in the curriculum?*

Plan 2: Redesign curriculum structure and schedule

Justification: Although the current Medical Assisting curriculum is up to date with content, its structure and schedule are based on traditional models of training. Administrative and clinical procedures are broken into two separate terms. The SAC sees significant value in Redesigning the structure to teach administrative and clinical content during the same term. The 'follow the patient' concept of training meets realistic clinical workflows and skills. *The DOIs believe that this redesign makes sense for creating a more realistic simulated clinical experience for students.*

Plan 3: Strengthen community partner relations and leverage their support

Justification: Although we have established strong relationships with our community partners, additional opportunities exist to incorporate support for faculty training, guest speakers, workshop development for students, etc. Our current efforts include establishing a more interactive partnership with Virginia Garcia Memorial Health Center. Plans to utilize incumbent Medical Assistant from VGMHC as instructional support provides opportunities for the college as well professional development opportunities for the medical assistant. The SAC is also working on creating a partnership with CODA to provide de-escalation training for Medical Assisting students. *The DOIs support strengthening and building on already strong community partnerships.*

Plan 4: Develop ESOL tutoring services for credentialing exam prep

Justification: The CMA (AAMA) national credentialing exam presents challenges for students who speak other languages. Students who have not been successful in passing the exam have overwhelming been ESOL students. For students to be successful more attention must be placed on preparing students for the exam. *The DOIs support working with the ESOL faculty to identify existing courses or developing new courses and workshops to support exam prep for non-native speakers of English.*

Plan 5: Creating a one term Biology prerequisite course for Medical Assisting

Justification: Currently students are required to take BI 121 and BI 122 to earn their certificate in Medical Assisting. However, the CAAHEP requirements for Medical Assisting Program and the skills needed for success as a Medical Assistant are not in line with the BI courses. It also takes students six months or more to complete the prerequisites for a nine-month program. Creating a one term Biology course that focuses on the core content required for the technical skills of a Medical Assistant will not only make it more valuable, but economic as well. *The DOIs support working with the Biology SAC to develop an appropriate one-term course that could serve as a program prerequisite.*

Recommendations requiring funding

Recommendation 1: Additional release time for faculty

In addition to the FDC release determined by the FDC formula, this year the Cascade DOI and VPAA have approved an additional 25% release for the second FT instructor to support the Program Review, CAAHEP accreditation, and the curriculum work listed in the Program Review. We expect the work identified in justifying the current release time will be completed during this academic year. Future release time will be determined by the specific work that needs to be accomplished. In general, faculty are expected to complete their full teaching load each year, with FDC release time to be determined by the FDC agreement.

Recommendation 2: Update Willow Creek Clinical Lab room 304

Facilities improvements at Willow Creek will need to be requested of and negotiated with the administrative “owner” of the Willow Creek facility, specifically the Associate Vice President of Workforce Development, Marc Goldberg. A preliminary plan and cost estimate will be needed to begin the discussion. The Cascade DOI, AHELS Division Dean, and Director of Allied Health can work with the Medical Assisting faculty to develop a preliminary plan to present to the AVP of Workforce Development. However, funds for future facilities improvements may be quite limited in future biennia.

Recommendation 3: Expand program and add faculty

As noted above, discussion about creating a third evening and weekend cohort are premature, despite industry demands, until there can be a thoughtful process about how the newly revised curriculum can be adjusted to a new scheduling model. Also, current faculty need to complete the current updates and revisions and demonstrate that they can maintain full teaching loads before any new faculty will be added. As noted above, funds for any program expansion may be limited in upcoming biennia.

4. Closing Comments

It is apparent that the Medical Assisting SAC is taking seriously and working hard at updating and strengthening its curriculum and strengthening community partnerships in health care. The DOIs appreciate all the hard work that has gone into updating and strengthening the program.

Alfred McQuarters

Karen Paez

Cheryl Scott

Kurt Simonds

Kendra Cawley

Admin Response MA 2017