Portland Community College

Medical Assisting Program

Administrative Program Review
February 24th 2017

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MEDICAL ASSISTING PROGRAM

PROGRAM REVIEW

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INTRODUCTION AND HISTORY

The Medical Assisting Program at Portland Community College was established in 1974 and has strong community partners within the healthcare industry. The mission of the Medical Assisting Program is to prepare individuals to be successful key players within the healthcare team. We do so by intensive academic studies coupled with hands-on clinical training. Partnerships within the community help assist students by providing them the opportunity to practice skills under supervision. The Medical Assisting SAC has kept up with the ever-changing healthcare environment by providing the most up to date curriculum and training.

Portland Community College Medical Assisting Program is accredited by the Commission on Accreditation of Allied Health Education Program (CAAHEP) and has maintained its award status for more than 30 years.

> Commission on Accreditation of Allied Health Education Programs (CAAHEP)
> 25400 U.S. Highway 19 North, Suite 158
> Clearwater, FL 33763
> Phone (727) 210-2350

CAAHEP sets the curriculum standards and competency requirements for cognitive, psychomotor, and affective domains. Each learning objective is incorporated into our curriculum and is reflective in our course content outcome guides. See CAAHEP Standards and Guidelines for Accreditation.

CAAHEP also sets the standards for instructors, program directors, and clinical coordinators qualifications and responsibilities. All our faculty have been approved by the Medical Assisting Education Review Board who reviews CAAHEP programs.

The Medical Assisting Education Review Board is a Committee on Accreditation (CoA) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). MAERB is an autonomous unit within the American Association of Medical Assistants Endowment (AAMAE). The American Association of Medical Assistants (AAMA) is a sponsoring organization of MAERB.

MAERB makes accreditation recommendations for the status of accreditation of medical assisting programs. Within those accreditation processes, the MAERB fulfills these functions:

- Ongoing review of program compliance and achievement of outcome thresholds
- Regularly reviewing Standards for medical assisting education accreditation
- Development and revision of the core Curriculum for Medical Assistants
- Conducting accreditation workshops for medical assisting educators
- Conducting workshops for MAERB/CAAHEP surveyors to promote consistent review of programs
- Providing medical assisting educators with current information about CAAHEP and MAERB policies and practices for accreditation

PROGRAM DESCRIPTION AND ORGANIZATION

The Medical Assisting Program utilizes the cohort model for providing academic and professional support. The program is strategically designed to allow students the opportunity to learn from one another, foster interpersonal communication, and provide a lock step approach to completing academic and training requirements. The cohort model also allows more growth with teamwork and reflective learning. Students who successfully graduate earn a 1-year certificate in Medical Assisting.

Students who are interested in applying to the program must complete the following prerequisites with a C or better;
- MTH 60 (Introduction to Algebra I) or MTH 58 (Math Literacy)
- BI 121 (Introduction to Human Anatomy & Physiology I)
- WR 121 (English Composition)
- MP 111 (Medical Terminology)

Students must complete an application to be considered for entry. We use a point system application that evaluates the following areas;
- Academic performance in prerequisite courses
- Essay Questions;
  - Why are you interested in Medical Assisting?
  - What role do you imagine diversity plays in the MA field? What experience do you have treating people equitably and respecting all people?
- Health field related experience
- Experience working with computer software (MS office, etc.)
- Experience working with customer or public service
- Experience volunteering in the community

Applications are de-identified and reviewed independently by two faculty within the program. Each faculty will then provide their scores to admissions for processing. The top 24 candidates are contacted and invited to attend mandatory new student (Medical Assisting) orientation. During orientation, the program expectations of student performance and questions are answered. Student handbooks are provided along with faculty contact information. Students are provided the opportunity to retract their application or accept admittance into the program. Orientation is hosted by the faculty department chair, faculty, admissions, and advising. See Admissions Application & Point System.

Graduates from CAAHEP accredited Medical Assisting programs are eligible to take the CMA (AAMA) national credential exam. See AAMA National Credentialing Exam Outline. The CMA (AAMA) is known as the gold standard for credentialing excellence and requires the highest level of education, training, and continuing education. The American Association of Medical Assistants is a tri-level professional organization that supports Medical Assistants by providing continuing education opportunities and professional growth (http://www.aama-ntl.org/). We work closely with our local and state societies to ensure we are providing meaningful and relevant training to our students.

MEDICAL ASSISTING PROGRAM REVIEW OUTLINE

SECTION 1: PROGRAM OVERVIEW

A. Educational Program Goals and Objectives

i.   What are the educational goals or objectives of this program/discipline?

The following Medical Assisting objectives were derived from the college Strategic Planning Steering Committee:

1. 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.
2. To teach using traditional and innovative instructional methods, materials and equipment.
3. To provide students with accessible library collections and learning resources.
4. To provide students with opportunities to broaden their awareness and understanding of our diverse society.

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 softskills to become strong, confident, and capable working professionals within the healthcare community.

ii.   How do these compare with national or professional program/discipline trends or guidelines?

The Medical Assisting program goals and objectives align with the following professional organizations; American Association of Medical Assistants (AAMA), American Medical Technology (AMT), and the National Center for Competency Testing (NCCT). Each of these organizations credential Medical Assistants, and PCC Medical Assisting graduates are eligible for all three credentials.

PCC's Medical Assisting program holds CAAHEP accreditation which allows graduates to take the CMA (AAMA) national credentialing exam. The CMA (AAMA) credential is preferred by most employers and sets the highest standard for training, competencies, and continuing education. There are currently 524 nationally recognized and CAAHEP accredited post-secondary Medical Assisting programs, and Oregon is home to seven accredited programs (http://www.caahep.org/Find-An-Accredited-Program/). Although there are more than seven Medical Assisting training programs in Oregon, not all are eligible for the CMA (AAMA) credential due to a lack of accreditation status.

We work closely with our Advisory Board to ensure we are keeping current on local and national healthcare trends. For example, for the past several years, we have been providing softskills

training and assessments to enhance student learning. Local and national healthcare organizations have stressed the need for softskills within the world of medicine, and we have taken action to provide this support to our students. Patient satisfaction contributes to payment incentives and therefore, medical facilities are requiring a stronger professional presence by all healthcare personnel.

iii.   *Have they changed since the last review, or are they expected to change in the next five years?*

Our goals and objectives have not changed since the last program review; however, we have identified ways to strengthen the following goals: critical skills, communication, professionalism, critical thinking and attitude. Greater emphasis in training towards softskills and collaboration are currently being developed. Over the next five years, we have plans to update the program's course structure to allow more meaningful ways of assessing softskills.

B. Changes made as a result of the last program review

Medical Assisting Department has worked on implementing the following four recommendation since last program review (2012):

- *Recommendation 1:* Reviewed and Updated Core Outcomes Mapping Matrix
- *Recommendation 2*: Reviewed and Updated Instructor Qualifications
- *Recommendation 3*: Hosting Program Health Fair at Cascade Campus
- *Recommendation 4:* Strengthen Student Learning Outcomes

Recommendation 1: Medical Assisting faculty collaborated with degrees and certificates committee to review course mapping. Changes were made to align core outcomes with the certificate outcomes. The new Outcomes/Course Mapping matrix is now up to date. See Core Outcomes Mapping.

Recommendation 2: Medical Assisting department reviewed instructor qualifications and related instruction. Changes were made to the credentialing requirement and we added preferred experience.

The following is the up-to- date instructor qualifications:
- o *Faculty requirements*
    - Associates degree or higher, and
    - Certified Medical Assistant credential through the American Association of Medical Assistants or Registered Medical Assistants through the American Medical Technologists and
    - Three years' experience working as a medical assistant in an ambulatory care setting
- o *Preferred*
    - Classroom teaching experience
    - Management or supervisory experience

▪ Primary Care or Internal Medicine experience

Recommendation 3: The Medical Assisting faculty organized and hosted two health fairs at the Cascade Campus since the last program review. The first attempt was in 2014 and we had significant challenges locating necessary space for screening services which require a quite private space. However, our second attempt in February 2017 was most successful.

- o *Health Fair on February 9th at Cascade Campus – highlights*:
  - ▪ Faculty worked with room scheduling to secure the first floor of the Student Union Building and three classrooms on the second floor.
  - ▪ Faculty coordinated with the Cascade Queer Resource Center and the Women's Resource Center to provide information and resources to the public.
  - ▪ Faculty invited and coordinated with the Urban League of Portland and the African American Health Coalition to table the event and provide information and resources for the community.
  - ▪ Faculty invited and coordinated with the OMT program to provide free glaucoma screening for participants.
  - ▪ Medical Assisting students had the opportunity to practice basic clinical skills and practice their communication skills with the public.
  - ▪ Medical Assisting students provided student-created patient educational resource material based on health literacy concepts.
  - ▪ Over 100 individuals attend the health fair.
  - ▪ [PCC Medical Assisting Students Health Fair – Sample Flyer](#).

Recommendation 4: Medical Assisting faculty has been working on developing and strengthening learning outcomes assessment tools used to evaluate student attainment of course and core outcomes. Faculty have participated in the Learning Assessment Council's course on Assessing Core Outcomes. Currently, SAC is reviewing all CCOGs to ensure they are assessable.

We have also had additional instructional and curriculum changes that reflect an indirect administrative response from the last program review. From 2009 until 2015 the Medical Assisting Program consisted of two full-time faculty members and one clinical lab assistant. September 2015, the department chair, who was also the CAAHEP program director, left the college. This placed unexpected stress and pressure on the program and remaining faculty; however, with the support of the Allied Health Director, the program has strengthened its commitment to the students and community partners. We have made more positive substantive changes within the past year then we have seen in the past 10 years. We currently have a strong team of faculty who are capable and collaborative.

SECTION 2: OUTCOMES AND ASSESSMENT

A. Course-level Outcomes

i. *What is the SAC process for review of course outcomes in your CCOGs to ensure that they are assessable?*

The CCOGs were created and established by aligning CAAHEP and MAERB standards with the course content, and we have used the national pass rate as an indicator on successful attainment of the CCOGs for years (see CAAHEP Standards and Guidelines for Accreditation). Faculty has started working closer with the Learning Assessment Council to receive additional training on assessing outcomes.

The Medical Assisting SAC is currently reviewing all CCOGs to establish formal and transparent tools of ensuring the outcomes are assessable. We are generating a comprehensive mapping tool which aligns assessment tools (exam, essay, etc.) with course outcomes.

ii. *Identify and give examples of changes made in instruction (on-campus and online as appropriate), to improve students' attainment of course outcomes, or outcomes of requisite course sequences (such as are found in in MTH, WR, ESOL, BI, etc.) that were made as a result of assessment of student learning.*

The Medical Assisting SAC found students struggling with Math 60 Intro to Algebra as a prerequisite and consequently preventing admittance eligibility. Performance in Math 60 Intro to Algebra does not necessary mean a student will be able to draw up medication properly and make unit conversions as needed. The SAC worked with admissions to change the math requirement from Math 60 to Math 58 Math Literacy, which more appropriately prepares students with math skills needed for the healthcare environment.

The rubric and instructions for completing clinical competencies created some confusion among students. SAC reviewed the rubric and process for explaining the evaluations or assessments of clinical competencies to students and developed a more transparent and clear competency book. This includes defining terms, step by step instructions, and clearly outlined faculty instructions for evaluating student performance. See Clinical Lab Competency Book.

B. College-level Outcomes – Core Outcomes Mapping Matrix

Mapping Level Indicators:
0: Not Applicable.
1: Limited demonstration or application of knowledge and skills.
2: Basic demonstration and application of knowledge and skills.
3: Demonstrated comprehension and is able to apply essential knowledge and skills.
4: Demonstrates thorough, effective and/or sophisticated application of knowledge and skills.

SAC - MA: Medical Assisting
Core Outcomes:
1. Communication.
2. Community and Environmental Responsibility.
3. Critical Thinking and Problem Solving.
4. Cultural Awareness.
5. Professional Competence.
6. Self-Reflection.

Course #	Course Name	CO1	CO2	CO3	CO4	CO5	CO6
MA 112	Seminar I	2	1	2	2	1	2
MA 117	Medical Office Administrative Procedures	3	2	3	3	2	2
MA 118	Medical Office Administrative Procedures Lab	2	1	2	1	2	3
MA 122	Seminar II	2	2	2	2	2	2
MA 123	Medical Office Clinical Procedures	3	2	3	2	2	2
MA 124	Medical Office Clinical Procedures Lab	3	2	3	3	3	3
MA 131	Introduction to Medical Science	2	2	2	1	2	1
MA 132	Seminar III	2	0	1	1	0	3
MA 136	Medications	1	2	3	1	3	3
MA 180	Coding and Reimbursement	0	0	2	0	0	0
MA 270	Clinical Practicum	4	3	3	3	4	4

Updated in April 2015.

C. For Career and Technical Education: Degree and Certificate Outcomes

i. Briefly describe the evidence you have that students are meeting your Degree and/or Certificate outcomes.

Each year the Program Director is responsible for submitting data to the Medical Assisting Education Review Board (MAERB) related to the following:
   o   Retention & Graduation
   o   Job Placement
   o   Employer Satisfaction
   o   Credentialing Exam Pass Rates.

The table below includes MAERB data from 2011-2015:

Year	Retention	Placement	Grad Part	Grad Sat	Emp Part	Emp Sat	Exam Part	Exam Pass	# Grads from admissions cohort
	>=60%	>=60%	>=30%	>=80%	>=30%	>=80%	>=30%	>=60%	
2015	100.00%	95.65%	47.83%	95.45%	47.73%	100.00%	95.56%	100.00%	46
2014	100.00%	70.45%	38.64%	100.00%	35.48%	100.00%	97.67%	90.48%	44
2013	100.00%	88.37%	74.42%	100.00%	59.46%	100.00%	97.78%	95.45%	43
2012	93.62%	88.64%	88.64%	100.00%	82.05%	100.00%	NA	NA	44
2011	95.74%	88.89%	71.11%	100.00%	78.12%	100.00%	NA	NA	45
5 year	97.80%	86.49%	63.96%	99.30%	60.66%	100.00%	96.99%	95.35%	222

As you can see by the above report, we have met our benchmarks in all areas over the past five years. Information is collected from student graduate surveys, employer surveys and AAMA national exam pass rates. The five-year weighted average for these outcomes is also available for current and prospective students on the Medical Assisting program website: http://www.pcc.edu/programs/medical-asst/

Medical Assisting graduates are eligible to sit for the CMA (AAMA) national credentialing exam. We have a 95% pass rate for this exam, compared to the 67% national average.

Passage

Year of Graduation	Total # who took an exam	Total # passing CMA (AAMA)	Total # passing RMA (AMT)	Total # passing NCMA (NCCT)	Total # passing CCMA (NHA)	Total # who passed more than one exam	Threshold passage
2015	43	43	0	0	0	0	100%
2014	42	38	0	0	0	0	90%
2013	44	42	0	0	0	0	95%
2012	0	0	0	0	0	0	0%
2011	0	0	0	0	0	0	0%
Total	129	123	0	0	0	0	95%
Threshold							60%

In addition to the credentialing examination information, students are evaluated during clinical practicum (MA 270) by clinical supervisors. The CAAHEP required evaluations provide students and faculty whether a student medical assistant is meeting program outcomes and captures the student's abilities to perform the cognitive, psychomotor and affective domains. The assessment takes place by a preceptor or supervisor who is overseeing the student in their externship. This information provides additional evidence that students are meeting the program outcomes for our certificate. See CAAHEP Skills Evaluation Form.

ii. *Reflecting on the last five years of assessment, provide a brief summary of one or two of your best assessment projects, highlighting efforts made to improve students' attainment of your Degree and Certificate outcomes.*

   o Professional Softskills Evaluation in Clinical Practicum - Although we have strong data from our national credentialing exam pass rates and employment numbers, the SAC felt

attention towards professional softskills may increase or strengthen the student's ability transition into the workplace. Professional Performance Evaluations were developed by faculty utilizing the Classroom Behavioral Assessment form (see Classroom Behavioral Assessment). The performance evaluation is provided to the clinical supervisor during the student's clinical practicum or externship. These forms provide the supervisor the opportunity to give feedback and support directly related to the student's behavior in the workplace (see Clinical Practicum Softskills Evaluation). The clinical practicum instructor or clinical coordinator, reviews the softskills evaluations with the students during one-on-one mentoring meetings.

- o Experimental Second Term Phlebotomy Course – Feedback from clinical practicum sites, and students indicated a lack of confidence in phlebotomy. Students take MA 120, which is a one credit Intro to Clinical Phlebotomy I course during first term. One term of phlebotomy does not provide enough practice for students to become confident and successful. SAC created an experimental phlebotomy one credit course MA 199B for students to take in addition to MA 120. The course was first run in Winter 2016 and then again in Summer 2016. Notable increase in confidence and skill level was demonstrated by those who completed the experimental course MA 199B. Due to the positive feedback from the students and employers, the SAC decided to add this course to the certificate.

iii. *Do you have evidence that the changes made were effective (by having reassessed the same outcome)? If so, please describe briefly.*

- o Professional Softskills Evaluation in Clinical Practicum – no reassessment was completed.

- o Experimental second term phlebotomy – no reassessment was completed.

iv. *Evaluate your SAC's assessment cycle processes. What have you learned to improve your assessment practices and strategies?*

The Medical Assisting program SAC is small and is comprised of mostly new faculty. Our assessment cycle needs significant improvement in areas of training, evaluating course outcomes, and collaboration. Over the years, the SAC has struggled with faculty participation and data reporting. As of Winter 2016, the SAC has seen a significant change in the enthusiasm, participation, and collaborative efforts.

The SAC has learned the importance of timelines. To create a strategic plan for collecting data effectively and efficiently for reporting newly identified areas of assessment, the SAC must plan and select appropriate due dates.

The SAC has learned the importance and value of understanding language used for assessments. Medical Assisting faculty may be experts in their industry, however, that does not make them experts or knowledgeable of academic assessment processes or terminology. Faculty training regarding assessing course and core outcomes will take on more priority within the SAC.

v. Are any of PCC's Core Outcomes difficult to align and assess within your program? If yes, please identify which ones and the challenges that exist.

The SAC finds Community and Environmental Responsibility difficult to align or assess within the Medical Assisting Program.

SECTION 3: OTHER CURRICULAR ISSUES

A. Distance Learning

The following courses are *only* offered on campus face to face:
- MA 117 Medical Office Administrative Procedures
- MA 118 Medical Office Administrative Lab
- MA 123 Medical Office Clinical Procedures
- MA 124 Medical Office Clinical Lab
- MA 120 Intro to Clinical Phlebotomy I
- MA 130 Intro to Clinical Phlebotomy II
- MA 131 Intro to Medical Science
- MA 112 Seminar I
- MA 122 Seminar II
- MA 132 Seminar III

Rationale: Patient-centered communication and softskills development are more appropriately delivered on campus. Case studies, scenarios and discussion groups deepen the students learning and communication skills. Our team and group activities use a facilitator to provide guidance with team communication. We have found these activities are more meaningful face to face.

The following courses are currently delivered online:
- MA 180 Medical Coding
- MP Medical Law and Ethics
- MP Pharmacology
- MP 140 Intro to Electronic Health Records

Rationale: The above courses do not require as much direct coaching and interpersonal communication skills to complete course work and meet course outcomes. We understand the complex lives of the non-traditional student and want to be sensitive by providing appropriately

deliverable courses online.

B. Curricular changes as a result of exploring/adopting educational initiatives

None at this time.

C. Courses offered as dual credit for area high schools

Students may take prerequisites as dual credit; however, there are no Medical Assisting courses offered to area high schools.

D. Use of Course Evaluations by the SAC

We have not utilized the opportunity to create or develop SAC specific questions. Course evaluations are used by faculty to reflect on their skills within the classroom and development of organized and effective lesson plans. The most valuable section in the instructor evaluation are the additional comments section. This allows the student to provide specific information on how the course or instructor can improve for the next cohort. Faculty review these evaluations every term. Now that our SAC is collaborating more on program projects, we plan on discussing how we can utilize course evaluations as a way of collected MAERB resource assessment data from students.

E. Other significant curricular changes that have been made since the last review

Several curriculum and schedule changes have been made. To stay current, meaningful, and competitive, we have taken action in reviewing courses for relevancy as well as collecting information from our advisory board, industry partners, and student graduates.

Revision 1: Develop curriculum to support the training needs of Medical Assistants working in Patient-Centered Medical Homes

> *Rationale*: Over the past five years we have seen significant changes within the healthcare community. In response to increased emphasis on healthy behaviors, prevention, and coordinating the care of the individual patient, the Oregon Health Authority developed and comprehensive Patient Centered Medical Home Program. There are currently 624 recognized Patient-Centered Primary Care Homes in Oregon, and this number is projected to grow. **All** of Providence, Legacy, and OHSU Family Medicine, Internal Medicine, and Pediatric clinics are PCHM recognized clinics. Another PCMH status of recognition comes from the National Committee on Quality Assurance (NCQA) which has 396 PCMH recognized clinics in Oregon. The NCQA provides federally recognized status while the OHA provides state level recognition. Some clinics will hold both federal and state status. To create PCMH curriculum that was relevant and meaningful for our students, we consulted with the Oregon Primary Care Association and Legacy Medical Group when developing the course materials in 2013. We are currently the only Medical Assisting Program that teaches the Patient-Centered Medical Home

curriculum alongside our core CAAHEP curriculum. Medical Assistants play a significant role in the PCMH team and our program helps graduates to navigate the landscape successfully. See Article: American Academy of Family Physicians- Envisioning New Roles for Medical Assistants.

The PCMH model consists of six core attributes;

- **Access to care**: "patients get the care they need, when they need it"
- **Accountability**: "recognized clinics are responsible for making sure patients receive the best possible care"
- **Comprehensive:** "clinics provide patients all the care, information and services they need"
- **Continuity**: "clinics work with patients and their community to improve patient and population health over time"
- **Coordination and integration**: "clinics help patients navigate the system to meet their needs in a safe and timely way"
- **Patient and family-centered**: "clinics recognize that patients are the most important members of the health care team and that they are ultimately responsible for their overall health and wellness"

> FEDERALLY RECOGNIZED: National Committee on Quality Assurance Patient-Centered Medical Home Program:
> http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh
>
> STATE RECOGNIZED:
> Oregon Health Authority Patient Centered Medical Home Program:
> http://www.oregon.gov/oha/pcpch/Pages/index.aspx

Revision 2*: Credit change to MA 117 Medical Office Administrative Procedures from 3 to 4*

Rationale: The Commission on Accreditation of Allied Health Education Programs (CAAHEP) added content areas in the following: communication, patient care navigator, and Meaningful Use. We also incorporated new content in regards to; determinants of health, population management, patient-centered interactions and communication, patient-centered medical home model, and cultural competency. To meaningfully incorporate this level of content, an increase in credit hours we needed.

Revision 3*: Credit change to MA 123 Medical Office Clinical Procedures from 3 to 4*

Rationale: The Commission on Accreditation of Allied Health Education Programs (CAAHEP) added content areas in the following: nutrition and chronic disease management. We also

incorporated health disparities, patient centered interactions, comprehensive vaccine training, and clinical workflows. To meaningfully incorporate this level of content, an increase in credit hours we needed.

Revision 4: *Credit change to MA 131 Intro to Medical Science from 5 to 3*

Rationale: Refocusing the course on commonly seen diseases and infections in ambulatory, with a greater emphasis on chronic disease, is more meaningful and beneficial to Medical Assistants.

Revision 5: *Credit addition by creating MA 130 Intro to Clinical Phlebotomy II*

Rationale: Students confidence and skills significantly improved after running the experimental MA 199B Intro to Clinical Phlebotomy II course. The additional one credit course has been assigned MA 130 and added to the Medical Assisting certificate to help improve student outcomes.

Revision 6: *MA 180 Medical Coding was moved to an online format*

Rationale: Medical Coding is a course that does not require interpersonal communication or professional coaching. Pre-graduate surveys collected information from students that supported the SAC's decision to move this course online. The course was developed and is taught by a Certified Professional Coder (CPC) and is considered an expert in her field. She is a full-time faculty in the HIM program and is more familiar with the medical coding than any Medical Assistant.

Revision 7: *MA 136 Medications make substitution for MP 135 Pharmacology and move to an online format*

Rationale: Medications is a course that does not require interpersonal communication or coaching; however, it does require a deep knowledge of pharmacology. The SAC is collaborating with the MP department and is experimenting with providing course substitutions for MA 136 Medications with the online MP 135 Pharmacology course. The instructor is a pharmacologist and an expert in her field. We have heard from employers that Medical Assistants need to be more knowledgeable about medications. This course is also an online course to help increase our distance learning available for students.

Revision 8: *Remove MP 150 Intro to Electronic Health Records from the Medical Assisting certificate*

Rationale: Information collected from the pre-graduate survey over the past two years, along with feedback from the student advisory board members, the SAC has removed the MP 150

course from the certificate. Students take MA 118 Medical Office Administrative Lab which provides training with the EHR / EMR system in a computer lab supported by faculty. Feedback from students regarding MP 150 was that "it was not useful".

Revision 9: Change MA 270 Clinical Practicum schedule

Rationale: MA 270 Clinical Practicum has historically been Mondays, Wednesdays, and Fridays, while their academic courses were on Tuesdays and Thursdays. This required students to split every other day and often found themselves not retaining information learned at the clinic. Employers also found the split as ineffective and interrupting of the clinic workflow. MA 270 is now scheduled for Tuesdays, Wednesdays, and Thursdays. This provides students with more repetition and increases the retention of information learned at clinic.

Revision 10: MA 123 Medical Office Clinical Procedures, Implement New Vaccine Training

Rationale: There is no current accreditation standard for vaccine training in medical assisting education programs. Our industry partners, employers, and advisory board members stressed the importance for Medical Assisting specific training. In 2013 the Medical Assisting SAC hosted a workshop to discuss the needs and learning objectives for developing vaccine curriculum. Workshop attendees included the following stakeholders: clinical manager, pediatric supervisor, medical assistant, and the Oregon Health Authority Immunization Program Nurse Educator. Information obtained during this workshop informed faculty of curriculum needs and new training efforts for students started in 2014. Vaccine training takes place during MA 123 and students must pass a cognitive skills assessment exam to receive their certificate of completion. We have seen an indirect benefit as students now list this training on employment resumes.

Revision 11: MA 123 Medical Office Clinical Procedures course implemented Free Vaccines for Children Online Training and certificate through the Oregon Immunization Program to the curriculum

Rationale: Medical Assistants who work in a clinic that provides immunization services through the Vaccine for Children federally funded program, must complete the online training modules and successfully earn their certificate. Students complete this online training in conjunction with the vaccine training provided during MA 123 course work. We have seen an indirect benefit as students now list this training on employment resumes. See Oregon Immunization Program website.

Revision 12: *MA 117 Medical Office Administrative Procedures implemented Free Patient-Centered Medical Home Online Training course and certificate through the Oregon Health Authority to curriculum*

Rationale: MA 117 Medical Office Administrative Procedures course introduces students to the healthcare system and industry. This course provides information on insurance, reimbursement, and patient communication. A greater emphasis on the Patient-Centered Medical Home model of delivering quality team-based care has been a driving force for the restructure of our healthcare system. The Oregon Health Authority collaborates with the Patient-Centered Primary Care Institute to provide free online training for healthcare personnel – including medical assistants (see [Article: Patient Centered Primary Care Institute Blog](#)). The SAC incorporates this training into the current curriculum and learning objectives for students taking MA 117. Student receive a certificate of completion. We have seen an indirect benefit as students now list this training on employment resumes. See [PCMH Training Modules](#).

Revision 13: *Redesign of clinical competencies to evaluate student's performance*

Rationale: The rubric and instructions for completing clinical competencies lacked transparency and created confusion among students. SAC reviewed the rubric and process for explaining the evaluations or assessments of clinical competencies to students and developed a more transparent and clear competency book. This includes defining terms, step by step instructions, and clearly outlined faculty instructions for evaluating student performance. See [Clinical Lab Competency Book](#).

Revision 14: *Change in prerequisite requirement for Math*

Rationale: MTH 60 Intro to Algebra – changing from MTH 60 as the only choice for a math prerequisite and adding MTH 58 Math Literacy as an alternative option.

Revision 15: *Implemented Professional Softskills Evaluations during MA 270 Clinical Practicum*

Rationale: Historically, clinical practicum evaluations comprised of only the CAAHEP required technical Medical Assisting skills and excluded softskills. In order to create a more robust and supportive process for student learning, we created a Professional Softskills Evaluation form (see [Clinical Practicum Softskills Evaluation](#)), that is completed by the student's clinical supervisor. The language is drawn from our Classroom Behavioral Assessment (see [Classroom Behavioral Assessment](#)) tool for softskills evaluation in the classroom. Students meet with faculty at the end of every term to discuss strengths and areas of improvement. By the time they reach clinical practicum, students are well versed in the evaluation process.

SECTION 4: NEEDS OF STUDENTS AND THE COMMUNITY

A. Notable changes in instruction due to changes in the student populations served

i. *Age and Medical Assisting student population*

The report provided by the Office of Institutional Effectiveness, our student demographics has changed slightly in the past five years. We have seen a slight decline in 30-39 year old students and an increase with 18-24 year old students. See Data from PCC Office of Institutional Effectiveness.

Subject: Medical Assistant

	2011-12 Count	%	2012-13 Count	%	2013-14 Count	%	2014-15 Count	%	2015-16 Count	%
Age										
18 - 24	29	33.0	27	33.3	32	37.2	33	37.9	38	43.7
25 - 29	17	19.3	21	25.9	22	25.6	20	23.0	21	24.1
30 - 39	21	23.9	17	21.0	18	20.9	17	19.5	10	11.5
40 - 49	12	13.6	10	12.3	10	11.6	10	11.5	10	11.5
50+	9	10.2	6	7.4	4	4.7	7	8.0	8	9.2
AY Totals	88	100.0	81	100.0	86	100.0	87	100.0	87	100.0

ii. *Gender and Medical Assisting student population*

As in many areas of healthcare, women are strongly represented in the Medical Assisting field. Male-to- female ratio is quite high with women representing a majority of the student population. We have seen a slight increase of men over the past five years. See Data from PCC Office of Institutional Effectiveness.

Subject: Medical Assistant

	2011-12 Count	%	2012-13 Count	%	2013-14 Count	%	2014-15 Count	%	2015-16 Count	%
Gender										
Female	77	87.5	71	87.7	75	87.2	72	82.8	73	83.9
Male	10	11.4	10	12.3	10	11.6	13	14.9	11	12.6
Not Known	1	1.1	.	.	1	1.2	2	2.3	3	3.4
AY Totals	88	100.0	81	100.0	86	100.0	87	100.0	87	100.0

iii. Ethnicity and Medical Assisting student population

Medical Assisting program student population is represented by multiple ethnicities. Geographic location may contribute to which campus is preferable to student. Cascade Campus tends to be more culturally diverse and receive more student applications. There are nine different languages in our current Cascade Campus cohort of 24 students. See [Data from PCC Office of Institutional Effectiveness](#).

Subject: Medical Assistant

Ethnicity	2011-12 Count	2011-12 %	2012-13 Count	2012-13 %	2013-14 Count	2013-14 %	2014-15 Count	2014-15 %	2015-16 Count	2015-16 %
African American	5	6.5	2	2.7	2	2.5	3	3.8	4	4.8
Asian	6	7.8	5	6.7	4	5.1	5	6.3	8	9.6
Caucasian	60	77.9	57	76.0	64	81.0	61	76.3	54	65.1
Foreign National	.	.	1	1.3	2	2.5	1	1.3	.	.
Hispanic	5	6.5	9	12.0	6	7.6	8	10.0	13	15.7
Multi-Race	.	.	.	.	.	.	2	2.5	3	3.6
Native American/Alaskan	1	1.3	1	1.3	1	1.3	.	.	.	.
Pacific Islander	.	.	.	.	.	.	.	.	1	1.2

B. Strategies used to facilitate success for students with disabilities

Medical Assisting faculty coordinate academic accommodations through the Office of Students with Disabilities. In response to various needs of students we have made the following individual accommodations when requested:

- Allow students to record audio of faculty classroom lectures
- Provide more time to complete quizzes and exams
- Utilize the testing center for a distraction free environment for examinations
- Provide access to all course materials (lectures, notes, handouts, and homework) via MyPCC

C. Strategies used to facilitate success for online students

Although there are no Medical Assisting instructors who teach online courses; we do have several courses required for program completion and the instructors provide numerous ways to support students. For example, the MP 135 course uses a variety of tools offered to facilitate different learning styles. Textbooks, and PowerPoint presentations are posted to reinforce materials and a number of videos are utilized for different learning styles. Weekly assignments help provide structure, with open book and untimed quizzes. Discussion board provides a platform for students to communicate ideas and thoughts around a particular subject.

In the MA 180 Medical Coding course the instructor is available to provide feedback within 24 hours. She is online frequently to ensure students' questions are answered in a timely manner. She

provides students with self- assessments, along with weekly check-your-understanding activities, so students can assess themselves to ensure they are meeting course and accreditation objectives. These activities also help the instructor assess each student and if she notices any student struggling in these activities, she can immediately email them to offer help by means of email, phone meeting, or in person meetings.

D. Feedback from students, community groups, transfer institutions, business, industry or government used to make curriculum or instructional changes

i. *Changes made as a result of feedback from industry and government groups*

Revision 1*: Develop curriculum to support the training needs of Medical Assistants working in Patient-Centered Medical Homes*

Revision 10: *MA 123 Medical Office Clinical Procedures, Implement New Vaccine Training*

Revision 11: *MA 123 Medical Office Clinical Procedures course implemented Free Vaccines for Children Online Training and certificate through the Oregon Immunization Program to the curriculum*

ii. *Changes made as a result of student feedback*

We objectively collect student feedback on a rolling basis. Pre-graduate surveys, student members of the Advisory Board, instructor evaluations, and feedback surveys are the tools we use to collect information from students (see Pre-Graduate Survey). We have made, and are currently making changes to the number of credit hours, teaching platform, and delivery of course content.

Revision 5: *Credit addition by creating MA 130 Intro to Clinical Phlebotomy II*

Revision 6: *MA 180 Medical Coding was moved to an online format*

Revision 7: *MA 136 Medications make substitution for MP 135 Pharmacology and move to an online format*

Revision 8: *Remove MP 150 Intro to Electronic Health Records from the Medical Assisting certificate*

Revision 9: *Change MA 270 Clinical Practicum schedule*

Revision 13: *Redesign of clinical competencies to evaluate student's performance*

iii. Changes made as a result of feedback from employers and community partners

Revision 4: *Credit change to MA 131 Intro to Medical Science from 5 to 3*

Revision 14*: Change in prerequisite requirement for Math*

SECTION 5: FACULTY

A. Information on faculty composition, professional development, and teaching reflect the **Diversity, Equity and Inclusion goals** of the institution

i.   Faculty composition and professional development

Faculty Department Chair…………………. Virginia Chambers, CMA (AAMA), BS, MHA
- o   Medical Assistant since 1995
- o   Master's degree, Healthcare Administration and Management
- o   Teaching with PCC for 8 years

Full-time Faculty………………………... Stephen Date, CMA (AAMA), AGS
- o   Medical Assistant since 2011
- o   Associates degree, General Studies
- o   Teaching with PCC for 1.5 years
- o   United States Veteran

Part-time Faculty ………………………….. Sheena Cisneros, CMA (AAMA)
- o   Medical Assistant since 2006
- o   Teaching with PCC for 6 months
- o   Clinical manager at Westside Internal Medicine for 3 years

Clinical Lab and Phlebotomy Instructional Support:
Instructional Support ……………………… Inna Labunsky, CMA (AAMA), AAS
Instructional Support ……………………… Chad VanWinkle, CMA (AAMA), AGS
Instructional Support ……………………… Carolyn Griffith, CMA (AAMA)

ii. How the faculty composition reflects the diversity, equity, and inclusion goals of the institution

Faculty include both males and females with various educational and professional experiences. Individuals who apply for Medical Assisting faculty or laboratory support position are selected by the current HR process. Applicants are evaluated for qualifications and attributes that play a contributing role in diversifying the workplace.

B. Changes the SAC has made to instructor qualifications since the last review

We have updated our instructor qualifications to reflect the industry standards and our programs expectations. Changes include opening the applicant pool to Registered Medical Assistants (AMT) and adding preferred experience.

Medical Assisting Faculty Requirements or Instructor Qualifications
- o Associates degree or higher and
- o Certified Medical Assistant credentialed through the American Association of Medical Assistants (AAMA) or Registered Medical Assistant through the American Medical Technologists and
- o Three years' experience working as a medical assistant in ambulatory care setting

Preferred experience
- o Classroom teaching experience
- o Management or supervisory experience
- o Primary Care or Internal Medicine experience

C. Professional development activities of the faculty have contributed to the strength of the program

Over the past five years the Medical Assisting Program has been very active in professional development within the healthcare community. Attending and participating in local and national conferences, lectures, workshops, and trainings offer faculty several ways to improve teaching and learning. Implementation of the PCMH model, softskills assessments, and the development of comprehensive immunization training are the result of professional development activities. Involvement on the local, state, and national level, has strengthened the program and student outcomes related to employment. PCC Medical Assisting faculty has spoken at several conferences (state and national), which has increased our presence within the community.

CONFERENCE AND WORKSHOPS 2012-2017 Faculty attended or participated in the following:
- ● *Attended* - AAMA National Conference, Reston VA, September 2016
- ● *Attended* - MAERB Accreditation Workshop, Reston VA, September 2016
- ● *Attended* - Patient-Centered Primary Care Institute – TA Learning Network, Portland OR, October 2016

- *Speaker* – Faculty spoke on the Knowledge, Skills, and Attributes for providing patient-centered vaccines - Oregon Flu Summit, Portland OR, 2016
- *Speaker* – Faculty developed and spoke on PCMH Softskills Enhancement
- *Speaker* - Faculty developed and spoke on Implementation of the PCMH Curriculum - Northwest Regional Conference, Portland OR, 2016
- *Speaker* – Faculty spoke on benefits of hosting student externs - Oregon Medical Group Managers luncheon, 2016
- *Speaker* - Faculty developed and hosted PowerPoint Karaoke for Educators, AAMA national conference, (LEAP breakout session) - AAMA National Conference, Portland OR, 2015
- *Speaker* - Faculty developed and spoke on Implementation of the PCMH Curriculum (LEAP session) – AAMA National Conference, Portland OR, 2015
- *Attended* - Institute for Credentialing Excellence (ICE) Conference and Workshop, Portland, OR, September 2015
- *Volunteered* - LGBTQ Meaningful Care Conference, Portland OR, 2014
- *Attended* – Oregon Medical Group Managers Association conference, Portland, OR 2014

PROFESSIONAL DEVELOPMENT POSITIONS AND AWARDS 2012-2017 *Faculty has served in elected and appointed positions over the years and demonstrated a commitment to the student learning environment.*

- President, River Cities Chapter of Medical Assistants – Portland OR,
- Continuing Education Chair, River Cities Chapter of Medical Assistants – Portland OR,
- Educators Forum Chair, River Cities Chapter of Medical Assistants – Portland OR
- Continuing Education Board, American Association of Medical Assistants – Chicago, IL
- Leaders in Education and Practice (LEAP) Taskforce, American Association of Medical Assistants – Chicago, IL
- Golden Apple Award, American Association of Medical Assistants
- Educator of the Year Award, Oregon Society of Medical Assistants
- Excel Award for Student Day, American Association of Medical Assistants
- Achievement Award for Student Day, American Association of Medical Assistants

The Medical Assisting program encourages faculty to participate in professional development activities without over-extending themselves. With our recent faculty changes, the SAC is undergoing new ways to strengthen communication and transparency within the department. This includes more collaborative work and open dialog related to professional development. Work life balance is essential for sustainability.

SECTION 6: FACILITIES AND ACADEMIC SUPPORT

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

i. *Clinical lab space for real world training*

Until Winter 2017, the only clinical lab space for the Medical Assisting program was located at the Willow Creek Center room 304. Students who enrolled in the Cascade Campus program were required to travel to the Willow Creek Center twice a week during Winter term. This created an unnecessary burden on the students. In Winter 2017, we built a new clinical lab at Cascade Campus in Jackson Hall 101. This clinical lab space is critical to program sustainability and growth. It has been designed to meet real world clinical workflows, which provides the students with a more appropriate and meaningful training. Although our clinical lab space at Willow Creek was established in 2010, it was not designed by faculty who understand the clinical expectations and training needs of the student. Therefore, it is not constructed with the real-world practice model in mind. This places a slight uneven training experience between campus cohorts.

ii. *Underutilization of technology*

We underutilize technology in our program and plan on seeking out new ways of incorporation or adopting various methods of instruction. For example, we are evaluating the challenges and benefits of adding observation technology to our clinical lab competencies. Having students watch a video of their clinical lab skills performance may help strengthen feedback and impact their learning in a meaningful way.

iii. *Equipment and student needs*

MA 124 Medical Office Clinical Laboratory runs two sections of 12 students, twice a week. The student to faculty ratio is smaller during clinical lab then in other courses. This provides the students with more faculty support when learning and practicing their clinical skills. Even with the smaller number of students the Medical Assisting program has limited equipment to meet the needs of students during clinical lab. The equipment to student ratio creates delays in student workflow. For example, 3 electrocardiograms for 12 students or 2 spirometry machines for 12 students creates a level of congestion.

iv. *MAERB Resource Assessment Tool*

The Medical Assisting Education Review Board requires all CAAHEP Programs to conduct a "resource assessment" each year. The following areas are listed as resources: program director, clinical coordinator, faculty, advisory board, clerical staff, support staff, finances, offices,

classrooms, laboratories, ancillary student facilities, clinical practicum sites, equipment, supplies, computer resources, instructional material, and continuing education. See Resource Assessment, Self-Study Report Template, Fall 2017.

Program Resource	What program Outcomes are affected by that resource and how? (for example, retention or job placement or so on)	Tools used to assess the resource (for example, surveys, evaluations, interviews)
Program Director	Curriculum Accreditation	Meeting agenda
Practicum Coordinator	Job Placement	Tracking Tool
Faculty	Student Satisfaction	Course Evaluations of core classes MA 117 & MA 123
Advisory Committee	Job Placement	Survey; advisors can evaluate the materials and information for feedback
Clerical Staff	Student Satisfaction	Faculty resource survey given at SAC meeting
Support Staff (Registrar, Admissions, Financial Aid, and so on)	Student Satisfaction	Survey
Finances	Student Satisfaction	Program budget review
Offices	Faculty Satisfaction	Survey
Classrooms	Faculty Satisfaction	Survey
Laboratories	Student Satisfaction	Survey
Ancillary Student Facilities (library, food services, student health services, learning center)	AAMA Pass Rates	Self- assessment student report (Seminar III) – reflection indirect method of assessment
Practicum Affiliations	Student Satisfaction	Practicum Survey
Equipment	Student Satisfaction	Survey
Supplies	Student Satisfaction	Survey
Computer Resources	Student Satisfaction	Survey
Instructional Reference Material	Student Satisfaction	Course Evaluation- Added Question MA 123 / MA 117
Faculty/Staff Continuing Education	AAMA Exam Pass Rates	Institutional Budget

B. Students use of library or other outside-the-classroom information resources

Medical Assisting SAC collaborated with Library Services to develop online library resources specific to Medical Assisting and our program. The "research subject guides," provides students with articles, videos, links, professional organizations, databases and more. http://guides.pcc.edu/medical-assistant.

Students utilize outside government and professional organizations for completing additional training and coursework relative to their certificate. The Oregon Health Authority's Patient-Centered Medical Home Program offers free online training modules and issues a certificate of completion. The Oregon Immunization Program offers free online training modules for vaccine training and issues a certificate of completion. We have also made available to students several links and

resources for completing program coursework.

C. Information on students' use of Advising, Counseling, Disability Services, Veterans Services, and other important supports for students

The Medical Assisting students utilize several college support services, including Career Services, Academic Advising, and Disability Services.

i. *Career Services* plays an essential role in providing support for students.

Tanya Maldonado, Student Employment Specialist, provides students with one-on-one support for resume writing, mock interviews, and job searches. Students are required to meet with Tanya prior to clinical placement to review their resume, and practice their interview skills.

ii. *Academic Advising* plays a key role to ensure all students have completed the necessary courses to earn their certificate.

Karen Henry, Medical Assisting Program Advisor, is currently working with SAC to review needs and assess how to increase use of her support. She is new to the Medical Assisting Program, but, she has worked with other Allied Health Programs within the division, and is very familiar with the needs of the students. Karen reviews each of the student's grad plans and connects with students individually.

iii. *Disability Services* plays a critical role in connecting students with various mechanisms for support.

When faculty receive an accommodations request from Disability Services, we schedule a meeting with the student to discuss any accommodations listed as well as discuss any additional support needed. We find student led plans are often more effective and discussing needs prior to beginning the term can also help generate greater success.

SECTION 7: CAREER AND TECHNICAL EDUCATION (CTE) PROGRAMS

A. Impact of the Advisory Committee on curriculum and instructional content methods, and/or outcomes

The Advisory Board or Committee is made up of Allied Health Program faculty and staff, current students, graduates, and employers within the industry. They play a critical role in providing up-to-date standards for workflows, identifying new roles for Medical Assistants within ambulatory care, and feedback on curriculum changes. The last three Advisory Board meeting minutes are located in the appendix along with the list of committee members.

B. Current and projected enrollment patterns

Medical Assisting Program admits 24 applicants in each cohort. The number of individuals who meet the prerequisites and apply for program admittance ranges from 32-48 each cohort. In general, we receive more applications for the Cascade Campus than Willow Creek Center. We are successfully enrolling and graduating students on time and with little academic deviations. Our SAC sees an opportunity to increase the number of applicants and enroll more students in the future.

   i.   Challenges to the admissions

   o   Prerequisites often take six months to a year to complete, which seems long for a 1-year certificate program. This delay may create an economic burden, and the delay in eligibility may be discouraging to some students.
   o   Program courses are on campus during weekdays, which does not allows flexibility with students who need to work. This can prevent students from applying or considering the program.

   ii. Future proposals

   o   Change the prerequisite requirements to provide students shorter wait time for application eligibility.
   o   Industry partners and employers have been placing great pressure on the SAC to expand and grow the Medical Assisting Program. Great emphasis on offering an evening and/or weekend cohort has been requested.

C. Student selection and/or prepared (e.g., prerequisites) for program entry

The Medical Assisting program accepts 24 students each Spring and Fall Term. Students must complete program prerequisites to be eligible to apply, and then are selected based on a competitive point system. The prerequisites are English Composition, Introductory Algebra or Math Literacy, Medical Terminology, and Anatomy and Physiology. The point system is based on four main categories: grades in prerequisite classes, two short essays, two recommendations and four types of

work/volunteer experience. Once selected for admission, students attend an extensive Program Orientation to make sure they are fully aware of and prepared for the expectations of the program. See Admissions Application & Point System.

D. Job placement and employment opportunities

 i. *Medical Assisting job placement data*

Medical Assisting graduates have a strong record of employment within three months of graduation. The data below represents the number of graduates who were employed as Medical Assistants after graduation successfully completing the program.

Calendar Year Admitted	Total Number of Graduates	Number of Positive Placements	Number of Grads Employed as MA or in Related Field	Placement Rate
2015	46	44	44	95.65%
2014	44	31	31	70.45%
2013	43	38	37	88.37%
2012	44	39	39	88.64%
2011	45	40	32	88.89%
Total	222	192	183	86.49%
			Threshold	60%

 ii. *Medical Assisting wage data*

In 2012, the average wage for an entry level Medical Assistant was ~$12.00 per hour, which is well below what is considered a livable wage. We have seen a significant increase in wages and benefits offered to entry level and experienced Medical Assistants. Wages of Medical Assistants vary by organization. Entry level pay at some institutions are $22 per hour (Kaiser Permanente), while other organization pay a slightly lower rate of $16.50 per hour (Providence).

Portland Community College Medical Assisting Program faculty, with collaboration from the River Cities Chapter of Medical Assistants (RCCMA), established the Educators Forum in 2015. This forum is represented by all the large healthcare employers and most of the Medical Assisting schools in Oregon. Information regarding job openings, wages, benefits, and professional development for Medical Assistants are discussed at each meeting. See Educator's Forum Meeting Minutes.

iii. Future Employment Trends

Aging population coupled with a dramatic restructure of the delivery of healthcare services provides more opportunity for Medical Assistants to expand their role within the clinic. Local industry partners have grown significantly and continue to expand their efforts to provide healthcare services. For example; Providence has created Express Care (acute care centers within Walgreens Pharmacies) and Legacy Medical Group has created several Go Health Centers within the Portland Metro area. These new expansions in acute care are utilizing Medical Assistants within their clinical model. See Article: American Academy of Family Physicians- Envisioning New Roles for Medical Assistants.

Increased implementation of the Patient-Centered Medical Home in Oregon has contributed to the demand for well-trained Medical Assistants. We are seeing an increased clinical emphasis on preventative medicine and patient education within ambulatory care, and this is providing new roles and responsibilities for Medical Assistants. Experienced Medical Assistants are being hired as Patient-Relations Representatives, Care Coordinators, Panel Managers, Patient Access Specialists, and Health Coaches. See Article: CMA Today- One Credential, Many Roles.

Although there is some uncertainty regarding the new U.S. President and his administration; the needs for Medical Assistants is as stronger than ever, with a predicted job growth of 24% nationally over the next ten years (U.S. Bureau of Labor and Statistics). Oregon is estimated to have a slightly higher growth rate of 25%.

State and National Trends

United States	Employment		Percent Change	Projected Annual Job Openings [1]
	2014	2024		
Medical Assistants	591,300	730,200	+24%	26,210
Oregon	Employment		Percent Change	Projected Annual Job Openings [1]
	2014	2024		
Medical Assistants	9,690	12,080	+25%	440

[1]Projected Annual Job Openings refers to the average annual job openings due to growth and net replacement.
Occupation Trends FAQs

E. Number of students completing degree / certificate and barriers

The Medical Assisting program has a significantly high retention and graduation rate. The table below shows the number of students who have entered and graduated the program over the past five years.

➕ Add Admission Entry   **Status: Submitted**

	Enrollment Date Month/Year	Number of New Students Enrolled	Number of Students Transferring In	Total Students in this Class	Number "In-Progress" or "Stopped Out"	Number "Dropped Out" (Attrition)	Number of this Class Graduated to Date	
	March/2015	24	0	24	0	0	24	
	September/2015	22	0	22	0	0	22	
	Graduates for Cohort Admitted 2015						46	100.00%
	March/2014	23	0	23	0	0	23	
	September/2014	21	0	21	0	0	21	
	Graduates for Cohort Admitted 2014						44	100.00%
	March/2013	23	0	23	0	0	23	
	September/2013	20	0	20	0	0	20	
	Graduates for Cohort Admitted 2013						43	100.00%
	March/2012	23	0	23	0	2	21	
	September/2012	24	0	24	0	1	23	
	Graduates for Cohort Admitted 2012						44	93.62%
	March/2011	24	0	24	0	1	23	
	September/2011	23	0	23	0	1	22	
	Graduates for Cohort Admitted 2011						45	95.74%
				227	0	5	222	97.80%
							222	Retention Threshold 60%

Although our data reflects the number of students who successfully completed the Medical Assisting program, we are starting to see a slight increase in students who enter the program unequipped with a mastery of the English language. As we encourage and support diversifying the workforce, we are having some trouble with clinical practicum placement for ESOL students who need additional English skills. In the past two years, we have had 3 students who we had a challenge placing in a clinical externship. All interviewed with several employers / clinical partners and all three were denied and given "lack of English mastery" as the justification. Successful completion clinical practicum is tied to program outcomes and essentially employment.

F. Opportunities for graduates of this program to continue their education

Continuing educational opportunities for Medical Assisting graduates are supported by national professional organizations. The American Association of Medical Assistants provides graduates with and online Electronic Leaning Center (ELC) for completing distance learning continuing education. The AAMA also provides a bi-monthly professional magazine (CMA Today), which also has several articles for continuing education. The Oregon Society of Medical Assistants (OSMA) provides annual conferences and education sessions for Medical Assistants. The River Cities Chapter of Medical Assistants (RCCMA) also provides monthly education sessions for graduates, faculty, and current students.

In the past five years, we have had 3 Medical Assisting graduates complete schooling for Physician's Assistant and one who completed her education at the Naturopathic University of Natural Medicine and became a Naturopathic Doctor. Many of our graduates look towards nursing as the next step in

their education.

SECTION 8: RECOMMENDATIONS

A. 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 softskills. 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.

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.

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.

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.

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. See page 11 & 12 of CAAHEP Standards and Guidelines for Accreditation.

B. Administrative support for SAC planned improvements

Recommendation 1: Additional release time for faculty

Justification: The Medical Assisting Education Review Board and the Commission on Accreditation of Allied Health Education Program requires a Program Director and Clinical Coordinator. Many of the roles and responsibilities of this individual are in line with the Faculty Department Chair position; however, additional accreditation oversight, data collection, and reports require significant time and attention.

Justification: The Medical Assisting program is comprised of two full-time faculty. In order to assess, reassess, and grow a strong competitive program, more time must be allowed for strategic review and professional development. Faculty are working on the following projects:

- o Rewrite Clinical Lab Workbook (MA 124 book students purchase in the bookstore).

- o Update the following CCOGs and courses in Course Leaf with the CAAHEP standards and learning outcomes: MA 112, MA 122, MA 132, MA 117, MA 118, MA 270, MA 120, MA 130, MA 131, MA 124, MA 123)

- o Mapping competencies to CAAHEP standards to existing assignments or create new ones, that meet the CAAHEP competencies for each intended learning outcome

- o Develop a Clinical Lab training manual and standard operating procedures for lab assistants and new faculty

- o Create a comprehensive textbook resource list with pricing quotes and review the utilization of open source textbooks

- o Faculty training on Harrison Care Tracker EMR system used in Administrative lab and create ways we can incorporate it in clinical lab for workflows

- o Faculty training on PrepU for student assessments of knowledge mastery

- o   Creation of a data tracking system for report to MAERB

- o   Enhance cultural competency training specific to ambulatory care (training for students with speakers and competency exam)

- o   Expanding clinical practicum partnerships and develop more efficient and effective ways of placing students in clinical practicum

Recommendation 2: Update Willow Creek Clinical Lab room 304

Justification: The clinical lab space at Willow Creek Center room 304 is not conducive to teaching students clinical workflows. The SAC would like to mirror the new clinical lab space at Cascade Campus, Jackson Hall room 101.

Recommendation 3: Expand program and add faculty

Justification: We have been under pressure from our community partners to grow our program. Due to our teaching methods, enthusiastic and knowledgeable faculty, along with the individual student softskills support, our graduates are in demand. Adding an additional full time faculty member to our program will allow us to develop an alternative evening and weekend schedule for an additional 16 students.

APPENDIX A

Admissions Application & Point System

Medical Assisting Advising Guide

Portland Community College Cascade Campus – Allied Health

- Applications for the FALL 2017 program at the Cascade Campus accepted April 17 – June 23, 2017; applications for the SPRING 2018 program at Willow Creek accepted October 23 – December 14, 2017
- See http://pcc.edu/programs/ma for program and application information
- For additional information contact Admissions: Amanda Gallo 971-722-5667 or healthca@pcc.edu

PREREQUISITE COURSES (MUST BE COMPLETED WITH A C OR P OR BETTER BY CLOSE OF APPLICATION PERIOD)

- ☐ **WR 121** – English Composition
- ☐ **MP 111** – Medical Terminology
- ☐ **MTH 60 or MTH 58** – Introductory Algebra – 1st term or Math Literacy (Contact admissions if you have questions about which class to take.)
- ☐ **BI 121** – Introduction to Anatomy and Physiology – 1st term (or BI 231-232)
- ☐ **Recommended** - A class such as **CAS 133** – Basic Computer Skills and/or **CAS 121**- Computer Keyboarding (students are required to demonstrate they can type **45 WPM** during the 1st term of program)

ADDITIONAL PROGRAM REQUIREMENTS RECOMMENDED TO TAKE PRIOR TO ENTRY INTO THE PROGRAM

- ☐ **BI 122** – Introduction to Human Anatomy and Physiology II (or BI 231-233)
- ☐ **MP 135** – Pharmacology for Allied Health
- ☐ **MP 140** – Intro to Health Law and Ethics
- ☐ **PSY 101** – Psychology and Human Relations (or equivalent – check with admissions)

POINT SYSTEM USED FOR ADMISSION TO THE MEDICAL ASSISTING PROGRAM
Starting with admission for Fall 2017 there will be slight changes to point system – updated Guide available in December

PREREQUISITE COURSEWORK	Points: A=6; B=4; C or P =2 Total Possible = 24
WR 121 – English Composition	
MP 111 – Medical Terminology	
BI 121 – Intro to Anatomy and Physiology (or highest grade out of BI 121& 122)	
MTH 60 or MTH 58– Introduction to Algebra – 1st term or Math Literacy I(or best grade in a higher math class)	

ESSAY QUESTIONS: 200 – 400 words each	Points: 0-5 pts each
Essay Question 1 – Why are you interested in Medical Assisting?	
Essay Question 2 – What role do you imagine diversity plays in the MA field? What experience do you have treating people equitably and respecting all people?	

GRADING RUBRIC - ESSAYS

Points	Essay 1	Essay 2
5	Good sentence structure, spelling and grammar, full length and a well thought out reason for wanting to enter the MA program	Good sentence structure, spelling, grammar & full length & thoroughly understands the role diversity plays in the MA field; has extensive experience being inclusive & equitable
3	Some grammatical, sentence structure or spelling errors, acceptable length & has a good reason for pursuing the MA program	Some grammatical, sentence structure or spelling errors, acceptable length &/or has an acceptable level of understanding of the role diversity plays in the MA field; some experience being inclusive & equitable
1	Poorly written essay, unacceptable length and/or doesn't have a good reason stated for pursuing the MA program	Poorly written essay, unacceptable length &/or has limited understanding of the role of diversity in the field & has little or no experience being inclusive & equitable

Medical Assisting – 2017-2018   Revised 12/13/16   Page 1 of 2

Portland Community College | We're all about **your future.**

SUPPLEMENTAL QUESTIONS – PROGRAM AND VOLUNTEER EXPERIENCE	Points: 0-4 pts each
Question 1 – Health field related experience	
Question 2 – Experience working with computer software (MS office, etc.)	
Question 3 – Experience working with customer or public service	
Question 4 – Community volunteer experience	

GRADING RUBRIC - QUESTIONS		
Points	Questions 1 & 4	Questions 2 & 3
4	Has more than 100 hours of verifiable, high-quality experience that directly pertains to the question. Experience has been completed within the past 5 years	Has verifiable, high-quality experience that directly pertains to the question. Experience has been completed within the past 5 years
3	Has between 50 - 100 hours of verifiable experience that directly pertains to the question or the experience is 100+ hours but not deemed to be of high-quality. Experience completed within the past 5 yrs	Has verifiable, average-quality experience that directly pertains to the question. Experience has been completed within the past 5 years
1-2	Has some, but less than 50 hours of verifiable high or average-quality experience that directly pertains to the question or experience is more than 5 years old	Has verifiable, poor-quality experience that directly pertains to the question or experience is more than 5 years old
0	Is not filled out or the experience listed does not pertain to the question or is not verifiable	Is not filled out or the experience listed does not pertain to the question or is not verifiable

RECOMMENDATION FORMS	Points: 0 - 5 pts each (Averaged on each form)
Recommendation Form 1	
Recommendation Form 2	

PRIOR APPLICATIONS	Points 1 pt if applied in past 2 yrs
Applied for MA for Spring 2016 or later. Term _____ Year _____	

WHAT IS NEEDED FOR THE APPLICATION

☐ Apply to Portland Community College

☐ Complete all prerequisite coursework with a "C" or better.
   a. You may apply if you are concurrently enrolled in prerequisites during the application period but your application will not be considered complete until all prerequisite course grades are recorded and completion is established.
   b. If your prerequisites are being completed at a school other than PCC, you are responsible for getting a new transcript sent for review within a week of the grade being posted.

☐ Review rubrics used to rate essays and supplemental questions here

☐ Complete the Medical Assisting Program application

☐ Obtain unofficial transcripts from previous schools. Official Transcripts are required if accepted into program

☐ Plan in place to pay for school. If applying for federal financial aid (www.fafsa.ed.gov) please note it can take up to three months to receive an award if eligible.

For a copy of the Medical Assisting Program Application or for additional information, please go the Medical Assisting website http://pcc.edu/programs/ma or contact Admissions Coordinator Amanda Gallo at healthca@pcc.edu or 971-722-5667

Data from PCC Office of Institutional Effectiveness

Program Review Data Profile

Created: summer 2016
Office of Institutional Effectiveness

Notes
Data exclude campus 6.
Data reported were extracted at end-of-term for each term (summer, fall, winter, spring); Data are NOT refreshed past the end-of-term extraction date.

Headcount
Counts the number of students for a defined period of time (E.g. 1 academic year, a term, etc.); students are counted only once regardless of multiple enrollments.
Headcount is also referred to as 'unduplicated'.
Campus Level headcounts will not sum to College Wide headcounts.
Students may attend more than one campus and be counted one time per attending campus for Campus Level data.
However, for College Wide data each student will only be counted once regardless of attending multiple campuses.

FTE
Full-time Equivalency; 1 FTE is like a student enrolled full-time for 3 terms (fall, winter, and spring).
The formula to calculate FTE per enrollment is: Number of contact hours multiplied by Number of weeks of instruction, then this product divided by 510

$$\frac{(\text{\# Contact Hours} \times \text{\# Weeks})}{510}$$

Enrollment
Counts the number of students for a defined period of time (E.g. 1 academic year, etc.); multiple enrollments by a student are counted multiple times.

FTE Enrollment
For every record of enrollment there is a corresponding value of FTE generated by the record.
FTE enrollment sums all the FTE for all records of enrollment within a specified program area.

Demographics
All categories (Gender, Ethnicity, and Age) use a headcount. Data from the student's last enrolled term in an academic year is used.

Data Source
C:\Users\aeggebrecht\Documents\My SAS Files_9.4\ProgramReview.egp

College Wide

Headcount

Subject: Medical Assistant

	Academic Year								
2011-12		2012-13		2013-14		2014-15		2015-16	
Headcount	1YR % Chg	Headcount	1YR % Chg	Headcount	1YR % Chg	Headcount	1YR % Chg	Headcount	1YR % Chg
88	1.1	81	-8.0	86	6.2	87	1.2	87	0.0

Full-time Equivalency

Subject: Medical Assistant

	Academic Year								
2011-12		2012-13		2013-14		2014-15		2015-16	
FTE	1YR % Chg	FTE	1YR % Chg	FTE	1YR % Chg	FTE	1YR % Chg	FTE	1YR % Chg
51.8	26.6	49.9	-3.6	50.4	1.0	49.8	-1.2	53.4	7.2

Demographics

Subject: Medical Assistant

	Academic Year									
	2011-12		2012-13		2013-14		2014-15		2015-16	
	Count	%	Count	%	Count	%	Count	%	Count	%
Gender										
Female	77	87.5	71	87.7	75	87.2	72	82.8	73	83.9
Male	10	11.4	10	12.3	10	11.6	13	14.9	11	12.6
Not Known	1	1.1	.	.	1	1.2	2	2.3	3	3.4
AY Totals	88	100.0	81	100.0	86	100.0	87	100.0	87	100.0

Subject: Medical Assistant

	Academic Year									
	2011-12		2012-13		2013-14		2014-15		2015-16	
	Count	%	Count	%	Count	%	Count	%	Count	%
Ethnicity										
African American	5	6.5	2	2.7	2	2.5	3	3.8	4	4.8
Asian	6	7.8	5	6.7	4	5.1	5	6.3	8	9.6
Caucasian	60	77.9	57	76.0	64	81.0	61	76.3	54	65.1
Foreign National	.	.	1	1.3	2	2.5	1	1.3	.	.
Hispanic	5	6.5	9	12.0	6	7.6	8	10.0	13	15.7
Multi-Race			.	.	.	.	2	2.5	3	3.6
Native American/Alaskan	1	1.3	1	1.3	1	1.3	.	.	.	.
Pacific Islander	.	.	.	.	.	.	.	.	1	1.2

Subject: Medical Assistant

	2011-12		2012-13		2013-14		2014-15		2015-16	
Academic Year	Count	%	Count	%	Count	%	Count	%	Count	%
AY Totals	77	100.0	75	100.0	79	100.0	80	100.0	83	100.0

Subject: Medical Assistant

	2011-12		2012-13		2013-14		2014-15		2015-16	
Academic Year	Count	%	Count	%	Count	%	Count	%	Count	%
Age										
18 - 24	29	33.0	27	33.3	32	37.2	33	37.9	38	43.7
25 - 29	17	19.3	21	25.9	22	25.6	20	23.0	21	24.1
30 - 39	21	23.9	17	21.0	18	20.9	17	19.5	10	11.5
40 - 49	12	13.6	10	12.3	10	11.6	10	11.5	10	11.5
50+	9	10.2	6	7.4	4	4.7	7	8.0	8	9.2
AY Totals	88	100.0	81	100.0	86	100.0	87	100.0	87	100.0

Grades History Table by Course and Academic Year

Subject: Medical Assistant

Course	Academic Year	A %	B %	C %	CIP %	F %	I %	P %	W %	Total
MA 112	2011-12	40.0	2.5	.	.	.	52.5	5.0	.	40
	2012-13	97.8	2.2	.	.	.	.	.	.	45
	2013-14	93.0	4.7	2.3	.	.	.	.	.	43
	2014-15	100.0	.	.	.	.	.	.	.	45
	2015-16	50.0	.	.	.	.	.	50.0	.	44
MA 117	2011-12	90.0	7.5	2.5	.	.	.	.	.	40
	2012-13	88.9	11.1	.	.	.	.	.	.	45
	2013-14	76.7	18.6	4.7	.	.	.	.	.	43
	2014-15	84.4	15.6	.	.	.	.	.	.	45
	2015-16	81.8	18.2	.	.	.	.	.	.	44
MA 118	2011-12	.	.	.	.	.	52.5	47.5	.	40
	2012-13	.	.	.	.	.	.	100.0	.	45
	2013-14	.	.	.	.	.	.	100.0	.	43
	2014-15	.	.	.	.	.	.	100.0	.	45
	2015-16	.	.	.	.	.	.	100.0	.	44
MA 120	2011-12	92.5	7.5	.	.	.	.	.	.	40
	2012-13	86.7	8.9	4.4	.	.	.	.	.	45
	2013-14	100.0	.	.	.	.	.	.	.	43

Grades History Table by Course and Academic Year

Subject: Medical Assistant

		Grades								Total
		A %	B %	C %	CIP %	F %	I %	P %	W %	
MA 120	2014-15	100.0								46
	2015-16	72.7	27.3							44
MA 122	2011-12	40.0	4.0					52.0	4.0	50
	2012-13	100.0								40
	2013-14	95.3	4.7							43
	2014-15	90.9	9.1							44
	2015-16	97.8	2.2							46
MA 123	2011-12	82.0	10.0			4.0			4.0	50
	2012-13	90.0	10.0							40
	2013-14	83.7	11.6	2.3		2.3				43
	2014-15	75.0	25.0							44
	2015-16	80.4	19.6							46
MA 124	2011-12	40.0				4.0		52.0	4.0	50
	2012-13	100.0								40
	2013-14	100.0								43
	2014-15	100.0								44
	2015-16	100.0								46
MA 131	2011-12	82.5	14.3				1.6		1.6	63
	2012-13	89.5	8.8			1.8				57
	2013-14	93.7	4.8						1.6	63
	2014-15	100.0								62
	2015-16	85.7	14.3							63
MA 132	2011-12	95.8							4.2	48
	2012-13	100.0								40
	2013-14	90.5	4.8	2.4					2.4	42
	2014-15	100.0								44
	2015-16	91.3	6.5	2.2						46
MA 136	2011-12	100.0								44
	2012-13	97.5		2.5						40
	2013-14	93.0	2.3	2.3		2.3				43
	2014-15	81.8	15.9	2.3						44
	2015-16	100.0								24
MA 180	2011-12	89.1				4.3	2.2		4.3	46
	2012-13	100.0								64
	2013-14	97.7	2.3							43
	2014-15	100.0								45
	2015-16	88.6	11.4							44

Grades History Table by Course and Academic Year

Subject: Medical Assistant

		Grades								Total
		A %	B %	C %	CIP %	F %	I %	P %	W %	
MA 199B	2015-16	.	.	.	.	.	.	76.9	23.1	13
	2011-12	.	.	.	15.6	.	.	84.4	.	45
	2012-13	.	.	.	.	.	.	100.0	.	41
MA 270	2013-14	.	.	.	2.4	.	.	95.2	2.4	42
	2014-15	.	.	.	2.4	.	.	97.6	.	42
	2015-16	.	.	.	6.3	.	.	93.8	.	48

Reporting
Campus level data not applicable; all data levels complete.

Core Outcomes Mapping

Core Outcomes Mapping

Mapping Level Indicators:

0: Not Applicable.

1: Limited demonstration or application of knowledge and skills.

2: Basic demonstration and application of knowledge and skills.

3: Demonstrated comprehension and is able to apply essential knowledge and skills.

4: Demonstrates thorough, effective and/or sophisticated application of knowledge and skills.

SAC - MA: Medical Assisting

Core Outcomes:

1. Communication.

2. Community and Environmental Responsibility.

3. Critical Thinking and Problem Solving.

4. Cultural Awareness.

5. Professional Competence.

6. Self-Reflection.

Course #	Course Name	CO1	CO2	CO3	CO4	CO5	CO6
MA 112	Seminar I	2	1	2	2	1	2
MA 117	Medical Office Administrative Procedures	3	2	3	3	2	2
MA 118	Medical Office Administrative Procedures Lab	2	1	2	1	2	3
MA 122	Seminar II	2	2	2	2	2	2
MA 123	Medical Office Clinical Procedures	3	2	3	2	2	2
MA 124	Medical Office Clinical Procedures Lab	3	2	3	3	3	3
MA 131	Introduction to Medical Science	2	2	2	1	2	1
MA 132	Seminar III	2	0	1	1	0	3
MA 136	Medications	1	2	3	1	3	3
MA 180	Coding and Reimbursement	0	0	2	0	0	0
MA 270	Clinical Practicum	4	3	3	3	4	4

Updated April 2015

MAERB Annual Report Form

2016 Annual Report

MAERB

Institution Name: **Portland Community College**
City, State: **Portland, OR**
ID Number: **4003**
Program Type: **Certificate**

Status: Submitted 2/2/2017

Year	Retention	Placement	Grad Part	Grad Sat	Emp Part	Emp Sat	Exam Part	Exam Pass	# Grads from admissions cohort
	>=60%	>=60%	>=30%	>=80%	>=30%	>=80%	>=30%	>=60%	
2015	100.00%	95.65%	47.83%	95.45%	47.73%	100.00%	100.00%	100.00%	46
2014	100.00%	70.45%	38.64%	100.00%	35.48%	100.00%	97.67%	90.48%	44
2013	100.00%	88.37%	74.42%	100.00%	59.46%	100.00%	97.78%	95.45%	43
2012	93.62%	88.64%	88.64%	100.00%	82.05%	100.00%	NA	NA	44
2011	95.74%	88.89%	71.11%	100.00%	78.12%	100.00%	NA	NA	45
5 year	97.80%	86.49%	63.96%	99.30%	60.66%	100.00%	96.99%	95.35%	222

Enrollment, Retention and Graduation

Status: Submitted

Enrollment Date Month/Year	Number of New Students Enrolled	Number of Students Transferring In	Total Students in this Class	Number "In-Progress" or "Stopped Out"	Number "Dropped Out" (Attrition)	Number of this Class Graduated to Date	
March/2015	24	0	24	0	0	24	
September/2015	22	0	22	0	0	22	
Graduates for Cohort Admitted 2015						46	100.00%
March/2014	23	0	23	0	0	23	
September/2014	21	0	21	0	0	21	
Graduates for Cohort Admitted 2014						44	100.00%
March/2013	23	0	23	0	0	23	
September/2013	20	0	20	0	0	20	
Graduates for Cohort Admitted 2013						43	100.00%
March/2012	23	0	23	0	2	21	
September/2012	24	0	24	0	1	23	
Graduates for Cohort Admitted 2012						44	93.62%
March/2011	24	0	24	0	1	23	
September/2011	23	0	23	0	1	22	
Graduates for Cohort Admitted 2011						45	95.74%
			227	0	5	222	97.80%
						222	Retention Threshold 60%

Graduate Survey Results

Status: Submitted

Calendar Year Admitted	Number of Graduates	Number of Grad Surveys Sent	Number of Grads Returning Surveys	Participation Percent	Number of Surveys with Positive responses - Cognitive	Number of Surveys with Positive responses - Psychomotor	Number of Surveys with Positive responses - Affective	Number of Surveys with Overall Positive Responses	Percent Grad Survey Satisfaction
2015	46	46	22	47.83%	22	21	21	21	95.45%
2014	44	44	17	38.64%	17	17	16	17	100%
2013	43	40	32	74.42%	32	32	32	32	100%
2012	44	42	39	88.64%	39	39	39	39	100%
2011	45	45	32	71.11%	32	32	32	32	100%
Total	222	217	142	63.96%	142	141	140	141	99.3%
Thresholds				30%					80%

Job Placement Results

Status: Submitted

Calendar Year Admitted	Total Number of Graduates	Number of Positive Placements	Number of Grads Employed as MA or in Related Field	Placement Rate
2015	46	44	44	95.65%
2014	44	31	31	70.45%
2013	43	38	37	88.37%

2012	44	39	39	88.64%
2011	45	40	32	88.89%
Total	222	192	183	86.49%
			Threshold	60%

Employer Survey Results

Status: Submitted

Admission Year	Total Number of Positive Placements	Number of Grads Employed as MA or in Related Field	Number of Grads Whose Employers Were Sent Surveys	Number of Grads Whose Employer Returned Surveys	Participation Percent	Number of Surveys with Positive responses - Cognitive	Number of Surveys with Positive responses - Psychomotor	Number of Surveys with Positive responses - Affective	Number of Surveys with Overall Positive Responses	Percent Employer Survey Satisfaction
2015	44	44	32	21	47.73%	21	21	21	21	100%
2014	31	31	15	11	35.48%	11	11	11	11	100%
2013	38	37	35	22	59.46%	22	22	22	22	100%
2012	39	39	39	32	82.05%	32	32	32	32	100%
2011	40	32	32	25	78.12%	25	25	25	25	100%
Total	192	183	153	111	60.66%	111	111	111	111	100%
Thresholds					30%					80%

Graduate Analysis Data Reporting

Status: Submitted

Year of Graduation	Total Number of Students Who Graduated in the Calendar Year	# with Distance Education	# with Experiential Learning
2015	45	0	0
2014	43	0	0
2013	45	0	0
2012	43	0	0
2011	42	0	0
	218	0	0

Credentialing Exam Outcomes

Status: Submitted

> After completing the Graduate Analysis and Exam tabs of this ARF, if your Exam Participation % Total or Exam Passage % Total is greater than 100%, the ARF is wrong and must be corrected prior to online submission. Failure to do so will result in the program being assessed a $200 unlock fee.

Participation

Year of Graduation	Total # of Graduates	Total # who took CMA (AAMA)	Total # who took RMA (AMT)	Total # who took NCMA (NCCT)	Total # who took CCMA (NHA)	Total # who took more than one test	Threshold participation on (>= 30%)
2015	45	43	0	0	0	0	96%
2014	43	42	0	0	0	0	96%
2013	45	44	0	0	0	0	96%
2012	43	0	0	0	0	0	0%
2011	42	0	0	0	0	0	0%
Total	218	129	0	0	0	0	97%
Threshold							30%

Passage

Year of Graduation	Total # who took an exam	Total # passing CMA (AAMA)	Total # passing RMA (AMT)	Total # passing NCMA (NCCT)	Total # passing CCMA (NHA)	Total # who passed more than one exam	Threshold passage
2015	43	43	0	0	0	0	100%
2014	42	38	0	0	0	0	90%
2013	44	42	0	0	0	0	95%
2012	0	0	0	0	0	0	0%
2011	0	0	0	0	0	0	0%
Total	129	123	0	0	0	0	95%
Threshold							60%

Resource Assessment, Self-Study Report Template, Fall 2017

Program Resource	What program Outcomes are affected by that resource and how? (for example, retention or job placement or so on)	Tools used to assess the resource (for example, surveys, evaluations, interviews)	Dates of Measurement
Program Director	Curriculum Accreditation	Meeting agenda	SAC meetings
Practicum Coordinator	Job Placement	Tracking Tool	Jan 2017 / June 2018
Faculty	Student Satisfaction	Course Evaluations of core classes MA 117 & MA 123	Sept 2017 / Jan 2018
Advisory Committee	Job Placement	Survey; advisors can evaluate the materials and information for feedback	Sept 2017 / June 2018
Clerical Staff	Student Satisfaction	Faculty resource survey given at SAC meeting	Oct 2017 SAC meeting
Support Staff (Registrar, Admissions, Financial Aid, and so on)	Student Satisfaction	Survey	April 2017 / Oct 2017
Finances	Student Satisfaction	Program budget review	Jan 2018 /
Offices	Faculty Satisfaction	Survey	June 2017
Classrooms	Faculty Satisfaction	Survey	June 2017
Laboratories	Student Satisfaction	Survey	March 2017 / Aug 2017
Ancillary Student Facilities (library, food services, student health services, learning center)	AAMA Pass Rates	Self- assessment student report (Seminar III) – reflection indirect method of assessment	June 2017 /Dec 2017
Practicum Affiliations	Student Satisfaction	Practicum Survey	June 2017 / Dec 2017
Equipment	Student Satisfaction	Survey	June 2017
Supplies	Student Satisfaction	Survey	June 2017
Computer Resources	Student Satisfaction	Survey	June 2017
Instructional Reference Material	Student Satisfaction	Course Evaluation- Added Question	March 2017 / June 2017
Faculty/Staff Continuing Education	AAMA Exam Pass Rates	Institutional Budget	Feb 2018

Pre-Graduate Survey

Portland Community College
Medical Assisting Program

Portland
Community
College

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.

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.   -------------------

1

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)**

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.   --------------------

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.   --------------------

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.   --------------------

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.   --------------------

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.   --------------------

2

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

I. Which of the above 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** _____

II. Please comment on any other suggestions you have for making the educational experience more meaningful or appropriate for future students.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

3

APPENDIX B

Clinical Lab Competency Book

Medical Office Clinical Procedures LAB COMPETENCIES

2017

Portland Community College Medical Assisting Program

MEDICAL OFFICE CLINICAL PROCEDURES

LAB COMPETENCIES

STUDENT NAME: _____

MA Department
12/12/2016

PATIENT-CENTERED CARE

In select competency tests, students are eligible to be awarded for displaying attributes of patient-centered care.

Patient-centered care is defined by the Institute of Medicine (IOM) as "providing care that is respectful of and responsive to individual patient preferences, needs and values." IOM defines the general concept of "patient centeredness" as "encompassing qualities of compassion, empathy and responsiveness to the needs, values and expressed preferences of the individual patient." [1]

Students awarded for patient-centered care during competency testing may demonstrate such attributes [2] as:

- Warm greeting i.e. smile, welcoming attitude
- Maintain professional demeanor and appearance
- Speak slowly and clearly
- Plain, uncomplicated, non-medical language
- Positive nonverbal behaviors i.e. active listening, eye contact
- Minimize negative communication behaviors i.e. interrupting, talking too fast [3]
- Offer information in an accessible way
- Apply open-ended interview techniques to solicit patient information
- Encourage patient participation and checking for understanding
- Apply the "teach back" method for patient education
- Demonstrate the ability to create a shame-free environment for patients
- Demonstrate thoughtfulness, approachability, compassion and empathy throughout

Definitions:

"Teach back" method: Also known as "show-me" or "closing the loop," is a way to confirm that the [healthcare professional] has explained to the patient what they need to know in a manner that the patient understands. Understanding is confirmed when the patient explains back instructions [2].

"Shame-free" environment: A safe environment where patients feel comfortable discussing their healthcare concerns [3] by exhibiting the following characteristics [2]:

- Listen to and honor patient perspectives and choices
- Respect patient and family values and expressed needs
- Communicate in a culturally appropriate manner, in a language and at a level the patient can understand

The following competency tests contain opportunity for the student to be awarded the patient-centered care point:

- Height, weight, BMI
- Temperature, pulse, respirations
- Blood pressure
- Audiometry
- Spirometry
- Distance visual acuity testing
- Color vision deficiency screening
- Physical examination
- ECG
- Injections

Example grading rubric for competency test with patient-centered care point:

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Obtains accurate blood pressure reading, completes all steps, achieves affective domain in patient-centered care
4	Demonstrates above average skill	Obtains accurate blood pressure reading & completes all steps **OR** obtains accurate blood pressure reading and achieves affective domain, but needs practice completing steps below
3	Demonstrates acceptable skill level	Obtains accurate blood pressure reading, needs practice completing all steps as below
2	Demonstrates inadequate skills	Does not obtain accurate blood pressure, improvement needed, more practice needed, repeat competency test
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

Patient-centered care points are awarded at the discretion of the test administering instructor, with exception to the ECG competency, where the student patient is the awarding agent.

On competency tests, which students can be awarded for patient-centered communication, there is notification to refer to this page for direction.

References

1. U.S. Department of Health & Human Services. AHRQ Archive. Chapter 5: Patient Centeredness National Healthcare Disparities Report 2010.
    https://archive.ahrq.gov/research/findings/nhqrdr/nhdr10/Chap5.html

2. The Commonwealth Fund. Safety Net Medical Home Initiative. Patient-Centered Interactions. Engaging Patients in Health   and Healthcare, May 2013.
    http://www.safetynetmedicalhome.org/sites/default/files/Implementation-Guide-Patient-Centered-Interactions.pdf

3. AHRQ Agency for Healthcare Research & Quality. Consumer Assessment of Healthcare Providers & Systems. Technical Advisory Workgroup, August 28, 2013
    http://www.oregon.gov/oha/analytics/MetricsTAG/TAG_08282013_CAHPSModules.pdf

MAERB CORE CURRICULUM REQUIREMENTS 2015

Portland Community College's Medical Assisting Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) on recommendation of the Committee on Accreditation of Medical Assistants Education.

Below is a crosswalk of clinical lab competencies and activities with corresponding Content Areas for Core Curriculum of Medical Assistants 2015 requirements by the Medical Assisting Education Review Board (MAERB) [4].

Medical Assisting Program Competency/Activity 2015	MAERB Content Areas for Core Curriculum
Handwashing	III.P.3
Height, Weight and Body Mass Index	I.P.1e, f
Child head circumference, length	I.P.1g, I.P.1h, II.P.4
Temperature, Pulse and Respirations	I.P.1b, I.P.1c, I.P.1d
Blood Pressure	I.P.1a, V.A.4
Pap	I.P.8, I.P.9
Spirometry	I.P.1i, I.P.2d
Electrocardiogram	I.P.2a
Packaging for Sterilization	III.P.4, III.P.5
Sterile Tray	III.P.6, III.P.7
Dressings & Bandages	III.P.8, III.P.9, III.P.10ab
IM, SQ & ID Injections	I.P.4a-f, I.P.5, I.P.7, II.P.1, III.P.2, III.A.1, XII.P.2c

References

4. Medical Assisting Education Review Board 2015 Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting. Adopted by the American Association of Medical Assistants Medical Assisting Education Review Board and the Commission on Accreditation of Allied Health Education Programs. 2015.
http://www.maerb.org/Portals/0/Documents/MedicalAssistingStandards2015.pdf

Portland Community College Medical Assisting Program

HANDWASHING COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique for washing hands with soap and water in **one minute.**

Student must achieve 3 or above in grading scale to pass competency test.

GRADING SCALE		DEFINITION
4	Demonstrates above average skill	Demonstrates proper aseptic technique in washing hands, completes all steps as below, within time limit
3	Demonstrates acceptable skill level	Demonstrates adequate aseptic technique in washing hands, performs steps as below, but some steps may need practice
2	Demonstrates inadequate skills	Does not perform adequate aseptic technique in washing hands, more practice is needed
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Ensure clothing does not touch countertop throughout handwashing
- Expose wrists
- Open faucets to provide continuous running water
- Wet hands thoroughly
- Apply cleansing agent
- Lather soap in hands
- Using friction and fingernails, rub lather on palms
- Cup fingers together and work lather on all surfaces of fingers, around nailbed, and underneath fingernails
- Wash back of hands and wrists
- Thoroughly rinse under flowing water until all soap lather is removed
- Pat dry hands with disposable towel
- Use disposable towel to turn off faucets
- Properly dispose of towel in waste receptacle

TIME: START: _____   FINISH: _____

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

MEDICAL ASSISTING

Portland Community College Medical Assisting Program

HEIGHT, WEIGHT AND BODY MASS INDEX COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique and ability to obtain height in inches and weight in pounds on a mechanical medical scale, and calculate accurate body mass index number.

Student must achieve 3 or higher on grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Obtains accurate Ht. Wt. & BMI, completes all steps, achieves affective domain in patient-centered care
4	Demonstrates above average skill	Obtains accurate Ht. Wt. & BMI, completes all steps **OR** obtains accurate Ht. Wt. & BMI and achieves affective domain, but needs practice completing steps below
3	Demonstrates acceptable skill level	Obtains accurate Ht. Wt. & BMI, needs practice completing all steps as below
2	Demonstrates inadequate skills	Does not obtain accurate Ht. Wt. & BMI, improvement needed, repeat competency test
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Explain procedure to the patient, place a disposable cover to the scale base, zero scale
- Prepare patient for procedure, instruct patient to remove heavy clothing and footwear, offer chair if needed
- Instruct patient to stand on the scale base, feet flat and centered on the base, facing towards the scale, offer assistance if needed
- Weigh patient, leave weight indicator in place for instructor reading, make note of reading.
- Instruct patient to step off of scale, extend height meter, instruct patient to stand on the scale base facing away from the scale, ensure patient is standing straight, with feet together, looking forward
- Adjust height meter to be parallel to the ground, and touching the highest part of the patient's skull, leave height meter in place for instructor reading, make note of reading
- Instruct patient to step off scale, allow patient time to put shoes back on, inform patient of readings
- Using body mass index card or software, make note of body mass index
- Document in the medical record, including date, time, height in feet and inches, weight in pounds, and body mass index number

STUDENT VALUES OBTAINED: Height: _____ Weight: _____BMI: _____

INSTRUCTOR VALUES OBTAINED: Height: _____ Weight: _____BMI: _____

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

MEDICAL ASSISTING

Portland Community College Medical Assisting Program

TEMPERATURE, PULSE, RESPIRATIONS COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique for obtaining oral temperature, pulse and respirations on a patient with accuracy of pulse and respiration within two points of instructor's reading.

Students must achieve 3 or higher on grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Obtains accurate TPR readings, completes all steps, achieves affective domain in patient-centered care
4	Demonstrates above average skill	Obtains accurate TPR readings & completes all steps **OR** obtains accurate TPR readings and achieves affective domain, but needs practice completing steps below
3	Demonstrates acceptable skill level	Obtains accurate TPR reading, needs practice completing all steps as below
2	Demonstrates inadequate skills	Does not obtain accurate TPR readings, improvement needed, repeat competency test
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Explain procedures to the patient
- Prepare patient for procedure, ensure patient seated comfortably, ensure patient has not eaten or drank within 5 minutes prior to oral temperature
- Measure oral temperature using the electronic thermometer with cover on probe, ensure proper placement of probe underneath patient's tongue next to frenulum, and that the patient's mouth remains closed until temperature reading is obtained
- Notify patient of result, properly discard probe cover
- Locate radial pulse, assess pulse for 30 seconds and multiply value by two
- Begin counting respirations and assess for 30 seconds, and multiply value by two
- Inform patient and instructor of values obtained, values must be within two points of instructor's readings on both pulse and respirations
- Document in the medical record, including date, time, and temperature reading in Fahrenheit, pulse and respiration values.

STUDENT VALUES OBTAINED: Pulse: _____ Respirations: _____

INSTRUCTOR VALUES OBTAINED: Pulse: _____ Respirations: _____

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

BLOOD PRESSURE COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique and ability to obtain arterial blood pressure reading on a patient with point variation of no more than two points for both systolic and diastolic from the instructor's reading.

Student must achieve 3 or above on grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Obtains accurate blood pressure reading, completes all steps, achieves affective domain in patient-centered care
4	Demonstrates above average skill	Obtains accurate blood pressure reading & completes all steps **OR** obtains accurate blood pressure reading and achieves affective domain, but needs practice completing steps below
3	Demonstrates acceptable skill level	Obtains accurate blood pressure reading, needs practice completing all steps as below
2	Demonstrates inadequate skills	Does not obtain accurate blood pressure, improvement needed, more practice needed, repeat competency test
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Explain procedure to the patient, ask if arm preference or verify appropriate arm in medical record
- Prepare patient for procedure, ensure patient seated comfortably, legs uncrossed, arm bared
- Select appropriate fitting cuff, fasten firmly around patients arm with lower edge 2-3 cm above brachial artery
- Arm should be supported, and at patient's heart level, no talking during blood pressure measuring
- Place the diaphragm of the stethoscope over the brachial artery, ensuring that it is not touching or underneath the blood pressure cuff
- Inflate cuff to peak inflation level approximately 30 mm Hg above anticipated systolic level, determined by pulse obliteration, asking patient, and reviewing previous results in chart
- Deflate cuff by 2mm Hg per second
- Identify systolic pressure and make mental note of number
- Identify diastolic pressure and make mental note of number
- Notify patient and instructor of blood pressure reading, must be within 2 mm Hg on systolic and diastolic numbers from instructor's reading, ask if the patient has any questions
- Remove cuff, return to storage in an organized manner
- Document in the medical record, including date, time, systolic and diastolic reading, arm, cuff size and body position

STUDENT VALUES OBTAINED: Blood Pressure: _____ mm Hg   REPEAT: _____ mm Hg

INSTRUCTOR VALUES OBTAINED: Blood Pressure: _____ mm Hg   REPEAT: _____ mm Hg

COMPETENCY TESTING SCORE: _____

INSTRUCTOR COMMENTS: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT):   _____

Portland Community College Medical Assisting Program

PAP COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique and patient communication in placing the patient into the lithotomy position, preparing a mayo stand with required supplies and answering competency questions asked by the testing instructor.

Student must achieve 3 or above on grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Appropriately helps patient into lithotomy position, achieves affective domain in patient-centered care, accurately prepares mayo stand, answers all competency questions correctly and completely
4	Demonstrates above average skill	Appropriately helps patient into lithotomy position, accurately prepares mayo stand, answers most competency questions correctly and completely, or misses one component of the above
3	Demonstrates acceptable skill level	Helps patient into lithotomy position, prepares mayo stand and answers competency questions, but may be missing component(s) deemed acceptable by the testing instructor
2	Demonstrates inadequate skills	Misses multiple components on patient positioning, mayo stand preparation and/or competency questions, more practice needed
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Place patient into lithotomy position
- Prepare mayo stand with required supplies:
    - Vinyl cover on mayo tray
    - Pap specimen collection instrument (cervical spatula & cervical brush –OR– cervical broom)
    - Liquid Pap specimen container (SurePath –OR– ThinPrep) with stand
    - Cervical speculum
    - Large cotton-tipped applicator
    - Water-based lubricant
    - Hemoccult card & developer
    - Gloves
    - Tissue
    - Lab requisition
    - Specimen transport bag
    - Light source (on tray or proximal)
    - Vinyl cover over top of mayo stand
    - Hemoccult envelope on person
- Answer Pap smear competency questions (see separate form)

INSTRUCTOR COMMENTS: _____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT):   _____

Portland Community College Medical Assisting Program

PAP COMPETENCY QUESTIONS

STUDENT NAME: _____ DATE: _____

See reverse side for Pap Competency document for student competency testing score.

What are the two components of the GYN exam?

Breast Exam

Pelvic Exam

What are the four components of the pelvic exam?

Visual inspection of external and internal genitalia

Collection of the Pap specimen

Bimanual exam

Vaginal rectal exam

What questions do you ask your patients prior to a Pap smear procedure, and why?

When was your last Pap?

Was it done at this office or somewhere else?

History of abnormal Pap?

Last menstrual period?

Contraception? (HRT, BCP, IUD, NuvaRing, etc.)

Based on age: hysterectomy?

Last mammogram?

Identify the following tools and explain what they are used for:

Cervical speculum

Cervical spatula

Cervical brush

Cervical broom

Large cotton-tipped applicator

Hemoccult card & developer

INSTRUCTOR COMMENTS:

_____

_____
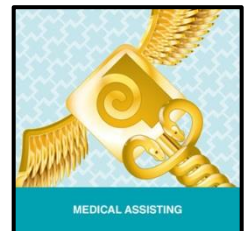
Portland Community College Medical Assisting Program

DISTANCE VISUAL ACUITY COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique and communication in screening patient for distance visual acuity using Snellen eye chart.

Student must achieve 3 or above on grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Obtains accurate DVA score, completes all steps, and achieves affective domain in patient-centered care
4	Demonstrates above average skill	Obtains accurate DVA score & completes all steps **OR** obtains accurate DVA score and achieves affective, but needs practice completing steps below
3	Demonstrates acceptable skill level	Obtains accurate DVA score, but needs practice completing steps
2	Demonstrates inadequate skills	Does not obtain accurate DVA score, improvement needed, repeat competency test
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Use isopropyl alcohol pad to cleanse occluder
- Explain procedure to the patient, give clear instructions on where to stand, how and where to properly hold occluder, which eye will be tested and in what order, and to not squint or close eyes that are not being tested
- Verify presence or absence of corrective lenses, ensuring that if they patient has corrective lenses, they are being worn during the test
- Prepare patient for procedure, ensure standing in correct spot (20 ft. away), holding occluder in front of eye not being tested
- Using the Snellen eye chart, ask patient to read lowest line they can read clearly, and continue to smaller letters until errors are made
- Make note of the smallest line read without errors, or the smallest line read with one error, and apply score to tested eye
- Have the patient switch eyes, repeat on opposite eye, then, repeat the test with both eyes, making note of scores for right eye (OD), left eye (OS), and both eyes (OU) as separate scores
- Upon completion, report results to patient, answer any questions they may have
- Document in the medical record, including date, time, values for OD, OS, OU, and if corrective lenses were used

INSTRUCTOR COMMENTS: _____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

CVD SCREENING ISHIHARA COMPETENCY

STUDENT NAME: _____ DATE: _____

Competency Objective: Demonstrates proper technique and communication in screening patient for color vision deficiencies using Ishihara book.

Student must achieve 3 or above on grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Obtains CVD score, completes all steps, and achieves affective domain in patient-centered care
4	Demonstrates above average skill	Obtains accurate CVD score & completes all steps **OR** obtains accurate CVD score and achieves affective domain, but needs practice completing steps below
3	Demonstrates acceptable skill level	Obtains accurate CVD score, but needs practice completing steps
2	Demonstrates inadequate skills	Does not obtain accurate CVD score, improvement needed, repeat competency test
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Prepare the patient, including instructing the patient to sit, explain color vision deficiency screening, what they will be looking at, how they should answer, and to not touch the Ishihara book
- Proceed with color vision deficiency screening by holding the book at eye level 14-16 inches away from the patients' face, making note of incorrect answers
- Upon completion, report results to patient, answer any questions they may have
- Document in the medical record, including date, time, Ishihara, and score out of 14 cards, making note of any incorrect answers and putting in brackets after score

INSTRUCTOR COMMENTS: _____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

MEDICAL ASSISTING

Portland Community College Medical Assisting Program

AUDIOMETRY COMPETENCY

STUDENT NAME: _____ DATE: _____

Competency Objective: Demonstrates proper technique in obtaining accurate audiogram values while giving appropriate direction to the patient.

Student must achieve 3 or above on grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Obtains accurate audiogram, completes all steps, achieves affective domain in patient-centered care
4	Demonstrates above average skill	Obtains accurate audiogram, completes all steps **OR** obtains accurate audiogram and achieves affective domain, but needs practice completing steps below
3	Demonstrates acceptable skill level	Obtains accurate audiogram, but needs practice completing all steps as below
2	Demonstrates inadequate skills	Does not obtain accurate audiogram, improvement needed, repeat competency test
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Use isopropyl alcohol pad to cleanse earphones
- Explain procedure to the patient, give clear instructions on what the patient may expect to hear, tapping on shoulder to signify beginning and end of procedure, instructing to raise hand when audible sounds are heard, ask if they have any questions
- Prepare patient for procedure, ensure patient seated comfortably, facing away from you and the audiometry machine, with red earphone over right ear and blue earphone over left ear
- Turn the audiometry machine on, set decibel and frequency levels to appropriate starting values
- Tap patient on the shoulder to indicate beginning of audiometry test
- Test patient's hearing by adjusting decibel and frequency levels, ensuring the patient has enough time between sounds to react and report if sound is heard
- Mark sounds heard with an "X", sounds unheard with an "O" on the audiogram
- Tap patient on the shoulder to indicate end of audiometry test
- Inform the patient of results, answer any questions the patient may have
- Document in the medical record, including date, time, "audiometry performed, see attached," and attach audiometry test to medical record

INSTRUCTOR COMMENTS: _____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

SPIROMETRY COMPETENCY

STUDENT NAME: _____ DATE: _____

Competency Objective: Demonstrates appropriate communication techniques and ability to properly and accurately administering spirometry test to patient.
Student must achieve 3 or higher on grading scale to pass competency test.
Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Obtains 3 acceptable and 2 reproducible FVC spirometry values, achieves affective domain in patient-centered care, and completes all steps as below
4	Demonstrates above average skill	Obtains 3 acceptable and 2 reproducible FVC spirometry values, completes all steps as below, but needs practice achieving affective domain in patient-centered care
3	Demonstrates acceptable skill level	Obtains 3 acceptable and 2 reproducible FVC spirometry values, has appropriate patient communication but needs additional practice completing step(s) as below, up to instructor discretion
2	Demonstrates inadequate skills	FVC values are inaccurate or unacceptable, patient communication needs improvement, and/or multiple steps need further practice
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Enter in all patient information into spirometry machine, verifying information with patient
- Explain pulse oximetry to the patient, obtain peripheral capillary oxygen saturation value using pulse oximeter
- Explain FVC spirometry procedure to the patient, including techniques on how to hold input device, where to place lips and teeth, body positioning, and how and when to expel air into tube, nothing in mouth during
- Ask if the patient has any questions, and answer questions if needed
- Prepare the patient for the procedure, including making a chair readily available behind them
- Begin spirometry test by initiating on spirometry device
- Communicate with patient to inhale as much air as possible, and when ready to expel air, place lips over tube and teeth into grooves and expel air as fast, hard and long as possible until the test administrator ends individual testing session
- Test administrator should be continuously communicating with the patient before, during and after each individual testing session, assimilating how accurate testing could be improved upon, and giving specific directions throughout the entire procedure
- Continue with individual testing sessions until 3 acceptable and 2 reproducible FVC spirometry values are obtained
- Print FVC spirometry test report, verifying report has complete documentation including patient full name and date of birth, date of the procedure, and test administrator name and credential

- Document in patient medical record including date, time, spO2 value, and "spirometry obtained, see attached."

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

ELECTROCARDIOGRAM COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates the ability to obtain an acceptable electrocardiograph tracing within **15 minutes**, with additional point available to be awarded by student patient reviewer (see reverse side).
Student must achieve 3 or higher on grading scale to pass competency test.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Obtains accurate ECG free from artifact, completes all steps as below and receives highest affective domain score from student patient
4	Demonstrates above average skill	Obtains accurate ECG free from artifact, completes all steps with no corrections needed
3	Demonstrates acceptable skill level	Obtains accurate ECG, but may have minor artifact, or may need minor correction on step(s) below per instructor discretion
2	Demonstrates inadequate skills	ECG contains major artifacts, may be missing or have error in one or more steps, and NP peer review score from student patient
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Turn on the ECG machine, and obtain supplies required to perform procedure
- Prepare patient for procedure (reviewed by student patient, see reverse side)
- Once the patient is changed and ready, inform the instructor of your intention to begin your competency testing, and note the time (**15 minutes**)
- Using isopropyl alcohol, cleanse areas of skin where electrodes will be placed
- Apply 10 electrodes to appropriate anatomical locations to obtain a quality ECG tracing
- Connect ECG leads to electrodes, ensuring main leads cable is not over individual lead wires
- Run the ECG, assess reading and print tracing with the following:
    - Absence of artifacts (somatic tremor, wandering baseline, a/c interference)
    - Number of complexes in each lead (2-3)
    - Lead I and Lead II not inverted
    - Neat and clean, without smudging or damage
- Properly label tracing, including date, time, patient full name and date of birth, technician's name and credentials
- Present the ECG tracing to the instructor, where time is noted as completion of the procedure
- Document in the medical record, including date, time, "ECG obtained, see attached."
- Clean ECG leads and wires with isopropyl alcohol, clean room, and put away ECG and supplies

TIME: START: _____FINISH: _____

INSTRUCTOR COMMENTS:

_____

_____

INSTRUCTOR COMPETENCY TESTING SCORE: _____

PEER REVIEWER TESTING SCORE: _____

FINAL COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT):   _____

Portland Community College Medical Assisting Program

ECG COMPETENCY PEER REVIEW FORM

DATE:_____

STUDENT PERFORMING COMPETENCY: _____

Peer Review Objective: Demonstrates the ability to competently and appropriately direct and communicate with patient during electrocardiography procedure, as reviewed by student patient.

GRADING SCALE		DEFINITION
1	Demonstrates above average skill with patient-centered communication	Achieves affective domain in patient-centered care by demonstrating excellent communication skills
0	Demonstrates acceptable skill in patient-centered communication	Appropriately communicates with patient, but additional practice may be needed to improve aspects of patient communication
NP	No pass; Inadequate patient communication	Does not adequately or appropriately communicate with patient Instructor intervention needed for further training & education

- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Explain procedure to the patient, answer any questions they may have
- Prepare patient for procedure, providing an appropriately-sized gown and explain to remove all clothing on upper body and metallic items, allowing privacy during changing process
- Instruct patient to lie in supine position, arms at side, legs uncrossed, and roll up any clothing that may be occluding lower legs or upper arms
- Keep patient covered and comfortable at all times, utilizing blankets, pillows as needed
- Instruct patient to rest quietly, remain still, and breathe normally during the procedure
- Maintain appropriate communication throughout procedure
- Instruct patient to remain supine while presenting ECG tracing to instructor
- Disconnect patient from ECG machine, offer to remove electrodes or invite patient to remove, and instruct patient to change back into normal clothes

REVIEWING STUDENT: _____

REVIEWER COMMENTS: _____

_____

STUDENT PEER SCORE: _____

Score awarded by reviewing student is added to ECG competency testing score on reverse side

Portland Community College Medical Assisting Program

PACKAGING FOR STERILIZATION COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique in packaging specific instruments for sterilization in sterilization pouches and autoclave paper.

Student must achieve 3 or higher on grading scale to pass competency test.

GRADING SCALE		DEFINITION
4	Demonstrates above average skill	Demonstrates ability to properly wrap and label packages in preparation for sterilization of specific instruments
3	Demonstrates acceptable skill level	Demonstrates ability to properly wrap and label packages in preparation for sterilization with minimal error per instructor discretion
2	Demonstrates inadequate skills	Major or multiple errors present, additional practice is needed
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Place the following instruments/supplies and sterilization indicators into individual sterilization pouches:
    - Hemostat (handle facing down)
    - Scissors (handle facing down)
    - Suture material (package containing swaged needle with thread)
    - Minimum of six 3"x3" gauze
- All instruments or supplies in sterilization pouches must be sealed and labeled with your name and the date
- Place the following instruments/supplies onto autoclave paper to create suture repair pack:
    - Needle holder
    - Iris scissor
    - Thumb forceps
    - Non-fenestrated drape
    - 3"x3" gauze
    - Sterilization indicator
- Use gauze to place between instruments to avoid damage, and fold edges of autoclave paper to neatly and tightly package suture repair pack
- Label the pack with your name, date, and instruments inside, written on autoclave tape sealing the package shut
- Organize packaged instruments and present to instructor to begin competency testing, which is immediately followed by sterile tray competency testing

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

STERILE TRAY COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique in opening sterile packs and placing sterile instruments and supplies onto mayo stand without compromising sterile field.

Student must achieve 3 or higher on grading scale to pass competency test.

GRADING SCALE		DEFINITION
4	Demonstrates above average skill	Demonstrates proper technique in placing instruments and supplies onto mayo stand without compromising sterile field
3	Demonstrates acceptable skill level	Demonstrates proper technique in placing instruments and supplies onto mayo stand, with very minimal error per instructor discretion
2	Demonstrates inadequate skills	Sterility is compromised, additional practice is needed
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Select non-fenestrated sterile drape, properly open and remove drape from packaging, touching only the very outer edges, and drape over mayo stand without compromising sterile field
- Without reaching over or touching the sterile field, properly open the following autoclave pouches and place the items onto the mayo stand:
    - Hemostat
    - Scissors
    - Suture material (package containing swaged needle with thread)
    - 3"x3" gauze
- Properly open the suture repair pack and individually remove the following instruments/supplies with transfer forceps and place the items onto the mayo stand
    - Needle holder
    - Iris scissors
    - Thumb forceps
    - Non-fenestrated drape
    - 3"x3" gauze
- While avoiding contamination, use transfer forceps to shift items on the mayo stand to improve visibility of instruments
- Select an additional non-fenestrated sterile drape, properly open and remove drape from packaging, touching only the very outer edges, and drape over mayo stand to cover instruments/supplies without compromising sterile field

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

STERILE GLOVING COMPETENCY

STUDENT NAME: _____ DATE: _____

Competency Objective: Demonstrates proper technique in putting on sterile gloves using sterile technique within **one minute.**

Student must achieve 3 or higher on grading scale to pass competency test.

GRADING SCALE		DEFINITION
4	Demonstrates above average skill	Demonstrates proper technique in donning sterile gloves, sterility is maintained throughout, appears practiced with confidence
3	Demonstrates acceptable skill level	Demonstrates adequate technique in donning sterile gloves, sterility is maintained throughout
2	Demonstrates inadequate skills	Sterility is compromised, additional practice is needed
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Open sterile glove packaging, using one-inch border of paper packaging, open to reveal sterile gloves
- Do not touch outside of sterile gloves to any non-sterile surface throughout
- Grasp the inside lining of the folded cuff (non-sterile) of a glove with non-dominant hand while moving fingers on dominant hand inside the glove, pull the glove onto your dominant hand with the non-dominant hand
- With your sterile-gloved dominant hand, place your fingers underneath the folded cuff (sterile) of the other glove, ensuring you are touching the outer portion of the glove- do not touch sterile-gloved fingers to the inside lining of the folded cuff
- With your non-dominant hand, push fingers into second glove while producing a wider opening into that glove with your sterile-gloved dominant hand
- Push non-dominant hand into second glove while using your sterile-gloved dominant hand to adjust on the outside glove surfaces only
- Make final adjustments for smoothness and comfort, ensuring sterility is maintained

TIME: START: _____FINISH: _____

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

DRESSINGS & BANDAGES COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique in applying dressings and bandages to student patient in accordance with descriptors below, answers questions asked by instructor pertaining directly to injury care skills demonstrated, and answers all dressings & bandages competency questions (see reverse side).
Student must achieve 3 or above on grading scale to pass competency test.

GRADING SCALE		DEFINITION
4	Demonstrates above average skill	Appropriately dresses and bandages patient as instructed, and answers all competency questions correctly
3	Demonstrates acceptable skill level	Dresses and bandages patient and answers competency questions, but may have errors deemed acceptable per instructor discretion
2	Demonstrates inadequate skills	Inadequate dressing & bandaging skills demonstrated, or multiple competency questions answered incorrectly
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Perform the following tasks **prior** to beginning competency testing:
  - Using an ACE wrap, apply a "figure 8" wrap to your patient's left ankle (sprain)
  - Place your patient's right foot into a DME walking boot
  - Using an ACE wrap, apply a "figure 8" wrap to your patient's right wrist (sprain)
  - Cover an abrasion on your patient's right arm with a sterile dressing and, using a Kling wrap, apply a "spiral" wrap to the wound area
  - Place your patient's right arm into a sling
  - Using tube gauze and a finger cage, apply a finger dressing to your patient's left index finger (repaired laceration)
  - Verify date of your patient's last Tdap immunization
- Inform your instructor that you are ready to begin competency testing
- Answer instructor questions directly pertaining to injury care skills demonstrated
- Remove dressings/bandages/equipment from patient as directed by instructor
- Answer dressings & bandages competency questions (see reverse side)

INSTRUCTOR COMMENTS: _____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT):   _____

Portland Community College Medical Assisting Program

DRESSINGS & BANDAGES COMPETENCY QUESTIONS

STUDENT NAME: _____   DATE: _____

See reverse side for Dressings & Bandages competency document for student competency testing score

What are the 3 stages of wound healing?

    Inflammation phase

    Granulation/Proliferation phase

    Maturation phase

What are the 4 signs & symptoms of inflammation?

    Redness

    Swelling

    Heat

    Pain

What does the acronym RICE stand for?

    Rest

    Ice – describe what happens to blood vessels when applying cold

    Compression

    Elevation – injured area above heart

What are the 3 main types of exudate? Describe them.

    Serous

    Sanguineous

    Purulent

INSTRUCTOR COMMENTS:

    _____

    _____
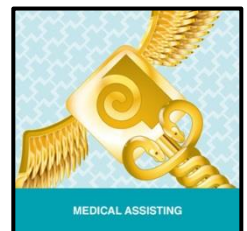
Portland Community College Medical Assisting Program

DRAWING UP FOR IM INJECTION COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique in accurately drawing up medication for an intramuscular (IM) injection into the deltoid site. This competency will be immediately followed by IM injection administration competency.

Student must achieve 3 or above in grading scale to pass competency test.

GRADING SCALE		DEFINITION
4	Demonstrates above average skill	Accurately draws up medication while utilizing proper technique and maintaing sterility
3	Demonstrates acceptable skill level	Accurately draws up medication, but may have errors in technique deemed acceptable per instructor discretion
2	Demonstrates inadequate skills	Inaccurate amount of medication drawn up, or multiple errors in technique demonstrated
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Wash hands
- Obtain prescription order from instructor, and obtain corresponding vial of medication, checking label (first time)
- Gather the following supplies, and place them on a sanitized tray:
  - 23g, 1" needle
  - 3cc syringe
  - Two Isopropyl alcohol pads
  - Cotton ball
  - Bandage
- Using the amount/volume of medication and the prescription order, calculate the medication volume needed for procedure
- Use an isopropyl alcohol pad to cleanse the top of the medication vial, documenting label and expiration date (second time)
- Assemble needle and syringe, maintaining sterility
- Using the plunger, draw the same volume of air into the syringe that you will need for the prescription
- While keeping the medication vial on the tray and standing upright, insert the needle into the top of the vial, and inject the air in the syringe into the vial
- Elevate the syringe and vial to eye level, draw back on plunger to take in more medication than needed
- Tap syringe to remove air bubbles, depress plunger until accurate prescription volume amount is in the syringe, and give final check that there are no air bubbles present in syringe
- Remove the needle from the vial, and recap the needle using one-hand re-cap technique
- Check label and expiration date one final time before placing medication vial back into cabinet (third time)
- Present the needle/syringe containing prescription to instructor for verification

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

ADMINSTERING IM INJECTION COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper and safe technique in administering medication injection via intramuscular (IM) route.

Student must achieve 3 or above in grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Uses safe and proper technique in administering medication via IM injection, completes all steps as below, and achieves affective domain in patient-centered care
4	Demonstrates above average skill	Uses safe/proper technique in performing IM injection and completes all steps OR uses safe/proper technique and achieves affective domain in patient care but may need practice on a step outlined below
3	Demonstrates acceptable skill level	Uses safe/proper technique in performing IM injection but may need additional practice in some steps as below
2	Demonstrates inadequate skills	Does not perform IM injection in safe or proper manner, or many steps outlined below need significant practice
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Explain procedure to the patient, ask them what questions they have regarding the procedure, and ask if they have an arm preference
- Prepare patient for procedure, including having upper arm completely exposed, identifying deltoid muscle and acromion process, cleanse site with isopropyl alcohol pad, and having patient relax arm muscles
- Don gloves, have cotton ball readily available, and ensure biohazard sharps container within easy reach
- Pick up needle/syringe containing prepared prescription, ensure absence of air bubbles in medication, and remove cap from needle
- Position yourself in front of and at the same level of intended injection site, and place non-dominant hand over acromion process of intended arm
- Hold syringe in your dominant hand, at a 90 degree angle to the skin in the center of the deltoid muscle
- Ask the patient if they would like a warning, and adhere to their request
- Insert needle to the hub into the injection site in a swift motion
- Remove your non-dominant hand from the acromion process and depress the plunger on the syringe at a rate of approximately 1ml per second, injecting the entire amount of medication
- Quickly remove the needle at the same angle of insertion, active the needle safety guard and deposit entire syringe/needle unit into biohazard sharps container
- Use a cotton ball to cleanse the injection site if needed, and cover site with bandage
- Verify patient's status while checking injection site and placing bandage over the site, discarding the used cotton ball into a waste receptacle

- Let the patient know injection site may ache for 24-48 hours, but if excessive pain, fever, swelling or otherwise notable reaction or change to contact office immediately
- Document medication injection in medical record including date, time, medication name and prescription dose injected, medication lot number and expiration date, "given" medication volume, route administered and injection site

INSTRUCTOR COMMENTS:

_____

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

DRAWING UP FOR SQ INJECTION COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique in accurately drawing up medication for a subcutaneous (SQ) injection into the posterior upper arm. This competency will be immediately followed by SQ injection administration competency.

Student must achieve 3 or above in grading scale to pass competency test

GRADING SCALE		DEFINITION
4	Demonstrates above average skill	Accurately draws up medication while utilizing proper technique and maintaing sterility
3	Demonstrates acceptable skill level	Accurately draws up medication, but may have errors in technique deemed acceptable per instructor discretion
2	Demonstrates inadequate skills	Inaccurate amount of medication drawn up, or multiple errors in technique demonstrated
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Wash hands
- Obtain prescription order from instructor, and obtain corresponding vial of medication, checking label (first time)
- Gather the following supplies, and place them on a sanitized tray:
  - 25g, 5/8" needle
  - 3cc syringe
  - Two Isopropyl alcohol pads
  - Cotton ball
  - Bandage
- Using the amount/volume of medication and the prescription order, calculate the medication volume needed for procedure
- Use an isopropyl alcohol pad to cleanse the top of the medication vial, documenting label and expiration date (second time)
- Assemble needle and syringe, maintaining sterility
- Using the plunger, draw the same volume of air into the syringe that you will need for the prescription
- While keeping the medication vial on the tray and standing upright, insert the needle into the top of the vial, and inject the air in the syringe into the vial
- Elevate the syringe and vial to eye level, draw back on plunger to take in more medication than needed
- Tap syringe to remove air bubbles, depress plunger until accurate prescription volume amount is in the syringe, and give final check that there are no air bubbles present in syringe
- Remove the needle from the vial, and recap the needle using one-hand re-cap technique
- Check label and expiration date one final time before placing medication vial back into cabinet (third time)
- Present the needle/syringe containing prescription to instructor for verification

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT):   _____

Portland Community College Medical Assisting Program

ADMINISTERING SQ INJECTION COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper and safe technique in administering medication injection via subcutaneous (SQ) route.

Student must achieve 3 or above in grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Uses safe and proper technique in administering medication via SQ injection, completes all steps as below, and achieves affective domain in patient-centered care
4	Demonstrates above average skill	Uses safe/proper technique in performing SQ injection and completes all steps OR uses safe/proper technique and achieves affective domain in patient care but may need practice on a step outlined below
3	Demonstrates acceptable skill level	Uses safe/proper technique in performing SQ injection but may need additional practice in some steps as below
2	Demonstrates inadequate skills	Does not perform SQ injection in safe or proper manner, or many steps outlined below need significant practice
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Explain procedure to the patient, ask them what questions they have regarding the procedure, and ask if they have an arm preference
- Prepare patient for procedure, exposing posterior upper arm and identify intended SQ injection site, cleanse site with isopropyl alcohol pad, and having patient relax arm
- Don gloves, have cotton ball readily available, and ensure biohazard sharps container within easy reach
- Pick up needle/syringe containing prepared prescription, ensure absence of air bubbles in medication, and remove cap from needle
- Position yourself behind the patient and at the same level of intended injection site, and use non-dominant hand to bunch subcutaneous tissue
- With your dominant hand, grasp the syringe between the pads of your fingers and the pad of your thumb, and align needle to a 45 degree angle to the lower end of bunched tissue as the intended injection site
- Ask the patient if they would like a warning, and adhere to their request
- Insert needle to the hub into the injection site in a swift motion
- Remove your non-dominant hand from the patients arm and depress the plunger on the syringe at a rate of approximately 1ml per second, injecting the entire amount of medication
- Quickly remove the needle at the same angle of insertion, active the needle safety guard and deposit entire syringe/needle unit into biohazard sharps container
- Use a cotton ball to cleanse the injection site if needed, and cover site with bandage

- Verify patient's status while checking injection site and placing bandage over the site, discarding the used cotton ball into a waste receptacle
- Let the patient know injection site may ache for 24-48 hours, but if fever, swelling, prolonged pain or otherwise notable reaction or change to contact office immediately
- Document medication injection in medical record including date, time, medication name and prescription dose injected, medication lot number and expiration date, "given" medication volume, route and injection site

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

DRAWING UP FOR PPD INJECTION COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper technique in accurately drawing up PPD for an intradermal (SQ) injection into the anterior forearm. This competency will be immediately followed by PPD placement via ID injection competency.

Student must achieve 3 or above in grading scale to pass competency test.

GRADING SCALE		DEFINITION
4	Demonstrates above average skill	Accurately draws up medication while utilizing proper technique and maintaing sterility
3	Demonstrates acceptable skill level	Accurately draws up medication, but may have errors in technique deemed acceptable per instructor discretion
2	Demonstrates inadequate skills	Inaccurate amount of medication drawn up, or multiple errors in technique demonstrated
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Wash hands
- Obtain verbal order for purified protein derivative (PPD) placement for a tuberculosis skin test from instructor, and obtain corresponding PPD vial, checking label (first time)
- Gather the following supplies, and place them on a sanitized tray:
  - 27g, 1/2" needle
  - 1cc syringe
  - Two Isopropyl alcohol pads
  - Cotton ball
- Use an isopropyl alcohol pad to cleanse the top of the PPD vial, and document label and expiration date (second time)
- Assemble needle and syringe, maintaining sterility
- Using the plunger, draw 0.1mL of air into the syringe
- While keeping the PPD vial on the tray and standing upright, insert the needle into the top of the vial, and inject the air in the syringe into the vial
- Elevate the syringe and vial to eye level, draw back on plunger to take in more than 0.1mL of PPD
- Tap syringe to remove air bubbles, depress plunger until 0.1mL of PPD is in the syringe, and give final check that there are no air bubbles present in syringe
- Remove the needle from the vial, and recap the needle using one-hand re-cap technique
- Check label and expiration date one final time before placing PPD vial back into cabinet (third time)
- Present the needle/syringe containing PPD to instructor for verification

INSTRUCTOR COMMENTS:

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

Portland Community College Medical Assisting Program

ID INJECTION FOR PPD PLACEMENT COMPETENCY

STUDENT NAME: _____   DATE: _____

Competency Objective: Demonstrates proper and safe technique in administering medication injection via intradermal (ID) route.

Student must achieve 3 or above in grading scale to pass competency test.

Student is eligible to be awarded patient-centered care point. For further direction, see front pages of this book.

GRADING SCALE		DEFINITION
5	Demonstrates above average skill with patient-centered communication	Uses safe and proper technique in administering medication via ID injection, completes all steps as below, and achieves affective domain in patient-centered care
4	Demonstrates above average skill	Uses safe/proper technique in performing ID injection and completes all steps OR uses safe/proper technique and achieves affective domain in patient care but may need practice on a step outlined below
3	Demonstrates acceptable skill level	Uses safe/proper technique in performing ID injection but may need additional practice in some steps as below
2	Demonstrates inadequate skills	Does not perform ID injection in safe or proper manner, or many steps outlined below need significant practice
1	Inadequate skill level to perform task	Instructor intervention needed for further training & education

- Introduce yourself to the patient
- Verify patient using two patient identifiers (full name and date of birth), confirm correct medical record
- Perform hand hygiene (wash hands with soap and water or alcohol-based hand sanitizer)
- Explain procedure to the patient, be sure they understand the need to return for result reading within 48-72 hours, ask them what questions they have regarding the procedure
- Prepare patient for procedure, including having them in a seated position with anterior forearm exposed, identifying appropriate site away from hairline or lesion, and cleanse site with isopropyl alcohol pad
- Don gloves, and ensure biohazard sharps container within easy reach
- Pick up syringe containing purified protein derivative (PPD), ensure absence of air bubbles in medication, and remove cap from needle
- Position yourself in front of the patient, place non-dominant hand's index finger and thumb on either side of intended injection site, and create tautness in skin for smoother needle insertion
- Hold syringe at a 10-15 degree angle to the skin, ensuring bevel is facing upward
- Ask the patient if they would like a warning, and adhere to their request
- Smoothly insert needle until the bevel has disappeared beneath the skin
- Remove your non-dominant hand from the patient's forearm and depress the plunger very slowly, ensuring wheal formation in patient's dermal layer of skin
- After PPD has been administered, remove the needle at the same angle of insertion, active the needle safety guard on a nearby hard surface and deposit entire syringe/needle unit into biohazard sharps container
- Measure the wheal, ensuring it is at least 6mm in diameter

- Ensure the patient has understanding to not touch or attempt to manipulate the wheal under their skin, and that it should be allowed to absorb without interference
- Document PPD placement in medical record including date, time, PPD placement with lot number and expiration date, "given" medication volume, route administered and injection site

INSTRUCTOR COMMENTS:

_____

_____

COMPETENCY TESTING SCORE: _____

INSTRUCTOR SIGNATURE: _____

INSTRUCTOR NAME (PRINT): _____

CAAHEP Skills Evaluation Form

Portland Community College

Medical Assisting Program

Portland Community College

705 N. Killingsworth St. Portland, OR 97217

Name of Student Being Evaluated: _____

Clinical Site: _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Indicate in the appropriate box the student's level of competency, if applicable, or access to the specific task. Anything marked at "needs work" – please provide written comments on the last page.

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
I Anatomy & Physiology				
I.P.1. Measure and record:				
a. blood pressure				
b. temperature				
c. pulse				
d. respirations				
e. height				
f. weight				
g. length (infant)				
h. head circumference (infant)				
i. pulse oximetry				
I.P.2. Perform:				
a. electrocardiography				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
b. venipuncture				
c. capillary puncture				
d. pulmonary function testing				
I.P.3. Perform patient screening using established protocols				
I.P.4. Verify the rules of medication administration:				
a. right patient				
b. right medication				
c. right dose				
d. right route				
e. right time				
f. right documentation				
I.P.5. Select proper sites for administering parenteral medication				
I.P.6. Administer oral medications				
I.P.7. Administer parenteral (excluding IV) medications				
I.P.8. Instruct and prepare a patient for a procedure or a treatment				
I.P.9. Assist provider with a patient exam				
I.P.10. Perform a quality control measure				
I.P.11. Obtain specimens and perform:				
a. CLIA waived hematology test				
b. CLIA waived chemistry test				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
c. CLIA waived urinalysis				
d. CLIA waived immunology test				
e. CLIA waived microbiology test				
I.P.12. Produce up-to-date documentation of provider/professional level CPR				
I.P.13. Perform first aid procedures for:				
a. bleeding				
b. diabetic coma or insulin shock				
c. fractures				
d. seizures				
e. shock				
f. syncope				
I.A.1. Incorporate critical thinking skills when performing patient assessment				
I.A.2. Incorporate critical thinking skills when performing patient care				
I.A.3. Show awareness of a patient's concerns related to the procedure being performed				
II Applied Mathematics				
II.P.1. Calculate proper dosages of medication for administration				
II.P.2. Differentiate between normal and abnormal test results				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
II.P.3. Maintain lab test results using flow sheets				
II.P.4. Document on a growth chart				
II.A.1. Reassure a patient of the accuracy of the test results				
III Infection Control				
III.P.1. Participate in bloodborne pathogen training				
III.P.2. Select appropriate barrier/personal protective equipment (PPE)				
III.P.3. Perform handwashing				
III.P.4. Prepare items for autoclaving				
III.P.5. Perform sterilization procedures				
III.P.6. Prepare a sterile field				
III.P.7. Perform within a sterile field				
III.P.8. Perform wound care				
III.P.9. Perform dressing change				
III.P.10. Demonstrate proper disposal of biohazardous material				
a. sharps				
b. regulated wastes				
III.A.1. Recognize the implications for failure to comply with Center for Disease Control (CDC) regulations in healthcare settings				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
IV Nutrition				
IV.P.1. Instruct a patient according to patient's special dietary needs				
IV.A.1. Show awareness of patient's concerns regarding a dietary change				
V Concepts of Effective Communication				
V.P.1. Use feedback techniques to obtain patient information including:				
a. reflection				
b. restatement				
c. clarification				
V.P.2. Respond to nonverbal communication				
V.P.3. Use medical terminology correctly and pronounced accurately to communicate information to providers and patients				
V.P.4. Coach patients regarding:				
a. office policies				
b. health maintenance				
c. disease prevention				
d. treatment plan				
V.P.5. Coach patients appropriately considering:				
a. cultural diversity				
b. developmental life stage				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
c. communication barriers				
V.P.6. Demonstrate professional telephone techniques				
V.P.7. Document telephone messages accurately				
V.P.8. Compose professional correspondence utilizing electronic technology				
V.P.9. Develop a current list of community resources related to patients' healthcare needs				
V.P.10. Facilitate referrals to community resources in the role of a patient navigator				
V.P.11. Report relevant information concisely and accurately				
V.A.1. Demonstrate:				
a. empathy				
b. active listening				
c. nonverbal communication				
V.A.2. Demonstrate the principles of self-boundaries				
V.A.3. Demonstrate respect for individual diversity including:				
a. gender				
b. race				
c. religion				
d. age				
e. economic status				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
f. appearance				
V.A.4. Explain to a patient the rationale for performance of a procedure				
VI Administrative Functions				
VI.P.1. Manage appointment schedule using established priorities				
VI.P.2. Schedule a patient procedure				
VI.P.3. Create a patient's medical record				
VI.P.4. Organize a patient's medical record				
VI.P.5. File patient medical records				
VI.P.6. Utilize an EMR				
VI.P.7. Input patient data utilizing a practice management system				
VI.P.8. Perform routine maintenance of administrative or clinical equipment				
VI.P.9. Perform an inventory with documentation				
VI.A.1. Display sensitivity when managing appointments				
VII Basic Practice Finances				
VII.P.1. Perform accounts receivable procedures to patient accounts including posting:				
a. charges				
b. payments				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
c. adjustments				
VII.P.2. Prepare a bank deposit				
VII.P.3. Obtain accurate patient billing information				
VII.P.4. Inform a patient of financial obligations for services rendered				
VII.A.1. Demonstrate professionalism when discussing patient's billing record				
VII.A.2. Display sensitivity when requesting payment for services rendered				
VIII Third Party Reimbursement				
VIII.P.1. Interpret information on an insurance card				
VIII.P.2. Verify eligibility for services including documentation				
VIII.P.3. Obtain precertification or preauthorization including documentation				
VIII.P.4. Complete an insurance claim form				
VIII.A.1. Interact professionally with third party representatives				
VIII.A.2. Display tactful behavior when communicating with medical providers regarding third party requirements				
VIII.A.3. Show sensitivity when communicating with patients regarding third party requirements				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
IX Procedural and Diagnostic Coding				
IX.P.1. Perform procedural coding				
IX.P.2. Perform diagnostic coding				
IX.P.3. Utilize medical necessity guidelines				
IX.A.1. Utilize tactful communication skills with medical providers to ensure accurate code selection				
X Legal Implications				
X.P.1. Locate a state's legal scope of practice for medical assistants				
X.P.2. Apply HIPAA rules in regard to:				
a. privacy				
b. release of information				
X.P.3. Document patient care accurately in the medical record				
X.P.4. Apply the Patient's Bill of Rights as it relates to:				
a. choice of treatment				
b. consent for treatment				
c. refusal of treatment				
X.P.5. Perform compliance reporting based on public health statutes				
X.P.6. Report an illegal activity in the healthcare setting following proper protocol				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
X.P.7. Complete an incident report related to an error in patient care				
X.A.1. Demonstrate sensitivity to patient rights				
X.A.2. Protect the integrity of the medical record				
XI Ethical Considerations				
XI.P.1. Develop a plan for separation of personal and professional ethics				
XI.P.2. Demonstrate appropriate response(s) to ethical issues				
XI.A.1. Recognize the impact personal ethics and morals have on the delivery of healthcare				
XII Protective Practices				
XII.1. Comply with:				
a. safety signs				
b. symbols				
c. labels				
XII.2. Demonstrate proper use of:				
a. eyewash equipment				
b. fire extinguishers				
c. sharps disposal containers				
XII.3. Use proper body mechanics				
XII.4. Participate in a mock exposure				

Psychomotor & Affective Competencies	Competent	Needs Work (provide comment on last page)	Was able to observe	Not Available at this site
event with documentation of specific steps				
XII.5. Evaluate the work environment to identify unsafe working conditions				
XII.A.1. Recognize the physical and emotional effects on persons involved in an emergency situation				
XII.A.2. Demonstrate self-awareness in responding to an emergency situation				

Additional Comments

If you marked **"needs works"** on the evaluation, please provide additional comments in this section:

What type of administrative duties did the student perform? What type of administrative duties did the student observe?

What type of clinical duties did the student perform? What type of clinical duties did the student observe?

Did the student receive any additional clinic specific training during his or her externship? If yes, please describe:

Student *strengths* (please list at least two):

Student *areas of improvement* (please list at least two): If you marked "needs improvement"

Please sign the last page and return it to the clinical coordinator.

Signatures are required:

Signature of individual completing this evaluation _____

Credentials &Title _____   Date _____

Signature of individual completing this evaluation _____

Credentials &Title _____   Date _____

Signature of individual completing this evaluation _____

Credentials &Title _____   Date _____

Additional feedback on student and or program:

_____

_____

_____

_____

Return completed form to: Virginia Chambers CMA (AAMA) MHA, Clinical Coordinator & Program Director
Fax: 971-722-5299 or email: Virginia.chambers@pcc.edu
Questions: call 971-722-2544

Clinical Practicum Softskills Evaluation

Portland Community College Medical Assisting Program
Softskills Performance Evaluation

Student Name: _____   Date: _____

Please complete the following evaluation:
1. After the student has successfully completed **week 2**
2. During the **last week** of clinical practicum

Feedback is essential for professional growth and learning.

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

_____   Listens with empathy
_____   Understands personal boundaries of self and others
_____   Treats others with dignity and respect
_____   Communicates in an open and honest manner
_____   Uses appropriate verbal and non-verbal behavior
_____   Does not perpetuate personality conflicts
_____   Works collaboratively as a team member
_____   Provides support for other people and team members
_____   Takes initiative to complete tasks
_____   Demonstrates good problem solving skills
_____   Quickly analyzes situation and takes definitive action to resolve problems and move towards achieving goals or tasks
_____   Behaves in an appropriate and courteous manner at all times
_____   Does not gossip nor criticize others publicly
_____   Maintains a positive and professional attitude at all times

Additional comments: _____

_____

Clinical Practicum Site: _____ Phone: _____

This form was completed by: _____

Please fax completed form to: 971-722-5299, Attention Virginia Chambers

Classroom Behavioral Assessment

Portland Community College Medical Assisting Program

Classroom Behavioral Assessment

Student: _____   **FIRST TERM ASSESSMENT**

Date: _____

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

NA	Not Applicable	3	Meets Expectations
1	Inadequate – Immediate Attention is Needed	4	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)					
1a. Listens actively and with empathy. (Does not interrupt)	NA	1	2	3	4	5
1b. Seeks to understand rather than to advocate for his/her own ideas.	NA	1	2	3	4	5
1c. 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
1d. 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	5
2c. Uses appropriate non-verbal behavior, including monitoring appropriate personal space, gestures and facial expressions. (Does not engage in crosstalk or side bar conversations)	NA	1	2	3	4	5
2d. Verbal and non-nonverbal behaviors are consistent with each other.	NA	1	2	3	4	5
2e. Uses appropriate professional language.	NA	1	2	3	4	5
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:						

4.) Problem Solving	**Rating:** (Circle appropriate rating)					
4a. Good problem solving skills. Able to think creatively and find different ways to accomplish tasks. Does not get stuck in old ways of doing things.	NA	1	2	3	4	5
	NA	1	2	3	4	5
4b. Quickly analyzes situations and takes definitive action to resolve problems and move toward achieving goals or tasks.	NA	1	2	3	4	5
4c. Adheres to syllabus guidelines and instructions.	NA	1	2	3	4	5
4d. Seeks advising and information from faculty during office hours.	NA	1	2	3	4	5
4e. If needed, seeks other assistance for personal issues that are causing the student academic difficulty.						
Comments:						

5.) Attendance	**Rating:** (Circle appropriate rating)					
5a. Attends required classes. (Arrives on time and does not leave early)	NA	1	2	3	4	5
5b. Promptness and attendance at practicum site. (if applicable)	NA	1	2	3	4	5
5c. Keeps scheduled meetings with instructor, class members, and class groups.	NA	1	2	3	4	5
	NA	1	2	3	4	5
5d. Completely adheres to individual course syllabi attendance policies.						
Comments:						

6.) Appropriate Behavior	**Rating:** (Circle appropriate rating)
6a. Behaves in an appropriate and courteous manner at all times.	NA 1 2 3 4 5
6b. Uses appropriate language. Does not gossip nor criticize others publicly.	NA 1 2 3 4 5
6c. Contributes to the positive development and strengthening of the learning environment.	NA 1 2 3 4 5
6d. Does not disrupt class upon arrival or upon leaving.	NA 1 2 3 4 5
6e. Respects classroom environment. (Does not disrupt with eating, electronic devices, talking to others, etc.)	NA 1 2 3 4 5
6f. Maintains a positive and enthusiastic attitude about learning.	NA 1 2 3 4 5
6g. Is dressed and groomed appropriately for the learning environment.	NA 1 2 3 4 5
6h. Maintains appropriate personal hygiene.	NA 1 2 3 4 5

Comments:

Overall Comments:

Virginia Chambers, CMA (AAMA), BS, MHA

Program Director and Clinical Coordinator
P: 971-722-2544 | Virginia.chambers@pcc.edu

Graduate Survey

<u>GRADUATE</u> SURVEY - Portland Community College - Medical Assisting Program

The primary goal of a Medical Assisting Education program is to prepare each graduate to function as a competent Medical Assistant. This survey is designed to help program faculty determine their program's strengths and those areas that need improvement. All data will be kept confidential and will be used for program evaluation purposes only.

BACKGROUND INFORMATION:

Job Title: _____ If not working, what are you doing? _____

Current Salary (optional): _____

Place of employment: _____

Length of employment at time of survey: _____ years and/or _____ months

Name of graduate (Optional): _____

Certification/Registration Status (*check all that apply*):   _____ CMA (AAMA)   __ RMA (AMT)
                                                                                         _____ NCMA (NCCT)   _____ CCMA (NHA)

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.
5 = Strongly Agree   4 = Agree   3 = Neutral (acceptable)   2 = Disagree   1 = Strongly Disagree

---

Cognitive Domain:

The program:

1. Helped me to acquire the medical assisting knowledge appropriate to my level of training.   5   4   3   2   1

2. Prepared and encouraged me to apply for and pass my professional credentialing exam.   5   4   3   2   1

Psychomotor Domain:

The program:

3. Prepared me to collect patient data effectively.   5   4   3   2   1
4. Prepared me to perform appropriate diagnostic and medical procedures.   5   4   3   2   1
5. Prepared me to use sound judgment for functioning in the healthcare setting.   5   4   3   2   1
6. Prepared me to perform all clinical skills appropriate to entry level medical assisting.   5   4   3   2   1
7. Prepared me to perform all administrative skills appropriate to entry level medical assisting.   5   4   3   2   1

Affective Domain:

The program:

8. Prepared me to communicate effectively in the healthcare setting.   5   4   3   2   1
9. Prepared me to conduct myself in an ethical and professional manner.   5   4   3   2   1
10. Prepared me to manage my time efficiently while functioning in the healthcare setting.   5   4   3   2   1
11. OVERALL, the program prepared me very well to do entry-level medical assisting work.   5   4   3   2   1

Employer Survey

EMPLOYER SURVEY Portland Community College Medical Assisting Program

The primary goal of a Medical Assisting Education program is to prepare each graduate to function as a competent Medical Assistant. This survey is designed to help program faculty determine their program's strengths and those areas that need improvement. All data will be kept confidential and will be used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor.

Name of Graduate (Optional): _____

Length of employment at time of survey: _____ years and _____ months

Place of employment: _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.
5 = Strongly Agree   4 = Agree   3 = Neutral (acceptable)   2 = Disagree   1 = Strongly Disagree

---

Cognitive Domain: **The graduate:**					
1. Has medical assisting knowledge appropriate to his/her level of training.	5	4	3	2	1
Psychomotor Domain: **The graduate:**					
2. Is able to collect pertinent data accurately from charts and patients.	5	4	3	2	1
3. Is able to perform appropriate diagnostic and medical procedures as directed.	5	4	3	2	1
Affective Domain: **The graduate:**					
4. Uses good judgment while functioning in the ambulatory healthcare setting.	5	4	3	2	1
5. Communicates effectively in the healthcare setting.	5	4	3	2	1
6. Conducts himself/herself in an ethical and professional manner.	5	4	3	2	1
7. Functions effectively as a member of the healthcare team.	5	4	3	2	1
8. Accepts supervision and works effectively with supervisory personnel.	5	4	3	2	1
9. Is self-directed and responsible for his/her actions.	5	4	3	2	1
10. Arrives to work prepared and on time.	5	4	3	2	1
11. Contributes to a positive environment in the department.	5	4	3	2	1
12. Overall, this graduate is a well-prepared employee?	5	4	3	2	1

Comments:

What qualities or skills did you expect of the graduate upon employment that he/she _did not_ possess?

Please provide comments and suggestions that would help this program to better prepare future graduates.

What are the strengths of the graduate(s) of this program?

APPENDIX C

CAAHEP Standards and Guidelines for Accreditation

Appendix B

Core Curriculum for Medical Assistants
Medical Assisting Education Review Board (MAERB)
2015 Curriculum Requirements

Individuals graduating from Medical Assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) must demonstrate knowledge of the subject matters required for competence in the profession. They must incorporate the cognitive (C) knowledge in performance of the psychomotor (P) and affective (A) competencies required in the following academic subjects.

FOUNDATIONS FOR CLINICAL PRACTICE
CONTENT AREA I-IV

CONTENT AREA I: Anatomy & Physiology		
Cognitive (Knowledge) **I.C Anatomy & Physiology**	**Psychomotor (Skills)** **I.P Anatomy & Physiology**	**Affective (Behavior)** **I.A Anatomy & Physiology**

1. Describe structural organization of the human body
2. Identify body systems
3. Describe:
  a. body planes
  b. directional terms
  c. quadrants
  d. body cavities
4. List major organs in each body system
5. Identify the anatomical location of major organs in each body system
6. Compare structure and function of the human body across the life span
7. Describe the normal function of each body system
	1. Measure and record:
	  a. blood pressure
	  b. temperature
	  c. pulse
	  d. respirations
	  e. height
	  f. weight
	  g. length (infant)
	  h. head circumference (infant)
	  i. pulse oximetry
	2. Perform:
	  a. electrocardiography
	  b. venipuncture
	  c. capillary puncture
	  d. pulmonary function testing
	3. Perform patient screening using established protocols
		1. Incorporate critical thinking skills when performing patient assessment
		2. Incorporate critical thinking skills when performing patient care
		3. Show awareness of a patient's concerns related to the procedure being performed

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8. Identify common pathology related to each body system including:
  a. signs
  b. symptoms
  c. etiology
9. Analyze pathology for each body system including:
  a. diagnostic measures
  b. treatment modalities
10. Identify CLIA waived tests associated with common diseases
11. Identify the classifications of medications including:
  a. indications for use
  b. desired effects
  c. side effects
  d. adverse reactions
12. Identify quality assurance practices in healthcare
13. List principles and steps of professional/provider CPR
14. Describe basic principles of first aid as they pertain to the ambulatory healthcare setting
	4. Verify the rules of medication administration:
	  a. right patient
	  b. right medication
	  c. right dose
	  d. right route
	  e. right time
	  f. right documentation
	5. Select proper sites for administering parenteral medication
	6. Administer oral medications
	7. Administer parenteral (excluding IV) medications
	8. Instruct and prepare a patient for a procedure or a treatment
	9. Assist provider with a patient exam
	10. Perform a quality control measure
	11. Obtain specimens and perform:
	  a. CLIA waived hematology test
	  b. CLIA waived chemistry test
	  c. CLIA waived urinalysis
	  d. CLIA waived immunology test
	  e. CLIA waived microbiology test
	12. Produce up-to-date documentation of provider/professional level CPR
	13. Perform first aid procedures for:
	  a. bleeding
	  b. diabetic coma or insulin shock
	  c. fractures
	  d. seizures
	  e. shock
	  f. syncope	

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CONTENT AREA II: Applied Mathematics		
Cognitive (Knowledge) **II.C Applied Mathematics**	**Psychomotor (Skills)** **II.P Applied Mathematics**	**Affective (Behavior)** **II.A Applied Mathematics**

1. Demonstrate knowledge of basic math computations
2. Apply mathematical computations to solve equations
3. Define basic units of measurement in:
    a. the metric system
    b. the household system
4. Convert among measurement systems
5. Identify abbreviations and symbols used in calculating medication dosages
6. Analyze healthcare results as reported in:
    a. graphs
    b. tables
	1. Calculate proper dosages of medication for administration
	2. Differentiate between normal and abnormal test results
	3. Maintain lab test results using flow sheets
	4. Document on a growth chart
		1. Reassure a patient of the accuracy of the test results

APPENDIX C - CAAHEP Standards and Guidelines for Accreditation

CONTENT AREA III: Infection Control

Cognitive (Knowledge) III.C Infection Control	Psychomotor (Skills) III.P Infection Control	Affective (Behavior) III.A Infection Control

1. List major types of infectious agents
2. Describe the infection cycle including:
  a. the infectious agent
  b. reservoir
  c. susceptible host
  d. means of transmission
  e. portals of entry
  f. portals of exit
3. Define the following as practiced within an ambulatory care setting:
  a. medical asepsis
  b. surgical asepsis
4. Identify methods of controlling the growth of microorganisms
5. Define the principles of standard precautions
6. Define personal protective equipment (PPE) for:
  a. all body fluids, secretions and excretions
  b. blood
  c. non-intact skin
  d. mucous membranes
7. Identify Center for Disease Control (CDC) regulations that impact healthcare practices
	1. Participate in bloodborne pathogen training
	2. Select appropriate barrier/personal protective equipment (PPE)
	3. Perform handwashing
	4. Prepare items for autoclaving
	5. Perform sterilization procedures
	6. Prepare a sterile field
	7. Perform within a sterile field
	8. Perform wound care
	9. Perform dressing change
	10. Demonstrate proper disposal of biohazardous material
	  a. sharps
	  b. regulated wastes
		1. Recognize the implications for failure to comply with Center for Disease Control (CDC) regulations in healthcare settings

CONTENT AREA IV: Nutrition

Cognitive (Knowledge) IV. C Nutrition	Psychomotor (Skills) IV. P Nutrition	Affective (Behavior) IV.A Nutrition

1. Describe dietary nutrients including:
  a. carbohydrates
  b. fat
  c. protein
  d. minerals
  e. electrolytes
  f. vitamins
  g. fiber
  h. water
2. Define the function of dietary supplements
3. Identify the special dietary needs for:
  a. weight control
  b. diabetes
  c. cardiovascular disease
  d. hypertension
  e. cancer
  f. lactose sensitivity
  g. gluten-free
  h. food allergies
	1. Instruct a patient according to patient's special dietary needs	1. Show awareness of patient's concerns regarding a dietary change

APPLIED COMMUNICATIONS
CONTENT AREA V

CONTENT AREA V: Concepts of Effective Communication		
Cognitive (Knowledge) V.C Concepts of Effective Communication	**Psychomotor (Skills)** V.P. Concepts of Effective Communication	**Affective (Behavior)** V.A. Concepts of Effective Communication

1. Identify styles and types of verbal communication
2. Identify types of nonverbal communication
3. Recognize barriers to communication
4. Identify techniques for overcoming communication barriers
5. Recognize the elements of oral communication using a sender-receiver process
6. Define coaching a patient as it relates to:
   a. health maintenance
   b. disease prevention
   c. compliance with treatment plan
   d. community resources
   e. adaptations relevant to individual patient needs
7. Recognize elements of fundamental writing skills
8. Discuss applications of electronic technology in professional communication
	1. Use feedback techniques to obtain patient information including:
	   a. reflection
	   b. restatement
	   c. clarification
	2. Respond to nonverbal communication
	3. Use medical terminology correctly and pronounced accurately to communicate information to providers and patients
	4. Coach patients regarding:
	   a. office policies
	   b. health maintenance
	   c. disease prevention
	   d. treatment plan
	5. Coach patients appropriately considering:
	   a. cultural diversity
	   b. developmental life stage
	   c. communication barriers
	6. Demonstrate professional telephone techniques
	7. Document telephone messages accurately
		1. Demonstrate:
		   a. empathy
		   b. active listening
		   c. nonverbal communication
		2. Demonstrate the principles of self-boundaries
		3. Demonstrate respect for individual diversity including:
		   a. gender
		   b. race
		   c. religion
		   d. age
		   e. economic status
		   f. appearance
		4. Explain to a patient the rationale for performance of a procedure

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9. Identify medical terms labeling the word parts
10. Define medical terms and abbreviations related to all body systems
11. Define the principles of self-boundaries
12. Define patient navigator
13. Describe the role of the medical assistant as a patient navigator
14. Relate the following behaviors to professional communication:
   a. assertive
   b. aggressive
   c. passive
15. Differentiate between adaptive and non-adaptive coping mechanisms
16. Differentiate between subjective and objective information
17. Discuss the theories of:
   a. Maslow
   b. Erikson
   c. Kubler-Ross
18. Discuss examples of diversity:
   a. cultural
   b. social
   c. ethnic
	8. Compose professional correspondence utilizing electronic technology
	9. Develop a current list of community resources related to patients' healthcare needs
	10. Facilitate referrals to community resources in the role of a patient navigator
	11. Report relevant information concisely and accurately	

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MEDICAL BUSINESS PRACTICES
CONTENT AREAS VI-IX

CONTENT AREA VI: Administrative Functions		
Cognitive (Knowledge) **VI.C Administrative Functions**	**Psychomotor (Skills)** **VI.P Administrative Functions**	**Affective (Behavior)** **VI.A Administrative Functions**

1. Identify different types of appointment scheduling methods
2. Identify advantages and disadvantages of the following appointment systems
   a. manual
   b. electronic
3. Identify critical information required for scheduling patient procedures
4. Define types of information contained in the patient's medical record
5. Identify methods of organizing the patient's medical record based on:
   a. problem-oriented medical record (POMR)
   b. source-oriented medical record (SOMR)
6. Identify equipment and supplies needed for medical records in order to:
   a. Create
   b. Maintain
   c. Store
7. Describe filing indexing rules
8. Differentiate between electronic medical records (EMR) and a practice management system
	1. Manage appointment schedule using established priorities
	2. Schedule a patient procedure
	3. Create a patient's medical record
	4. Organize a patient's medical record
	5. File patient medical records
	6. Utilize an EMR
	7. Input patient data utilizing a practice management system
	8. Perform routine maintenance of administrative or clinical equipment
	9. Perform an inventory with documentation
		1. Display sensitivity when managing appointments

9. Explain the purpose of routine maintenance of administrative and clinical equipment 10. List steps involved in completing an inventory 11. Explain the importance of data back-up 12. Explain meaningful use as it applies to EMR		

APPENDIX C - CAAHEP Standards and Guidelines for Accreditation

CONTENT AREA VII: Basic Practice Finances		
Cognitive (Knowledge) **VII.C Basic Practice Finances**	**Psychomotor (Skills)** **VII.P Basic Practice Finances**	**Affective (Behavior)** **VII.A Basic Practice Finances**

1. Define the following bookkeeping terms:
   a. charges
   b. payments
   c. accounts receivable
   d. accounts payable
   e. adjustments
2. Describe banking procedures as related to the ambulatory care setting
3. Identify precautions for accepting the following types of payments:
   a. cash
   b. check
   c. credit card
   d. debit card
4. Describe types of adjustments made to patient accounts including:
   a. non-sufficient funds (NSF) check
   b. collection agency transaction
   c. credit balance
   d. third party
5. Identify types of information contained in the patient's billing record
6. Explain patient financial obligations for services rendered
	1. Perform accounts receivable procedures to patient accounts including posting:
	   a. charges
	   b. payments
	   c. adjustments
	2. Prepare a bank deposit
	3. Obtain accurate patient billing information
	4. Inform a patient of financial obligations for services rendered
		1. Demonstrate professionalism when discussing patient's billing record
		2. Display sensitivity when requesting payment for services rendered

CONTENT AREA VIII: Third Party Reimbursement		
Cognitive (Knowledge) **VIII.C Third Party Reimbursement**	**Psychomotor (Skills)** **VIII.P Third Party Reimbursement**	**Affective (Behavior)** **VIII.A Third Party Reimbursement**

1. Identify:
   a. types of third party plans
   b. information required to file a third party claim
   c. the steps for filing a third party claim
2. Outline managed care requirements for patient referral
3. Describe processes for:
   a. verification of eligibility for services
   b. precertification
   c. preauthorization
4. Define a patient-centered medical home (PCMH)
5. Differentiate between fraud and abuse
	1. Interpret information on an insurance card
	2. Verify eligibility for services including documentation
	3. Obtain precertification or preauthorization including documentation
	4. Complete an insurance claim form
		1. Interact professionally with third party representatives
		2. Display tactful behavior when communicating with medical providers regarding third party requirements
		3. Show sensitivity when communicating with patients regarding third party requirements

CONTENT AREA IX: Procedural and Diagnostic Coding		
Cognitive (Knowledge) IX.C Procedural and Diagnostic Coding	**Psychomotor (Skills)** IX.P Procedural and Diagnostic Coding	**Affective (Behavior)** IX.A Procedural and Diagnostic Coding

1. Describe how to use the most current procedural coding system
2. Describe how to use the most current diagnostic coding classification system
3. Describe how to use the most current HCPCS level II coding system
4. Discuss the effects of:
   a. upcoding
   b. downcoding
5. Define medical necessity as it applies to procedural and diagnostic coding
	1. Perform procedural coding
	2. Perform diagnostic coding
	3. Utilize medical necessity guidelines
		1. Utilize tactful communication skills with medical providers to ensure accurate code selection

MEDICAL LAW AND ETHICS
CONTENT AREAS X-XI

CONTENT AREA X: Legal Implications		
Cognitive (Knowledge) X.C Legal Implications	**Psychomotor (Skills)** X.P Legal Implications	**Affective (Behaviors)** X.A Legal Implications

1. Differentiate between scope of practice and standards of care for medical assistants
2. Compare and contrast provider and medical assistant roles in terms of standard of care
3. Describe components of the Health Insurance Portability & Accountability Act (HIPAA)
4. Summarize the Patient Bill of Rights
5. Discuss licensure and certification as they apply to healthcare providers
6. Compare criminal and civil law as they apply to the practicing medical assistant
7. Define:
   a. negligence
   b. malpractice
   c. statute of limitations
   d. Good Samaritan Act(s)
   e. Uniform Anatomical Gift Act
   f. living will/advanced directives
   g. medical durable power of attorney
   h. Patient Self Determination Act (PSDA)
   i. risk management
8. Describe the following types of insurance:
   a. liability
   b. professional (malpractice)
	1. Locate a state's legal scope of practice for medical assistants
	2. Apply HIPAA rules in regard to:
	   a. privacy
	   b. release of information
	3. Document patient care accurately in the medical record
	4. Apply the Patient's Bill of Rights as it relates to:
	   a. choice of treatment
	   b. consent for treatment
	   c. refusal of treatment
	5. Perform compliance reporting based on public health statutes
	6. Report an illegal activity in the healthcare setting following proper protocol
	7. Complete an incident report related to an error in patient care
		1. Demonstrate sensitivity to patient rights
		2. Protect the integrity of the medical record

c. personal injury
9. List and discuss legal and illegal applicant interview questions
10. Identify:
    a. Health Information Technology for Economic and Clinical Health (HITECH) Act
    b. Genetic Information Nondiscrimination Act of 2008 (GINA)
    c. Americans with Disabilities Act Amendments Act (ADAAA)
11. Describe the process in compliance reporting:
    a. unsafe activities
    b. errors in patient care
    c. conflicts of interest
    d. incident reports
12. Describe compliance with public health statutes:
    a. communicable diseases
    b. abuse, neglect, and exploitation
    c. wounds of violence
13. Define the following medical legal terms:
    a. informed consent
    b. implied consent
    c. expressed consent
    d. patient incompetence
    e. emancipated minor
    f. mature minor
    g. subpoena duces tecum
    h. respondent superior
    i. res ipsa loquitor
    j. locum tenens
    k. defendant-plaintiff
    l. deposition
    m. arbitration-mediation
    n. Good Samaritan laws		

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CONTENT AREA XI: Ethical Considerations		
Cognitive (Knowledge) XI.C Ethical Considerations	Psychomotor (Skills) XI.P Ethical Considerations	Affective (Behavior) XI.A Ethical Considerations

1. Define:
    a. ethics
    b. morals
2. Differentiate between personal and professional ethics
3. Identify the effect of personal morals on professional performance
	1. Develop a plan for separation of personal and professional ethics
	2. Demonstrate appropriate response(s) to ethical issues
		1. Recognize the impact personal ethics and morals have on the delivery of healthcare

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SAFETY AND EMERGENCY PRACTICES
CONTENT AREA XII

CONTENT AREA XII: Protective Practices		
Cognitive (Knowledge) **XII.C Protective Practices**	**Psychomotor (Skills)** **XII.P Protective Practices**	**Affective (Behavior)** **XII.A Protective Practices**

1. Identify:
   a. safety signs
   b. symbols
   c. labels
2. Identify safety techniques that can be used in responding to accidental exposure to:
   a. blood
   b. other body fluids
   c. needle sticks
   d. chemicals
3. Discuss fire safety issues in an ambulatory healthcare environment
4. Describe fundamental principles for evacuation of a healthcare setting
5. Describe the purpose of Safety Data Sheets (SDS) in a healthcare setting
6. Discuss protocols for disposal of biological chemical materials
7. Identify principles of:
   a. body mechanics
   b. ergonomics
8. Identify critical elements of an emergency plan for response to a natural disaster or other emergency
	1. Comply with:
	   a. safety signs
	   b. symbols
	   c. labels
	2. Demonstrate proper use of:
	   a. eyewash equipment
	   b. fire extinguishers
	   c. sharps disposal containers
	3. Use proper body mechanics
	4. Participate in a mock exposure event with documentation of specific steps
	5. Evaluate the work environment to identify unsafe working conditions
		1. Recognize the physical and emotional effects on persons involved in an emergency situation
		2. Demonstrate self-awareness in responding to an emergency situation

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AAMA National Credentialing Exam Outline

CMA (AAMA)
Certification/Recertification
Examination Content Outline

I. General

A. Psychology

1. **Understanding Human Behavior**
   a. Behavioral theories
      (1) Maslow
      (2) Erikson
   b. Defense mechanisms
      (1) Common types
      (2) Recognition and management

2. **Human Growth and Development**
   a. Normal developmental patterns/ milestones

3. **Death and Dying Stages**

B. Communication

1. **Therapeutic/Adaptive Responses to Diverse Populations**
   a. Visually impaired
   b. Hearing impaired
   c. Age specific
      (1) Geriatric
      (2) Pediatric/adolescent
   d. Seriously/terminally ill
   e. Intellectual disability
   f. Illiterate
   g. Non-English speaking
   h. Anxious/angry/distraught
   i. Socially/culturally/ethnically diverse

2. **Nonverbal Communication**
   a. Body language
      (1) Posture
      (2) Position
      (3) Facial expression
      (4) Territoriality/physical boundaries
      (5) Gestures
      (6) Touch
      (7) Mannerisms
      (8) Eye contact

3. **Communication Cycle**
   a. Sender-message-receiver-feedback
   b. Listening skills
      (1) Active/therapeutic
   c. Assess level of understanding
      (1) Reflection
      (2) Restatement
      (3) Clarification
      (4) Feedback
   d. Barriers to communication
      (1) Internal distractions
         (a) Pain
         (b) Hunger
         (c) Anger
      (2) External/environmental distractions
         (a) Temperature
         (b) Noise

4. **Collection of Data**
   a. Types of questions
      (1) Exploratory
      (2) Open-ended
      (3) Closed/Direct

5. **Telephone Techniques**
   a. Call management
      (1) Screening/gathering data
      (2) Emergency/urgent situations
   b. Messages
      (1) Taking messages
      (2) Leaving messages

6. **Interpersonal Skills**
   a. Displaying impartial conduct without regard to race, religion, age, gender, sexual orientation, socioeconomic status, physical challenges, special needs, lifestyle choices
   b. Recognizing stereotypes and biases
   c. Demonstrating empathy/ sympathy/compassion

C. Professionalism

1. **Professional Behavior**
   a. Professional situations
      (1) Displaying tact, diplomacy, courtesy, respect, dignity
      (2) Demonstrating responsibility, integrity/honesty
      (3) Responding to criticism
   b. Professional image

2. **Performing as a Team Member**
   a. Principles of health care team dynamics
      (1) Cooperation for optimal outcomes
      (2) Identification of the roles and credentials of health care team members
   b. Time management principles
      (1) Prioritizing responsibilities

D. Medical Law/Regulatory Guidelines

1. **Advance Directives**
   a. Living will
   b. Medical durable power of attorney
   c. Patient Self-Determination Act (PSDA)

2. **Uniform Anatomical Gift Act**

3. **Occupational Safety and Health Administration (OSHA)**

4. **Food and Drug Administration (FDA)**

5. **Clinical Laboratory Improvement Act (CLIA '88)**

6. **Americans with Disabilities Act Amendments Act (ADAAA)**

7. **Health Insurance Portability and Accountability Act (HIPAA)**
   a. Health insurance portability access and renewal without preexisting conditions
   b. Coordination of care to prevent duplication of services

8. **Health Information Technology for Economic and Clinical Health (HITECH) Act**
   a. Patient's right to inspect, amend and restrict access to his/her medical record

9. **Drug Enforcement Agency (DEA)**
   a. Controlled Substances Act of 1970

10. **Medical Assistant Scope of Practice**
    a. Consequences of failing to operate within scope

11. **Genetic Information Nondiscrimination Act of 2008 (GINA)**

12. **Centers for Disease Control and Prevention (CDC)**

13. **Consumer Protection Acts**
    a. Fair Debt Collection Practices Act
    b. Truth in Lending Act of 1968 (Regulation Z)

14. **Public Health and Welfare Disclosure**
    a. Public health statutes
       (1) Communicable diseases
       (2) Vital statistics
       (3) Abuse/neglect/exploitation against child/elder
          (a) Domestic abuse
       (4) Wounds of violence

15. **Confidentiality**
    a. Electronic access audit/activity log
    b. Use and disclosure of personal/protected health information (PHI)
       (1) Consent/authorization to release
       (2) Drug and alcohol treatment records
       (3) HIV-related information
       (4) Mental health

16. **Health Care Rights and Responsibilities**

a. Patients' Bill of Rights/Patient Care Partnership
b. Professional liability
   (1) Current standard of care
   (2) Standards of conduct
   (3) Malpractice coverage
c. Consent to treat
   (1) Informed consent
   (2) Implied consent
   (3) Expressed consent
   (4) Patient incompetence
   (5) Emancipated minor
   (6) Mature minor

17. **Medicolegal Terms and Doctrines**
    a. Subpoena duces tecum
    b. Subpoena
    c. Respondeat superior
    d. Res ipsa loquitor
    e. Locum tenens
    f. Defendant-plaintiff
    g. Deposition
    h. Arbitration-mediation
    i. Good Samaritan laws

18. **Categories of Law**
    a. Criminal law
       (1) Felony/misdemeanor
    b. Civil law
       (1) Contracts (physician-patient relationships)
          (a) Legal obligations to the patient
          (b) Consequences for patient noncompliance
          (c) Termination of medical care
             (i) Elements/behaviors for withdrawal of care
             (ii) Patient notification and documentation
          (d) Ownership of medical records
       (2) Torts
          (a) Invasion of privacy
          (b) Negligence
          (c) Intentional torts
             (i) Battery
             (ii) Assault
             (iii) Slander
             (iv) Libel
    c. Statutory law
       (1) Medical practice acts
    d. Common law (Legal precedents)

E. Medical Ethics

1. **Ethical Standards**

2. **Factors Affecting Ethical Decisions**
   a. Legal
   b. Moral

F. Risk Management, Quality Assurance, and Safety

1. **Workplace Accident Prevention**
   a. Slips/trips/falls

2. **Safety Signs, Symbols, Labels**

3. **Environmental Safety**
   a. Ergonomics
   b. Electrical safety
   c. Fire prevention/extinguisher use/regulations

4. **Compliance Reporting**
   a. Reporting unsafe activities and behaviors
   b. Disclosing errors in patient care
   c. Insurance fraud, waste, and abuse
   d. Conflicts of interest
   e. Incident reports

G. Medical Terminology

1. **Word Parts**
   a. Basic structure
      (1) Roots/combining forms
      (2) Prefixes
      (3) Suffixes

2. **Definitions/Medical Terminology**
   a. Diseases and pathologies
   b. Diagnostic procedures
   c. Surgical procedures
   d. Medical specialties

II. Administrative

H. Medical Reception

1. **Medical Record Preparation**

2. **Demographic Data Review**
   a. Identity theft prevention
   b. Insurance eligibility verification

3. **Handling Vendors/Business Associates**

4. **Reception Room Environment**
   a. Comfort
   b. Safety
   c. Sanitation

5. **Practice Information Packet**
   a. Office policies
   b. Patient financial responsibilities

I. Patient Navigator/Advocate

1. **Resource Information**
   a. Provide information about community resources
   b. Facilitate referrals to community resources
   c. Referral follow-up

J. Medical Business Practices

1. **Written Communication**
   a. Letters
   b. Memos/interoffice communications
   c. Reports

2. **Business Equipment**
   a. Routine maintenance
   b. Safety precautions

3. **Office Supply Inventory**
   a. Inventory control/recordkeeping

4. **Electronic Applications**
   a. Medical management systems
      (1) Database reports
      (2) Meaningful use regulations
   b. Spreadsheets, graphs
   c. Electronic mail
   d. Security
      (1) Password/screen saver
      (2) Encryption
      (3) Firewall
   e. Transmission of information
      (1) Facsimile/scanner
      (2) Patient portal to health data
   f. Social media

K. Establish Patient Medical Record

1. **Recognize and Interpret Data**
   a. History and physical
   b. Discharge summary
   c. Operative note
   d. Diagnostic test/lab report
   e. Clinic progress note
   f. Consultation report
   g. Correspondence
   h. Charts, graphs, tables
   i. Flow sheet

2. **Charting Systems**
   a. Problem-oriented medical record (POMR)
   b. Source-oriented medical record (SOMR)

L. Scheduling Appointments

1. **Scheduling Guidelines**
   a. Appointment matrix
   b. New patient appointments
      (1) Identify required information
   c. Established patient appointments
      (1) Routine
      (2) Urgent/emergency
   d. Patient flow
      (1) Patient needs/preference
      (2) Physician preference
      (3) Facility/equipment requirements
   e. Outside services (e.g., lab, X-ray, surgery, outpatient procedures, hospital admissions)

2. **Appointment Protocols**
   a. Legal aspects
   b. Physician referrals
   c. Cancellations/no-shows
   d. Physician delay/unavailability
   e. Reminders/recall systems
      (1) Appointment cards
      (2) Phone calls/text messages/e-mail notifications
      (3) Tickler file

M. Practice Finances

1. **Financial Terminology**
   a. Accounts receivable
   b. Accounts payable
   c. Assets
   d. Liabilities
   e. Aging of accounts
   f. Debits
   g. Credits
   h. Diagnosis Related Groups (DRGs)
   i. Relative Value Units (RVUs)

2. **Financial Procedures**
   a. Payment receipts
      (1) Co-pays
   b. Data entry
      (1) Post charges
      (2) Post payments
      (3) Post adjustments
   c. Manage petty cash account
   d. Financial calculations
   e. Billing procedures
      (1) Itemized statements
      (2) Billing cycles
   f. Collection procedures
      (1) Aging of accounts
      (2) Preplanned payment options
      (3) Credit arrangements
      (4) Use of collection agencies

3. **Diagnostic and Procedural Coding Applications**
   a. Current Procedural Terminology (CPT)
      (1) Modifiers
      (2) Upcoding
      (3) Bundling of charges
   b. International Classification of Diseases, Clinical Modifications (ICD-CM) *(Current schedule)*
   c. Linking procedure and diagnosis codes
   d. Healthcare Common Procedure Coding System (HCPCS Level II)

4. **Third-Party Payers/Insurance**
   a. Types of plans
      (1) Commercial plans
      (2) Government plans
         (a) Medicare
            (i) Advance Beneficiary Notice (ABN)
         (b) Medicaid
         (c) TRICARE/CHAMPVA
      (3) Managed care organizations (MCOs)
         (a) Managed care requirements
            (i) Care referrals

(ii) Precertification
    [a] Diagnostic and surgical procedures
(iii) Prior authorization
    [a] Medications
(4) Workers' compensation
  b. Insurance claims
  (1) Submission
  (2) Appeals/denials
  (3) Explanation of benefits (EOB)

III. Clinical

N. Anatomy and Physiology

1. **Body as a Whole**
   a. Structural units
   b. Anatomical divisions, body cavities
   c. Anatomical positions and directions
   d. Body planes, quadrants

2. **Body Systems Including Normal Structure, Function, and Interrelationships Across the Life Span**
   a. Integumentary
   b. Musculoskeletal
   c. Nervous
   d. Cardiovascular, hematopoietic, and lymphatic
   e. Respiratory
   f. Digestive
   g. Urinary
   h. Reproductive
   i. Endocrine
   j. Sensory

3. **Pathophysiology and Diseases of Body Systems**
   a. Integumentary
   b. Musculoskeletal
   c. Nervous
   d. Cardiovascular, hematopoietic, and lymphatic
   e. Respiratory
   f. Digestive
   g. Urinary
   h. Reproductive
   i. Endocrine
   j. Sensory

O. Infection Control

1. **Infectious Agents**
   a. Bacteria
   b. Viruses
   c. Protozoa
   d. Fungi
   e. Parasites

2. **Modes of Transmission**
   a. Direct
   b. Indirect
   c. Airborne
   d. Droplet
   e. Inhalation

3. **Infection Cycle/Chain of Infection**

4. **Body's Natural Barriers**

5. **Medical Asepsis**
   a. Hand hygiene
     (1) Hand washing
     (2) Alcohol-based hand rub
   b. Sanitization
   c. Disinfection

6. **Surgical Asepsis**
   a. Surgical scrub
   b. Sterilization techniques/Autoclave
     (1) Preparing items
     (2) Wrapping
     (3) Sterilization indicators

7. **Standard Precautions/Blood-Borne Pathogen Standards**
   a. Body fluids
   b. Secretions
   c. Excretions
   d. Blood
     (1) HIV-HBV-HCV
   e. Mucous membranes
   f. Personal protective equipment (PPE)
     (1) Gowns
     (2) Gloves
     (3) Masks
     (4) Caps
     (5) Eye protection
   g. Post-exposure plan

8. **Biohazard Disposal/Regulated Waste**
   a. Sharps
   b. Blood and body fluids

c. Safety data sheets (SDS)
d. Spill kit

P. Patient Intake and Documentation of Care

1. **Medical Record Documentation**
   a. Subjective data
     (1) Chief complaint
     (2) Present illness
     (3) Past medical history
     (4) Family history
     (5) Social and occupational history
     (6) Review of systems
   b. Objective data
   c. Making corrections
   d. Treatment/compliance

Q. Patient Preparation and Assisting the Provider

1. **Vital Signs/Anthropometrics**
   a. Blood pressure
     (1) Technique
     (2) Equipment
       (a) Stethoscope
       (b) Sphygmomanometer
   b. Pulse
     (1) Technique
       (a) Pulse points
       (b) Rate and rhythm
   c. Height/weight/BMI
     (1) Technique
     (2) Equipment
   d. Body temperature
     (1) Technique
     (2) Equipment
   e. Oxygen saturation/pulse oximetry
     (1) Technique
     (2) Equipment
   f. Respiration rate
     (1) Technique

2. **Recognize and Report Age-Specific Normal and Abnormal Vital Signs**

3. **Examinations**
   a. Methods
     (1) Auscultation
     (2) Palpation
     (3) Percussion
     (4) Mensuration

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(5) Manipulation
(6) Inspection
b. Body positions/draping
   (1) Sims
   (2) Fowlers
   (3) Supine
   (4) Knee-chest
   (5) Prone
   (6) Lithotomy
   (7) Dorsal recumbent
c. Pediatric exam
   (1) Growth chart
       (a) Measurements
           (i) Techniques
d. OB-GYN exam
   (1) Pelvic exam/PAP smear
   (2) Prenatal/postpartum exams

4. **Procedures**
   a. Procedure explanation and patient instructions
   b. Supplies, equipment, and techniques
      (1) Eye irrigation
      (2) Ear irrigation
      (3) Dressing change
      (4) Suture/staple removal
      (5) Sterile procedures
          (a) Surgical assisting
          (b) Surgical tray prep
          (c) Antiseptic skin prep
          (d) Sterile field boundaries
          (e) Surgical instruments
              (i) Classifications
              (ii) Instrument use

5. **Patient Education/Health Coach**
   a. Health maintenance and disease prevention
      (1) Diabetic teaching and home care
          (a) Home blood sugar monitoring
      (2) Instruct on use of patient mobility equipment and assistive devices
      (3) Pre-/post-op care instructions
      (4) Patient administered medications
      (5) Home blood pressure monitoring and lifestyle controls
      (6) Home anticoagulation monitoring
      (7) Home cholesterol monitoring
   b. Alternative medicine

6. **Wellness/Preventive Care**
   a. Cancer screening
   b. Sexually transmitted infections
   c. Hygienic practices
      (1) Hand washing

(2) Cough etiquette
d. Smoking risks and cessation
e. Recognition of substance abuse
f. Osteoporosis screening/bone density scan
g. Domestic violence screening and detection

R. Nutrition

1. **Basic Principles**
   a. Food nutrients
      (1) Carbohydrates
      (2) Fats
      (3) Proteins
      (4) Minerals/electrolytes
      (5) Vitamins
      (6) Fiber
      (7) Water
   b. Dietary supplements

2. **Special Dietary Needs**
   a. Weight control
   b. Diabetes
   c. Cardiovascular disease
   d. Hypertension
   e. Cancer
   f. Lactose sensitivity/intolerance
   g. Gluten free
   h. Food allergies

3. **Eating Disorders**

S. Collecting and Processing Specimens

1. **Methods of Collection**
   a. Blood
      (1) Venipuncture
          (a) Site selection
          (b) Site prep
          (c) Equipment
              (i) Evacuated tubes
              (ii) Tube additives
              (iii) Needles
      (2) Capillary/dermal puncture
   b. Urine
      (1) Random
      (2) Midstream/clean catch
      (3) Timed 24-hour collection
      (4) Catheterization
      (5) Pediatric urine collector
   c. Fecal specimen
   d. Sputum specimen

e. Swabs
   (1) Throat
   (2) Genital
   (3) Wound
   (4) Nasopharyngeal

2. **Prepare, Process, and Examine Specimens**
   a. Proper labeling
   b. Sources of contamination
   c. Specimen preservation
      (1) Refrigeration
      (2) Fixative
   d. Recordkeeping
   e. Incubator
   f. Centrifuge
   g. Microscope
   h. Inoculating a culture
   i. Microbiologic slides
      (1) Wet mount

3. **Laboratory Quality Control/Quality Assurance**
   a. Testing protocols
   b. Testing records and performance logs
   c. Daily equipment maintenance
   d. Calibration
   e. Daily control testing
   f. Monitor temperature controls
   g. Reagent storage
   h. CLIA-waived tests

4. **Laboratory Panels and Performing Selected Tests**
   a. Urinalysis
      (1) Physical
      (2) Chemical
      (3) Microscopic
      (4) Culture
   b. Hematology panel
      (1) Hematocrit
      (2) Hemoglobin
      (3) Erythrocyte sedimentation rate
      (4) Automated cell counts
          (a) Red blood cell (RBC)
          (b) White blood cell (WBC)
          (c) Platelet
      (5) Coagulation testing/INR
   c. Chemistry/metabolic testing
      (1) Glucose
      (2) Kidney function tests
      (3) Liver function tests
      (4) Lipid profile
      (5) Hemoglobin A1c

d. Immunology
  (1) Mononucleosis test
  (2) Rapid Group A Streptococcus test
  (3) C-reactive protein (CRP)
  (4) HCG pregnancy test
  (5) H. pylori
  (6) Influenza
e. Fecal occult blood/guaiac testing

T. Diagnostic Testing

1. **Cardiovascular Tests**
   a. Electrocardiography (EKG/ECG)
     (1) Perform standard 12-lead
     (2) Lead placement
     (3) Patient prep
     (4) Recognize artifacts
     (5) Recognize rhythms, arrhythmias
     (6) Rhythm strips
   b. Holter monitors
   c. Cardiac stress test

2. **Vision Tests**
   a. Color
   b. Acuity/distance
     (1) Snellen
     (2) E chart
     (3) Jaeger card
   c. Ocular pressure
   d. Visual fields

3. **Audiometric/Hearing Tests**
   a. Pure tone audiometry
   b. Speech and word recognition
   c. Tympanometry

4. **Allergy Tests**
   a. Scratch test
   b. Intradermal skin testing

5. **Respiratory Tests**
   a. Pulmonary function tests (PFT)
   b. Spirometry
   c. Peak flow rate
   d. Tuberculosis tests/purified protein derivative (PPD) skin tests

6. **Distinguish Between Normal/ Abnormal Laboratory and Diagnostic Test Results**

U. Pharmacology

(For the 50 most commonly used medications, see the "Top 200 Drugs" at www.rxlist.com)

1. **Medications**
   a. Classes of drugs
   b. Drug actions/desired effects
   c. Adverse reactions
   d. Physicians' Desk Reference (PDR)
   e. Storage of drugs

2. **Preparing and Administering Oral and Parenteral Medications**
   a. Dosage
     (1) Metric conversion
     (2) Units of measurements
     (3) Calculations
   b. Routes of administration
     (1) Intramuscular
       (a) Z-tract
     (2) Subcutaneous
     (3) Oral/sublingual/buccal
     (4) Topical
     (5) Inhalation
     (6) Instillation (eye-ear-nose)
     (7) Intradermal
     (8) Transdermal
     (9) Vaginal
     (10) Rectal
   c. Injection site
     (1) Site selection
     (2) Needle length and gauge
   d. Medication packaging
     (1) Multidose vials
     (2) Ampules
     (3) Unit dose
     (4) Prefilled cartridge-needle units
     (5) Powder for reconstitution
   e. Six Rights of Medication Administration
     (1) Right patient, right drug, right route, right time, right dose, right documentation

3. **Prescriptions**
   a. E-prescribing
   b. Controlled substance guidelines

4. **Medication Recordkeeping**
   a. Reporting/documenting errors

5. **Immunizations**

a. Childhood
b. Adult
c. Recordkeeping
  (1) Vaccine information statement (VIS)
d. Vaccine storage

V. Emergency Management/ Basic First Aid

1. **Assessment and Screening**
   a. Treatment algorithms/flow charts
   b. Triage algorithms/flow charts

2. **Identification and Response to Emergencies**
   a. Bleeding/pressure points
   b. Burns
   c. Cardiac and respiratory arrest
   d. Foreign body obstruction
   e. Choking
   f. Diabetic ketoacidosis
   g. Insulin shock
   h. Bone fractures
   i. Poisoning
   j. Seizures
   k. Shock
   l. Cerebral vascular accident (CVA)
   m. Syncope
   n. Vertigo
   o. Wounds
   p. Cold exposure
   q. Heat exposure
   r. Joint dislocations/sprains/strains
   s. Asthmatic attack
   t. Hyperventilation
   u. Animal bite
   v. Insect bite
   w. Concussion

3. **Office Emergency Readiness**
   a. Equipment
     (1) Crash cart supplies
     (2) Automated external defibrillator
   b. Emergency response plan
     (1) Evacuation plan

APPENDIX D

PCC Medial Assisting Program Advisory Board Committee Member List

Medical Assisting Program Advisory Committee

Karen Anderson CMA (AAMA)	NW Rheumatology, Administrative Manager	Karen_anderson@nwramail.com
Jeanine Whitney, RN, MSN, NHE-C	OHA Immunization Program	jeanine.r.whiney@state.or.us
Sheena Cisneros	Westside Internal Medicine - Operations	sheea@westsideinternalmed.com
Barbara Gomez	Providence Medical Group Staffing Manager	Barbara.gomez2@providence.org
Darci Holt	Providence Medical Group Student Placement	darci.holt@providence.org
Dr. Klatt MD	Medical Director - Astoria Urgent Care	drklatt@aol.com
Gary Schwab		garyhelp@xprt.net
Paula Purdy CMA (AAMA)	MSS	AAMA Board member	paula@msmp.org
Chad VanWinkle CMA (AAMA)	Outside In Medical Assistant	chadv@outsidein.org
Bryan O'Connell	VGMHC HR Manager	boconnell@vgmhc.org
Sally Gray, CMA (AAMA)	OHSU Float Pool Medical Assistant	grasa@ohsu.edu
Kate Pillar, MHA	OHSU Scapoose Clinic (PCMH) Manager	pillar@ohsu.edu
Amanda Thiele, NCMA	OHSU Talent Pool Program	thielea@ohsu.edu
Barbara Dunn, CMPE	Legacy Staffing Manager	bkdunn@lhs.org
Tedra Demitriou, RN, MSN	Legacy Medical Group - Educator	Tdemitri@lhs.org
Joss Willis CMA (AAMA)	Retired CMA (AAMA)	Joss_willis@comcast.net
Gabby Carrillo, CMA (AAMA)	Multnomah County - Practice Supervisor	gabriela.carrillo@multco.us

PCC Faculty & Staff

Virginia Chambers CMA (AAMA), BS, MHA	Medical Assisting Faculty	Virginia.chambers@pcc.edu
Stephen Date CMA(AAMA) AGS	Full time Faculty	stephen.date@pcc.edu
Carolyn Griffith, CMA (AAMA)	Doctors Family Clinic & Immediate Care	cgriffith@dfcic.com
Amanda Gallo	Admissions	amanda.gallo@pcc.edu
Karen Henry	Advising	Khenry@pcc.edu
Tanya Maldonado	Career Services	tmaldona@pcc.edu
Jen Piper	AHELS Division Dean	jennifer.piper1@pcc.edu

PCC Medical Assisting Program Advisory Board Meeting Minutes

Advisory Board Meeting   MINUTES
February 1ˢᵗ 2017 (Wednesday) from 9:00am – 11:00am
CASCADE CAMPUS, Jackson Hall room 101

Attended by the following board members:
Sally Gray, CMA (AAMA) – *OHSU Float Pool*
Bryan O'Connell – *VGMHC Staffing Manager*
Joss Willis, CMA (AAMA) – *Retired*
Ceilia Farfan *Student Medical Assistant*
Cristian Opris, *Student Medical Assistant*
Amanda Gallo, *Admissions Specialist*
Karen Henry, *Allied Health Advising*
Tanya Maldonado, *Career Services & Intern*
Stephanie Karr, Pharm D, MS – *Medical Professionals Chair*
Stephen Date, CMA (AAMA) – *Faculty*
Virginia Chambers, CMA (AAMA) – *Program Director*
Sue Leung PhD – *Allied Health Director*
Jen Piper – *Division Dean*

Admissions updates
- Spring 2017 received 32 applications for Willow Creek
- 24 students will be starting on April 3ʳᵈ at Willow Creek
- Applications will open up for Cascade in April (for Fall term)
- Additional points for applicants who have completed the Medical Professions "Healthcare Careers" certificate

Student numbers
- Annual Report Form data from MAERB was handed out with stats for the past five years. All thresholds were met for submission.
- 22 Students graduated from WCC in December 2016 – 21 passed the CMA (AAMA) exam and one did not.
- Two students are still seeking employment out of the 22 graduates.
- VIRN – "I think we can do better" focus on the ESOL students with study prep for the credentialing exam. Focus on diversifying the workforce – we need to work closely with employers and clinic partners and utilize resources available to us. Faculty engagement and learning how to teach a diverse classroom – more work on cultural competency and cultural humility is needed.

- SUGGESTIONS: speak with Tracy Pittum, PCC International Students to see if they have any suggestions. Look into nursing test prep resources CCC utilized in the past. Work with ESOL on campus.

Curriculum updates
- Updated curriculum changes spreadsheet was provided.
- Approved changes will take place Fall 2017 to include;
    - MTH 60 or MTH 58 as pre-req
    - Additional phlebotomy course MA 130
    - MP 140 Law & Ethics is now online
    - MP 150 Intro to Electronic Health Records – now removed from certificate
    - MA 131 Intro to Medical Science – changed from 5 credits to 3 credits
- Approved and implemented changes taking place Summer 2017
    - Clinical lab workbook re-write with CAAHEP (MAERB) standards and guidelines
- NEW discussion regarding biology requirements
    - Biggest barrier to entry into the program is the time it takes to complete the biology requirements
    - Remove the BI 121 & BI 122 and create a 1 term biology specific to medical assistants
    - CCAHEP content mapping and competency requirements for biology were discussed
    - Amanda Gallo – suggest speaking with Adeline Stone OMT Chair
    - Stephanie Karr – discussed MP 111 Medical Terminology course actually covers CAAHEPs content regarding biology
    - VIRN suggests MP department teach – one term biology requirement as a pre-req
        - More conversations to come
- NEW discussion regarding implementing Medical Assisting specific health coaching training for chronic disease

Clinical Practicum updates
- Currently 24 students in second term clinical at Cascade Campus and interviews for clinical practicum placement will be scheduled starting the end of February. Their start date for Clinical Practicum is April 4th (Tuesday, Wednesday, Thursday) schedule for 192 total hours

Health Fair – February 9th from 9am-3:30pm at Cascade Campus
- Focus is on diversity, equity, unity, and inclusion
- See attached flyer for details

Student Advisory Board Member Report
- Most liked: supportive learning environment "feels like a family"
- Biggest challenge – not enough practice on skills; students suggest offering an open lab for additional practice
- Interviews for Program Review video
- Interview Stream – reflected on the assignment

Professional Development
- AAMA CEB Board Meeting; March 23rd -26th in Chicago
- OSMA – Annual Conference; April 5th -8th 2017 in Springfield, OR

- AAMA National Conference; October 6th -9th 2017 in OHIO

Open discussion

Jen Piper – supports the use of observation technology to strengthen learning and enhance softskills.

Program Review: February 24th 2017 from 11:30am to 1:30pm at Cascade Campus, Jackson Hall 101

MAREB Accreditation Self-study: May 2017

MAERB Accreditation Site Visit: September 25th & 26th 2017 at Cascade Campus

Next Advisory Board Meeting – TBA

Advisory Board Meeting - **MINUTES**
October 28th (Friday) from 9:00am – 11:00am
Willow Creek Center, room 304

Attendees: John Saito, Tanya Maldonado, Tedra Demitriou, Michelle Prater, Sally Gray, Sheena Cisneros, Darci Holt, Joss Willis, Necey Hardy, Celia Farfan, Cristian Opris, Stephen Date.

Admissions updates:
New student applications for Spring 2017 opened on October 24th and close on December 15th. Amanda Gallo received 12 applications and 75% are using the new online application process.

Student numbers:
Willow Creek will graduate 22 students on December 15th.
Cascade Campus currently has 24 students are finishing their first term.
Graduates: June 2016 Cascade Cohort = 100% employment / 100% exam pass

Curriculum updates:
See the attached spreadsheet describing proposed curriculum changes. We as a program are reviewing the ethical and economical value of each course and evaluating the equity and efficiently – the overriding goal is to make the time spent meeting pre-requisites and completing required courses as meaningful as possible for the students. Advisory board member comments and feedback include the following;

Biology changes include: offering two terms of general anatomy and physiology (BI 121 & BI 122) or offering an additional option of a one term course (designed to focus more directly on what Medical Assistants need to know) or substituting the 200 level upper division biology. This will give three pathways to completing the required CAAHEP curriculum.

- Tedra from Legacy Medical Group feels students need more focus on chronic disease management and less on general A & P. The MA role is changing and we need to review the expectations of the physicians – that they may be requiring MA's to know more.
- John mentioned the importance and value of connecting the external landmarks with the internal A&P structures.
- Agreed to move forward with biology changes.

Math changes include: continue to offer Algebra (Math 60) as a pre-requisite but also offer applied math (Math 58) as an alternative to meeting the pre-requisite. This will allow two pathways to meeting the math requirement.

- Tedra mentioned she would like to see more "intuitiveness", critical thinking and problem solving related to math – real world applications.
- Tanya mentioned college Compass testing for placement is going away. After checking with Amanda Gallo – the ALEX test will be replacing the compass.
- Math 60 was a pre-requisite to BI 121 – however, the biology department changed their requirements and are now accepting the Math 58.
- Agreed to move forward with Math changes.

Electronic Medical Records changes include: removing the three credit course from the certificate. Justification is the lack of meaningful application of the course for students and Medical Assisting students receive course work utilizing an EHR / EMR in clinical lab with instructor support.

- Student representatives agreed.
- Agreed to move forward with changes.

Medications changes include: Currently we are offering a three credit online course taught by a pharmacologist (MP 135). We are looking at revising the course to a two term online class focusing on more chronic disease medications and applications.

- Michelle offered to meet with MP 135 instructor to discuss what MA's really need to know and help provide information on case studies.
- Agreed to move forward in discussion and meeting with MP department to help create course for Medical Assistants.

Phlebotomy II changes include: Removing the three credit Medical Records course allows us to add the one credit second term phlebotomy course to the certificate. This will provide the students with two full terms of hands on practice in phlebotomy.

- Stephen Date provided feedback collected from students who recently graduated and completed the two term phlebotomy course as well as current students in clinical practicum. Positive emphasis was placed on making it a permanent addition to the curriculum.
- Necey – student representative agreed.
- Agreed to move forward in adding it to the certificate.

Intro to Medical Science changes include: Decreasing the five credit course taken during clinical

practicum to a three credit course. The students would receive acute and chronic disease material and it would be tied to knowledge requirements for both the credential exam and clinical practice of a medical assistant.

- Agreed to move forward with the changes.

Clinical Practicum updates:
- 22 students currently in clinical practicum. Sites include the following:
  - Providence Medical Group (OB/GYN, FM, IC, IM, Neuro,) 7 students
  - Legacy Medical Group (OB/GYN, Midwife, IM, FM) 4 students
  - OHSU (Float Pool) 3 students
  - PDEC – 1 student
  - Foot & Ankle – 1 student
  - Multnomah County – 1 student
  - Compass Oncology – 1 student
  - Old Town Clinic – 1 student
  - Kaiser Rockwood (FM) 1 student
  - Bridgeport Family Medicine – 1 student
  - Dr. Tanya Carter – 1 student
- 11 students received job offers
- Graduation will take place on December 15th

Health Fair update:
- Winter – February 2017 at Cascade Campus
- Stephen Date will be planning and organizing the event with support from department.

Student Advisory Board Member Report (pre-graduate survey results)
- Third term student were provided a survey on program outcomes and were asked to rate (1-5) how well the program has met those outcomes. According to the presented data by Necey Hardy, student representative – we have met the benchmark for our program outcomes, scoring 4 or better in all areas assessed. See attached report for details.

Professional Development
- RCCMA - Diabetic Treatments; November 12th 2016 at Providence Portland
- OSMA – Annual Conference; April 5th -8th 2017 in Springfield, OR
- AAMA National Conference; October 6th -9th 2017 in OHIO

Open discussion

Next Advisory Meeting: January 27th 2017 from 9:00am to 11:00am
Program Review: February 24th 2017 from 11:30am to 1:30pm at Cascade Campus
MAERB Accreditation Site Visit: September 25th & 26th 2017 at Cascade Campus

Advisory Board Meeting MINUTES
August 19th (Friday) from 9:00am – 11:00am
Willow Creek Center, room 303

Attendees:

Paula Purdy, CMA (AAMA), MSMP Staffing Manager, AAMA President
Jocelyn Willis, CMA (AAMA)
Michelle Prater, CMA (AAMA), Legacy Medical Group, PCMH Program
Barbara Gomez, Providence Resource Staffing Manager
Amanda Gallo, PCC Admissions
Stephen Date, CMA (AAMA), AGS, Instructor
Virginia Chambers, CMA (AAM), MHA, Program Director
Sue Leung, Allied Health Director
John Saito, Division Dean
Sheena Cisneros, CMA (AAMA), Westside Internal Medicine, Clinical Manager
Necey Hardy, SMA, Student Representative

New Part-Time Faculty

- We welcome Sheena Cisneros, CMA(AAMA) – starting Fall 2016, teaching MA 117 & 118 Administrative lecture and lab

Admissions Updates

- Cascade cohort will start Fall 2016. 47 applicants, 24 admitted to the program. Application process for Willow Creek cohort starting Spring 2017 will open end of Oct 2016. Use of new online application is starting to be utilized. Criteria for selecting students was reviewed and determined to be working well. Next year, we will begin using an updated point system to reflect customer service experience
- Cascade Campus welcome day- scheduled Sept 10th- open to the public

Student numbers:

- Spring 2016 – CA campus : 22 graduates
  - 100% AAMA exam pass rate
  - 19 employed
  - ESOL program initiated but discontinued due to ESOL instructor inability to participate in program
- Fall 2016 – WCC campus : expecting 22 graduates
  - Cohort will graduate in Dec 2016. Are there any community partners who may be willing to sponsor for food or other refreshments during the graduation reception?

Curriculum updates
- MA 180 Coding – online starting Fall 2016, instructed by Judy Osswald, certified professional coder
- MA 140 Law & Ethics- moving online
- MP 150 Intro to EHR- Considering removing this as a requirement, as feedback states this is not as helpful as it could be, and students receive EMR training in MA 112
- MA 199b Phlebotomy II – discontinued after this term, as it is a pilot course
  - As we redesign our program over the next year, we anticipate adding this as a permanent course in the program
- MA 270 Clinical Practicum – schedule change to T, W, Th starting Fall 2016.
- MP 135 Pharmacology- Currently online. Considering making this a hybrid course having parts online, parts face-to-face class time, with a focus on chronic disease medications
- MA 124 Clinical lab- procedure competencies updated with focus on evaluating SKAs (skills, knowledge and attributes) of students, including new rubric for evaluating patient-centered skills
- MAERB Curriculum updates Fall 2016- Nutrition curriculum being bolstered, with new outcome goals of having students be able to identify and describe dietary nutrients and special dietary needs for varying chronic conditions i.e. diabetes, cardiovascular disease and hypertension. New curriculum for this includes lecture, in-class activities and cognitive assessments

New Cascade Lab update
- JH 101 on Cascade campus will be constructed into a new clinical lab/classroom, a "mini-clinic", where most of the program's course can be taught in, from administrative and clinical lecture courses to phlebotomy and clinical lab courses. Construction scheduled to proceed in Fall to be ready for Winter 2017 classes. Cost of construction will be covered under Dean of Instruction Kurt Simonds' budget. A robust inventory list is being compiled and ordering will take place in the upcoming months

Clinical Practicum updates
- New community partners include: Bridgeport Family Medicine, Dr. Tanya Carter Family Practice, Compass Oncology and Portland Diabetes and Endocrinology Clinic
- New schedule: Students will only be available on Tuesday, Wednesday, and Thursday for practicum.
- Academic courses will be Mondays and Fridays. We will measure student and clinic feedback after they complete their hours.
- 22 students: 22 confirmed placement start date, September 27th 2016

Community Health Fair Report– Willow Creek – August 4th
- Health Fair completed August 4th 2016 at Willow Creek Center. 107 patients seen by 21 students. Students were asked to see a minimum of 4 patients, which was achieved, with some seeing as many as 7-8 patients
- Community partners present were Planned Parenthood of the Willamette, Kaiser Permanente, Naturopathic University of Natural Medicine, IRCO, and Jessen Fox from Oregon Student Association in support of Vote! Oregon
- Comment cards collected and feedback distributed to the students at their individual assessment meetings.

Student Advisory Board Members
- Necey Hardy SMA, current MA student and cohort representative, formulated and conducted a survey asking her fellow students to participate, and reported:
    - MP 150- Intro to EHR: Consensus was that this course should not be required, as it feels "out of date" and "not useful."
    - MP 135- Pharmacology: Students would prefer to be in class face-to-face, which may help foster better learning and understanding. Perhaps this could be moved to be a pre-requisite to help with foundation, like medical terminology currently is?
    - MA 199B- Clinical Phlebotomy II: Students "loved" this class, helped with confidence, and is very beneficial

Advisory Board Member updates
- Sally Gray CMA(AAMA)- reported notable difference in venipuncture confidence and ability between former PCC MA student's who completed the additional MA 199B Clinical Phlebotomy II course and those who did not
- Barbara Gomez- Updates coming regarding Providence MA externs on if they will be able to continue providing billable services to patients

Professional Development
- August 23rd- Flu Summit, Oregon Immunization Program
- September 9th- Happy Hour for Professionals at Neat Bar off of SE Hawthorne in Portland
- September 10th- RCCMA CEU, Obesity and Health weight
- September 17th - MAERB Workshop in Reston, Virginia
- September 21st- MSMP, HIPAA / OSHA Compliance Training
- September 30th- RCCMA Educator's Forum, MSMP
- October 8th- RCCMA CEU, Health Literacy

Program Review: February 24th 2017 from 11:30am to 1:30pm at Cascade Campus
- In process of collecting data and information
- Advisory Board members are encouraged to attend

Accreditation Site Visit: September 25th & 26th 2017 at Cascade Campus

Next Advisory Meeting: Friday, October 28th, 2016 from 9am-11am at Willow Creek Campus, room 304

SAC Meeting Minutes

SAC In-service Meeting MINUTES
October 26th (**9:00am – 11:30am**)
Cascade Campus TEB - TBA

Attendees: Virginia Chambers, Stephen Date, Sheena Cisneros, Amanda Gallo, Karen Henry, John Saito

Admissions updates: Amanda Gallo
- Applications opened up on Monday, October 24th and will close on December 15th. The online application process is being used and is working well.

Advising updates: Karen Henry
- New academic advisory for the Medical Assisting Program. Karen will be checking all the current students' grad plans to make sure they are on target.

New faculty / lab assistants
- PT Faculty – Sheena Cisneros (Westside Internal Medicine – supervisor)
- Lab Assistant – Inna Lubunsky (Legacy Medical Group – trainer)

MP 150 Electronic Health Records - (3 credit course)
- Remove from certificate
- SAC discussed and agreed.

MA 199b Phlebotomy II – (1 credit course)
- Add to certificate
- SAC discussed and agreed.

MA 136 Medications (2 credit course)
- Remove from certificate – will need to review the deactivation of this course at a future SAC meeting. At this point we will continue to provide course subsitutions for MP 135.
- Discussion keeping medications course in MP department.

MP 135 Pharmacology (3 credit course)
- Discussed the option of having a 2 credit pharmacology course specific for Medical Assisting students. Will make arrangements to meet with Stephanie Karr – MP chair to discuss options.

MA 270 Clinical Practicum
- Schedule change to T, W, Th – starting fall 2016
- 22 students in practicum – all clinical site visits are scheduled
- Clinical sites have reported positively on the schedule change and they want to continue the T, W, Th hours for clinical practicum. They are able to see the difference in students retaining information with the three days in a row – rather than the slit schedule.

Brochure revisions
- Add PCMH curriculum
- Update wages
- Added updates to the brochure and forwarded changes to Katherine in Marketing – along with pictures of students working in clinical lab. All students in the pictures signed waivers.

Intern student from Pacific University
- Interviewing and hosting
- Alicia Boss will be interning from Pacific for 190 hours over the course of nine months. She will be observing the department chair and the job functions of the program director.

ESOL students and study prep support
- Dan Wagner from Trade Programs
- We need to do more to help support ESOL students within our program. We discussed the value and importance of collaborating with other groups – John Saito suggested talking with Nancy Wessel – ESOL Department Chair at Cascade.

Poster Presentation
- November 30th from 9:00am-10:30am
- Cascade Campus, SU second floor
- First term students – PCMH model
- Over 12 community partners will be attending.

Graduation
- December 15th from 4:00pm-6:00pm
- Willow Creek Center room 103/104
- Providence Medical Group – special guest
- 22 students set to graduate

Clinical Lab space at Cascade
- Updates
- Nick Powers has lined up contractors to start work and will be completed to meet our December deadline.

Planning for winter term Community Health Fair - updates
- Stephen Date is working with Jeri Reed to establish space
- Stephen has secured Student Union – second floor (203/204). We will also have our clinical lab space but there is a geographic distance between the two spaces. We will need to discuss the best possible student workflow, supervising needs, as well as priority in skills performed.

Program Review: February 2017
- In the process of writing narrative
- Forwarded to Sue for a glance. She will provide some feedback prior to sending it to faculty for input. Barbara Gomez and Tedra Demitriou will review narrative the end of November. Submission is the end of January to the LAC.

Feedback from the AAMA National – MAERB Accreditation Workshop, Saturday, September 17th 2016 from 8am-5pm

- Virginia attending the accreditation workshop in Reston Virginia. There is a number of issues to address prior to submitting the Self-Study in June.
  - CCOGs need to be reviewed for all courses to include the MAERB (CAAHEP) learning objectives
  - Tracking tools must be in place for assessing student outcomes
  - Hard data – surveys must be available for review
  - Resource Assessment Tool – create and measure

Special Projects or grant opportunities
- CAAHEP new 2015 standards – curriculum updates
  - Currently working on implementing updates into the CCOGs
- Update Clinical Lab Workbook – winter 2017
  - Stephen will be working with Sheena and Inna this winter to re-write the lab workbook students use for MA 124 with more up to date and relevant information.
- Update Clinical Lab Competencies – summer (2016 done)
  - Finished adding the patient-centered communication definition and student guide to the competencies.
- MAERB resource assessment tool - fall 2016
  - Worked on the resources assessment tool and will have it completed before winter term

IMPORTANT DATES:

Program Review: February 24th from 11:30am -1:30pm at Cascade Campus

MAERB self-study: May 2017

MAERB site visit: September 25th & 26th 2017 (Monday & Tuesday)

APPENDIX E

Bureau of Labor and Statistics – Occupational Growth Projections

2/15/2017   Occupations with the most job growth

★ U.S. Bureau of Labor Statistics

Employment Projections

Occupations with the most job growth

Other available formats: (XLSX)

Table 1.4 Occupations with the most job growth, 2014 and projected 2024
(Numbers in thousands)

2014 National Employment Matrix title and code		Employment		Change, 2014–24		Median annual wage, 2015(1)
		2014	2024	Number	Percent	
Total, all occupations	00-0000	150,539.9	160,328.8	9,788.9	6.5	$36,200
Personal care aides	39-9021	1,768.4	2,226.5	458.1	25.9	$20,980
Registered nurses	29-1141	2,751.0	3,190.3	439.3	16.0	$67,490
Home health aides	31-1011	913.5	1,261.9	348.4	38.1	$21,920
Combined food preparation and serving workers, including fast food	35-3021	3,159.7	3,503.2	343.5	10.9	$18,910
Retail salespersons	41-2031	4,624.9	4,939.1	314.2	6.8	$21,780
Nursing assistants	31-1014	1,492.1	1,754.1	262.0	17.6	$25,710
Customer service representatives	43-4051	2,581.8	2,834.8	252.9	9.8	$31,720
Cooks, restaurant	35-2014	1,109.7	1,268.7	158.9	14.3	$23,100
General and operations managers	11-1021	2,124.1	2,275.2	151.1	7.1	$97,730
Construction laborers	47-2061	1,159.1	1,306.5	147.4	12.7	$31,910
Accountants and auditors	13-2011	1,332.7	1,475.1	142.4	10.7	$67,190
Medical assistants	31-9092	591.3	730.2	138.9	23.5	$30,590
Janitors and cleaners, except maids and housekeeping cleaners	37-2011	2,360.6	2,496.9	136.3	5.8	$23,440
Software developers, applications	15-1132	718.4	853.7	135.3	18.8	$98,260
Laborers and freight, stock, and material movers, hand	53-7062	2,441.3	2,566.4	125.1	5.1	$25,010
First-line supervisors of office and administrative support workers	43-1011	1,466.1	1,587.3	121.2	8.3	$52,630
Computer systems analysts	15-1121	567.8	686.3	118.6	20.9	$85,800
Licensed practical and licensed vocational nurses	29-2061	719.9	837.2	117.3	16.3	$43,170
Maids and housekeeping cleaners	37-2012	1,457.7	1,569.4	111.7	7.7	$20,740
Medical secretaries	43-6013	527.6	635.8	108.2	20.5	$33,040
Management analysts	13-1111	758.0	861.4	103.4	13.6	$81,320
Heavy and tractor-trailer truck drivers	53-3032	1,797.7	1,896.4	98.8	5.5	$40,260
Receptionists and information clerks	43-4171	1,028.6	1,126.3	97.8	9.5	$27,300
Office clerks, general	43-9061	3,062.5	3,158.2	95.8	3.1	$29,580
Sales representatives, wholesale and manufacturing, except technical and scientific products	41-4012	1,453.1	1,546.5	93.4	6.4	$55,730
Stock clerks and order fillers	43-5081	1,878.1	1,971.1	92.9	4.9	$23,220
Market research analysts and marketing specialists	13-1161	495.5	587.8	92.3	18.6	$62,150
First-line supervisors of food preparation and serving workers	35-1012	890.1	978.6	88.5	9.9	$30,340
Electricians	47-2111	628.8	714.7	85.9	13.7	$51,880
Maintenance and repair workers, general	49-9071	1,374.7	1,458.1	83.5	6.1	$36,630

Footnotes:
(1) Data are from the Occupational Employment Statistics program, U.S. Bureau of Labor Statistics.
Source: Employment Projections program, U.S. Bureau of Labor Statistics

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https://data.bls.gov/cgi-bin/print.pl/emp/ep_table_104.htm   1/2

Educator's Forum Meeting Minutes

RIVER CITIES CHAPTER OF MEDICAL ASSISTANTS
Educator's Forum
Friday, January 20, 2017

In attendance were the following:

Employers – Sarah Parker, CMA (AAMA) Medical Society of Metropolitan Portland (RCCMA President) and Paula Purdy, CMA (AAMA) Medical Society Staffing (group secretary); Barb Gomez, Providence; Bryan O'Connell, Virginia Garcia Medical Health Center; Kate Piller, MHA OHSU Scappoose Family Medicine; Alisa Dawson, The Oregon Clinic; Tedra Demitriou, RN, MSN and Barbara Dunn, CMPE, Legacy; Gaby Carrillo, CMA (AAMA), Multnomah County Health Department (RCCMA President-Elect).

Schools – Virginia Chambers, CMA (AAMA), MHA (forum chair), Stephen Date, CMA (AAMA); Bill Honeycutt Sumner College; Spring Coulter, RMA, MHA Carrington College; Linsey Dunn and Della Cattleman Everest College; Janie Griffin, NP, Mt. Hood Community College; Karen Maynard, RMA, Clackamas Community College.

Guest: Alicia Boll, Pacific University Healthcare Management student and PCC Intern

GOAL OF THE EDUCATOR'S FORUM:
- Support the curriculum and training needs of educators by offering resources and professional development activities.
- Support each other (educators and employers) so to provide the best trained medical assisting student for employment.
- Provide a platform for dissemination of information for all schools and participating employers.

EMPLOYER UPDATES:

The Oregon Clinic –
- Currently there are about 8 openings (eastside only)
- Clinics require the credential upon hire
- Turnover is consistent
- Wages increased, depending on the clinic, to $20 with experience (depending on experience). Each clinic manager will decide the starting wage.
- Some clinics are paying for MA organization membership and or CEUs
- TOC makes every effort to do extern to hire *(Erica Hill is responsible for managing externships – information located on the RCCMA Educators Website)*
- Hires all credentials

Legacy Health System –
- Looking into offering reimbursement for either dues, and or CEUs
- Approximately 40 openings
- Salary/wages are the same
- Education benefits: looking into covering the initial exam
- Credential is due within a year of hire
- Opening a new training facility in Tuality that will cover a 3 day training program
- Hires all credentials

OHSU –
- Approximately 30 openings – there is a hiring freeze for non-essential personnel but this does not include medical assistants working with patients
- Pay scale is the same, $17.50 per hour
- OHSU offers AAMA approved CEUs to all personnel
- OHSU has a three week on-board training program for new MA hires
- Family Medicine is increasing
- OHSU and Tuality has merged, the go live is February 6, 2017
- Hire all credentials

Multnomah County
- 2 openings and must be bilingual to work at this clinic
- Education benefit: $100 towards membership or CEUs
- County provides a leadership engagement encourage personnel to grow
- 4 percent increase if bilingual
- $18.06 offered to MAs right out of school
- Hire all credentials

Providence Health System –
- 40 openings in Oregon
- Partnered with talent acquisition to increase recruiters
- Upon hire MAs have 60 days to acquire his/her credential
- Strong leadership/preceptor program
- According to Providence, externs are not allowed to do billable tasks; will concentrate more on work flows and interaction with patients
- Providence has merged with St. Joseph Swedish Hospital
- Hire all credentials

Virginia Garcia Medical Health Center –
- 2 openings
- MA turnover is 21 percent
- Pay is the same
- Only hires bilingual
- Only hires MAs with the CMA (AAMA) or RMA (AMT) credential
- Allows six (6) months to obtain a credential
- March 2017 Ob. clinic opening in Hillsboro

SCHOOL UPDATES

Portland Community College –
- There are two cohorts; Spring at Willow Creek (24 students) and Fall at Cascade (24 students)
- They usually receive over 60 applicants for their program and applicants are evaluated on a point system. PCC is changing their pre-reqs for the program and reexamining the math literacy.
- PCC College program review in February 24, 2017
- MAERB site visit September 2017
- Current facility is 2 FT and 1 PT
- 22 graduates from last cohort and all are employed
- 21 passed the AAMA CMA exam
- Having some challenges with ESOL students and understanding the exam language; currently 9 different languages within the 24 students

- Extern timeline – its six (6) weeks to process students for clinical placement – depending on the clinical needs. Externship hours and schedule: 192 hours extern | 3days T,W,TH
- There are 28 additional clinical sites for externs (besides the Providence, Legacy, OHSU, Kaiser clinics)
- April 9, 2017 PCC Health Fair and Screening event at Cascade Campus
- February 1, 2017 PCC Clinical Lab open house

Carrington College –
- MAERB initial site visit went excellent. Should know about accreditation in Spring
- Current school encourages students to take the RMA exam
- 50 students total | 3 classes morning; midday; and evening
- 8 students are bilingual; Spanish and Russian
- 200 extern sites
- 2 instructors right now | Program Director is on leave
- Extern is six (6) weeks (180 hours) open to students
- Student's take a professional course on Monday's during extern

Mount Hood Community College –
- Pre-reqs will be required fall of 2017 and students should start fall of 2018
- 24 students will be accepted (3 terms)
- 180-210 extern hours
- Encouraging ESL students to apply. Will have grants to help students
- IBest – coaching program for ESOL students
- There will be classes late afternoon / early evening

Sumner College –
- Sees a lot of medical assistants applying for nursing school
- Must complete a panel interview to get into program

Everest College –
- Currently have 80 students
- They are a modular program like Carrington
- There are morning and evening classes
- Recently went thru their initial accreditation site visit with MAERB for CAAHEP accreditation. Will know in the spring whether they earned the accreditation.
- They have 200 hours for extern.
- There are on-line prep courses and practice tests before the exam is taken
- Placement rate is above 70 percent.

Clackamas Community College –
- Program takes 24 students and usually there are 70 that apply
- Extern is 200-220 hours 40 hours weekly (5.5-6 weeks in length)
- Program Director visit extern sites while student is there
- Students are required to journal the extern experience
- Only encourages the AAMA CMA exam now – 100 percent pass rate
- 100 percent placement rate too except for this year.

Miscellaneous Comments:
- Schools need employers to complete the extern evaluation on the student (document is on the MAERB website) Without this important data the school is unable to provide reporting information to MAERB.

- Legacy asked whether other employers training MAs on catherization. Many employers spoke up and said no because of Joint Commission. Many of the employers have their own "scope of practice." Ms Purdy provided a quick description of the scope of practice for MAs in Oregon.
- If employers have a specific topic of training for EDUCATORS or for the CMA Today Magazine or AAMA conference – please forward to Virginia Chambers. She is collecting topics to submit in March at the next Chicago AAMA CEB board meeting.

Resources –
- Employers can offer opportunities to schools. For example, PCC is using a Legacy employee for professional development and helping with training.
- Employers to provide role descriptions for comparisons. For example, what is a MA 1, MA 2, etc? What is the role of a preceptor? What other roles can MAs take?
- Employers can provide all the qualified job titles and descriptions graduates may apply for outside the title of a Medical Assistant (health coach, patient navigator, PAS, PRR..etc) which may help school review training and curriculum needs.

Educators –
- Mini conference – employers to offer the educational opportunities and to train the educators on what they would like to see (Trauma informed care.., Behavioral health integration…etc). Train the trainer idea with breakout sessions for enhancing "teaching theory for the adult learner" Educator engagement and growing the new generation of instructors – topic at the mini-conference?
- Schools to ask their faculty what type of training they feel they need the most. Possible providing a survey to collect topics and a needs assessment.
- Educators completing Providence's on-boarding process for new hires (SIMS lab) was suggested.
- EPIC training for the Educator – through LEAP or Legacy?

The decision was made to rotate the Educators Chair position and allow other educators from schools to lead and facilitate the discussion. Virginia Chambers elected Spring Coulter, RMA (AMT), MBA from Carrington College as new incoming chair. Virginia will support Spring during the transition.

Next meeting will be Friday, April 20, 2017 from 12:00pm to 2:30pm

Future Agenda Items
- Mini-conference dates and suggested locations
- MA position description
- Administrative changes; Oregon Health Authority
- ACA changes, how it affects MAs?

Submitted by:
Paula Purdy, CMA (AAMA)
Forum Secretary

Article: American Academy of Family Physicians- Envisioning New Roles for Medical Assistants

IN AN ERA OF "DO MORE WITH LESS," MAs CAN PLAY A
PIVOTAL AND FLEXIBLE ROLE IN FAMILY MEDICINE PRACTICES.

Envisioning New Roles for Medical Assistants:
Strategies From Patient-Centered Medical Homes

In 2008, the Commonwealth of Pennsylvania began a statewide chronic care initiative to adopt the patient-centered medical home (PCMH). The initial target disease was diabetes. Our research team, comprising experts in medicine, communication, social work, and practice facilitation, studied 25 practices in the first region of the state to begin the program. All the practices participated in a regional learning collaborative, were recognized as PCMHs by the National Committee on Quality Assurance (NCQA),[1] and received supplemental payments from six area insurers to support their transformation. Overall, practices achieved better clinical quality for diabetes care with an increase in the percentage of patients meeting evidence-based goals.[2] For example, the percentage of patients with hemoglobin A1C levels above 9 declined from 30.7 percent at the start of the initiative to 28.2 percent one year later. Cholesterol-fighting efforts had the biggest impact with the percentage of patients with LDL levels under 130 rising 8.5 percent during the year.
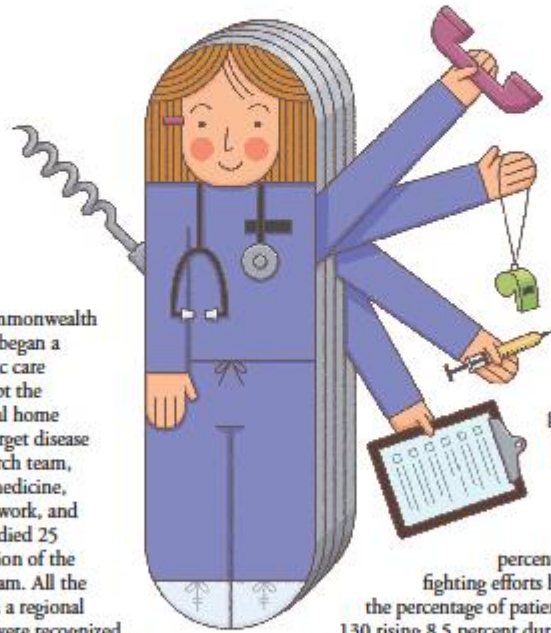
We conducted 140 in-depth qualitative interviews during 2010 and 2011 with providers, administrators, and practice staff to understand their PCMH transformation process. The interviews revealed how adapting the roles

Dana Naughton, LCSW, Alan Adelman, MD, MS, Patricia Bricker, MBA,
Michelle Miller-Day, PhD, and Robert Gabbay, MD, PhD

MAs can be used to augment the capacity of physicians and nurses or can assume more instrumental roles in population management.

of medical assistants (MAs) enhanced the practices' ability to achieve PCMH standards and quality improvement. The aggregate focus on this profession more than others as a variable to increase practice capacity was notable and demanded our attention. With a scope of work that traverses general, administrative, and clinical responsibilities,[3] MAs can be used to augment the capacity of physicians and nurses, can move into newly developing practice roles such as health coaches, or can assume more instrumental roles in population management.

Seven strategies most frequently mentioned during the interviews as being successful and central to PCMH implementation are described in this article and presented in the table on page 10. All were widely used by the practices and were shared at learning collaborative sessions. (It should be noted that we were unable to determine whether the use of MAs in the PCMH model affected the cost of providing care because we didn't have access to claims data.)

Strategy #1: Organizing MAs into provider teams

Family physicians would need to spend 21.7 hours per day to meet all the acute, chronic, and preventive care needs of their patients.[4] This fact, as well as studies suggesting a team approach to care is the key to quality improvement,[4,5] drove many of the practices we studied to reorganize into provider-MA

teams caring for a dedicated panel of patients. The ratios varied across practices, but they included 1:1 teamlet models,[6] 1:1 non-assigned models, and 2:1 models. Empanelment and team-based care are cornerstones of the PCMH, as defined by the NCQA.[7] The practices that created these teams said they saw numerous benefits, including greater efficiencies as providers and MAs adapted to one another's work styles and preferences; improved trust and communication between providers and MAs; and more frequent contact and stronger relationships between MAs and patients.

Strategy #2: Engaging MAs in population management

The practices we studied that did not have many nurses (RNs or LPNs), diabetes educators, social workers, or dietitians on staff to help the practice with quality improvement hired new MAs or trained current ones to provide a wide range of needed services. MA roles in some practices shifted to increase their responsibility for identifying when patients are due for routine tests or preventive care.

With training, MAs are following standing orders for preparing patients for these services or are actually performing some of these services themselves. In some practices, MAs are screening for smoking status, administering immunizations, and performing monofilament diabetic foot exams. Some also draw blood and collect specimens, dilate eyes,

MAs helped Pennsylvania practices achieve quality improvement during a statewide PCMH initiative.

Provider-MA teams helped increase efficiency and build trust.

Some practices hired or trained MAs to serve as population managers.

About the Authors

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take retinal photographs for ophthalmology review, and prepare referral paperwork for specialty care.

Strategy #3: Empowering MAs to own key quality measures

Conventional wisdom posits that you can't improve what you don't measure. Along with relying on MAs to track and provide routine population management services, most of the practices we studied relied on their MAs to document the services they provided, either on paper or in the electronic health record (EHR).

In many of the practices, entire sections of the EHR are now completed by MAs in a manner that allows the data to be extracted for monthly quality reports. Providers and MAs proudly shared that some key quality measures are now "owned" by the MAs, including the percentage of patients queried about tobacco use and the percentage of patients with diabetes who have had a foot exam, A1C test, LDL cholesterol test, and microalbuminuria screening.

Strategy #4: Turning MAs into health coaches

With 50 percent of patients not understanding the advice of their physician,[8] and many patients not seeking physician input to begin with, most if not all self-management takes place outside of the medical home.[9] Forty-two percent of primary care physicians say they do not have enough time to spend with patients,[10] meaning changes are needed in how practices support patients' self-management efforts.

Most of the practices we studied helped MAs learn more about chronic diseases so they could educate patients on how to better manage their conditions through regular follow-up care, routine testing for complications, and better self-care (diet, exercise, smoking cessation, etc.). Several of the practices trained MAs to help patients set self-management goals, and some went even further and trained MAs to be health coaches.[5]

The practices reported gaining many benefits by involving MAs more often in educating and supporting patients: Patients seemed to appreciate the additional support; MAs liked interacting more with patients and liked the professional development opportunity to

learn new skills; and providers were relieved to have help with what is typically seen as time-consuming work. In practices that created new health coach positions, the change was viewed as a career development opportunity for high-performing MAs.

Strategy #5: Developing MAs as outreach workers

As part of the MAs' new population management and self-management support roles, they call patients who miss appointments, are overdue for services, or need closer follow-up based on risk assessment. Practices reported that these outreach activities have further strengthened the MA-patient relationships to the point that some patients now ask for the MAs when they call the office. MAs also have become increasingly responsible for tracking lab orders and referrals and assuring receipt of lab and referral reports.

Strategy #6: Using MAs to help manage high-risk patients

Several practices have assigned MAs to assist nurses in caring for the highest-risk patients in the practice. These MAs primarily make outreach calls, track patients who have been hospitalized or visited the emergency department, and take on preauthorization and other insurance-related work, freeing the nurses to do more intensive care management.

Strategy #7: Cross-training MAs

Some practices found that cross-training MAs to cover for one another during breaks and absences and to work in both the front and back offices worked well. Several practice leaders noted they recently decided to hire only MAs (and not additional clerical staff) to facilitate coverage between the front and back offices.

Several practices also found flexibility in training MAs for more advanced patient care roles like health coaching and panel management so the MAs could continue to fill in as needed elsewhere in the practice. MAs in some practices generally worked in the same roles every day. MAs in other practices rotated through administrative, clinical, and laboratory roles throughout the day or week. ➤

■ MAs can serve as health coaches for chronically ill patients, especially those patients who are less comfortable with doctors.

■ Using MAs to handle outreach, patient tracking, and insurance-related work frees nurses to do care management.

■ Cross-training MAs to fill both front- and back-office duties gave some practices added flexibility.

Addressing barriers to change

Change is difficult, and the practices we studied faced numerous challenges related to human resources, training, buy-in, and sustainability.

Human resources challenges. Most of the practices confronted staffing challenges as they worked to become PCMHs. They noted difficulties in finding MAs who had the required skill sets, tolerance for change, and temperament for patient-centeredness. One physician said, "I do think it takes a different type of person to work in this environment. It can't be an inexperienced MA. You throw them into a PCMH, and it's like a deer in the headlights."

Notably, providers and administrators critiqued MA education programs as insufficiently preparing MAs for work in PCMH settings, with the main deficits being in use of EHRs, detailed knowledge of chronic illness

care, and some aspects of patient interviewing. This has led some practices to revise their recruiting strategies. Another physician said, "You get what you pay for. We have learned it over and over again. We have had very inexperienced, low-paid MAs who did not have the right seasoning. We are restructuring for the third or fourth time. We are getting seasoned MAs."

Likewise, some practices realized they needed to ask some long-term employees to leave when they could not accept the changes being made. As one supervisor noted, these expanded MA roles are not for everyone. Accordingly, many of the practices increased salaries for new and existing MAs in hopes of attracting and retaining strong MA staff.

Training challenges. As the practices began to envision expanded roles for their MAs, they needed to provide training on population management, documentation,

ANECDOTES TO SUPPORT THE SEVEN STRATEGIES FOR ENHANCING MA ROLES

Strategies	Representative quotes
Organizing MAs into provider teams	"One of the things the initiative allowed us to do was to have what we call a one-on-one, or an MA that's just our person that we work with all the time. They bring the patients back to the rooms, go through the medications, take care of everything as far as seeing that they're up-to-date with immunizations and colonoscopies and things like that, and then allow us to practice medicine and be less on the phone and dealing with insurance companies and things like that." (physician)
Engaging MAs in population management	"Before, we would have the doctor perhaps remember to check the feet or do a urine microalbumin test, but now it's automatic. It's set up. Patients come in, and we have a diabetic report card that will show us if they are up-to-date with those things. If they are not, the MA sees that and will do the necessary tests and let the doctor know what was done. We've also made a change in our process for ophthalmology referrals. The MAs pass them off to the receptionist who will call for the results, so everybody is kind of working together." (physician)
Empowering MAs to "own" key quality measures	"Pneumonia vaccine for our older patients is one of the indicators. The MAs thought that we were only giving it in the winter, so we had an education session on that. When we did that, the MAs began to feel like, 'Oh, now we know what this is,' and our graphs and scores went up. Same with microalbumin." (practice administrator)
Turning MAs into health coaches	"I think the health coaching has been pretty great. I was introduced to some of this stuff in residency, so I had some experience with health coaching, but I wasn't exactly sure how well it would work in our office. I think certain patients really enjoy goal-setting and checking up with phone calls and things like that. I think as far as behavior change goes, that really makes a huge difference knowing that someone is going to call you back and follow-up on the things that you are going to try." (physician)
Developing MAs as outreach workers	"We have a patient outreach form that comes from the registry and reminds us to call the patient if they haven't been in. If they haven't been here in over six months, they need to come in." (medical assistant)
Using MAs to help manage high-risk patients	"All MAs are now routinely obtaining information on hospital discharges, and all doctors are forwarding emergency department reports on high-risk patients to staff to obtain records and arrange follow-up." (team report)
Cross-training MAs	"The nice thing about cross-training is they can see exactly what that job entails and how if you don't do something at the in-desk, for instance, that impacts everything down the line – or vice versa, if the back staff doesn't do something, doesn't circle the encounter form correctly or whatever, how it filters back in the other direction. It gives people a better understanding." (practice administrator)

Providers were relieved to have help with what is typically seen as time-consuming work.

self-management support, patient outreach, care management, and chronic diseases. Some sent MAs to the regional learning collaborative sessions that were part of our state's initiative to hear what MAs were doing in other practices. Many brought in experts to explain diabetes and self-management support. They held lunch-and-learn sessions with providers, office managers, and other staff to learn how and where to document their new chronic and preventive care responsibilities. They also did role-playing exercises and provided web-based and video training sessions. In most practices, the training is ongoing and continues to be a key need. For the most part, they said MAs found additional training personally and professionally rewarding.

Buy-in challenges. The practices eventually learned how to improve buy-in for changes in MA roles. Most MAs said they initially viewed the changes as more work but now are comfortable in their expanded roles. As one MA explained, "There are a lot of different things we have to do now that we didn't have to do before. But it's all for the patients and that's what we're here for, so everyone just falls right in the flow, and we try to spread out the work."

Regular meetings (monthly, if not weekly) appear crucial to securing buy-in across the practice. Meetings served as a primary mode of communication. They created staff cohesion around changes and were useful for confirming and clarifying processes, procedures, and workflow. MAs particularly appreciated the opportunity to discuss ideas for change before they were implemented.

Other successful strategies for securing MA support included involving MAs in the core improvement team's collaborative learning sessions; creating a safe environment for MAs to ask questions and provide feedback on what's working and what's not working; explaining the rationale for changes and the benefits to the practice and, most important, to the patients; providing ample training on new job duties; and being transparent about changes and practice performance.

In some practices, providers were a surprising source of resistance to changing MA roles. Some were reluctant to delegate to MAs tasks they had always done. Strategies to overcome this resistance included peer meetings where colleagues described the benefits they derived from allowing MAs to provide more help to them; monthly provider review of clinical outcomes data by provider panel, which showed improvements resulting from expanded MA roles; and reminders from practice administrators that this is how the practice works now.

Sustainability challenges. Sustaining change can be as hard as making the initial change. It's easy to fall back into old habits. Successful strategies for sustaining changes included periodic monitoring of changed processes to identify slippage or missed opportunities; reviewing clinical outcomes monthly to identify downward trends indicating sustainability issues; meeting regularly to discuss problems and concerns; providing adequate supervisory oversight and support; offering ongoing training and education; codifying changes in written policies and procedures and updated job descriptions; and posting revised policies and procedures for all to follow.

Some practices also had to reconfigure their staffing, especially where MAs already had significant workloads. Some of the practices added MA positions with the supplemental payments they received for becoming PCMHs. Some reassigned tasks previously done by MAs to clerical and other staff. Others retained their staffing mix and noted they were not asking MAs to do more tasks, just more complex tasks. In the end, there was not one "new model," but a variety of configurations to address sustainability.

Getting started

Re-visioning the role of MAs in family medicine does not guarantee a smooth transition to a PCMH, but it appears to be a critical element in its evolution. In this study, pro-

■ Changing the roles of MAs creates challenges from a human resource or training perspective.

■ Regular meetings with MAs and providers to monitor progress can increase acceptance of changes.

■ Practices had to reconfigure MA duties, especially if they already had heavy workloads.

viders, administrators, MAs, and other staff almost unanimously agreed that expanding the role of MAs facilitated quality improvement, enhanced teamwork, improved workflow, increased patient satisfaction, improved patient safety, and increased productivity of office visits. As one physician noted, MAs can be much more than "ferryboats" taking patients from reception areas to exam rooms.

A key finding of this study was the effort that practice leaders made to consider the best use of MA capacity. MAs can be a nameless presence in practices, moving patients across work areas, or they can serve as key team members seen by patients, providers, and colleagues as "go-to persons" with many roles and competencies. The national movement toward the PCMH model requires revising the MA role.

> ■ Changing MA duties is not a silver bullet to PCMH but appears to be a key factor to its success.

> ■ MAs can contribute more to the PCMH effort than simply moving patients around.

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Send comments to fpmedit@aafp.org, or add your comments to the article at http://www.aafp.org/fpm/2013/0300/p7.html.

Article: CMA Today- One Credential, Many Roles

Donald A. Balasa, JD, MBA
AAMA Chief Executive Officer and Legal Counsel

One credential, many roles

Why CMAs (AAMA) are uniquely qualified for advanced positions

The patient-centered medical home (PCMH) is defined in the 2007 document *Joint Principles of the Patient-Centered Medical Home:*

> The patient-centered medical home (PCMH) is an approach to providing comprehensive primary care for children, youth, and adults. The PCMH is a health care setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.[1]

The vital and multifaceted roles of CMAs (AAMA) in the PCMH were discussed in detail in 2009 and 2010 issues of *CMA Today*.[2-4]

With the enactment of the Patient Protection and Affordable Care Act, or the Affordable Care Act (ACA), in 2010, the usefulness and importance of the PCMH have come into sharper focus. The ACA and its regulations have resulted in an increased demand for primary care, a heightened emphasis on the efficient delivery of such care, and a greater empowerment of consumer-patients to choose a health insurance plan that aligns with their individual medical and economic situations. In light of these fundamental changes in the American health system, the PCMH model is proving to be an adaptable paradigm for reconfiguring outpatient settings—especially their staffing structures.

To meet the rapidly evolving outpatient-care landscape, health systems and providers have created a variety of important and challenging staff positions—within both the PCMH and other delivery models—some of which did not exist six or seven years ago. Because the CMA (AAMA) is the only medical assisting credential that requires formal education, CMAs (AAMA) are uniquely suited to excel in these new roles. Specifically, graduation from a postsecondary, programmatically accredited medical assisting academic program is required of the CMA (AAMA). The thesis of this article, therefore, is that the cognitive, psychomotor, and affective competencies that are taught and verified in medical assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), as well as the content that is tested and verified in the CMA (AAMA) Certification Examination, differentiate CMAs (AAMA) from all other educated and credentialed medical assistants, and enable them to succeed in an unprec-edented variety of advanced capacities in the ambulatory care arena.

The following are examples of these new positions, along with an explanation of the knowledge, skills, and professional attributes necessary to succeed in each position. I have provided excerpts from the "Core Curriculum for Medical Assistants" ("Core Curriculum"), which is part of the 2015 *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting (Standards)* adopted by CAAHEP, the Medical Assisting Education Review Board (MAERB), and the American Association of Medical Assistants (AAMA) to demonstrate the readiness of CMAs (AAMA) to assume these positions.[5] I have also cited relevant sections of the current *CMA (AAMA) Certification/Recertification Examination Content Outline (Content Outline)* for the same purpose.[6]

(Because of the shifting professional roles within primary care, there are many different names for the following positions, and considerable overlap in responsibilities. The titles of these roles vary throughout the United States, and even within health systems.)

6

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Panel manager/prevention outreach specialist

Panel management (also known as *population management*) is a distinctly PCMH innovation. It is defined as follows:

Panel management groups patients with similar needs to improve their quality of care and health outcomes. By using a patient registry or other similar database, providers or … [panel managers] can help manage routine aspects of care. Panel management creates a system where patients are systematically identified for gaps in care, preventive services, or chronic condition management. These systems can flag suboptimal lab values, prescriptions that have not been renewed, and needed vaccinations or referrals that have not been made.[7]

Panel manager and *prevention outreach specialist* are interchangeable titles for a professional who assists health care providers by identifying at-risk patients, contacting them, and encouraging them to follow the treatment plan established by the provider. Panel management not only helps patients get well or stay well but also enables providers to offer proactive, preventive care rather than reactive, remedial care. Preventive care is less costly than remedial care, so effective panel management results in healthier patients and lower costs to society as a whole.

The "Core Curriculum" of the *Standards* requires students in CAAHEP-accredited medical assisting programs to understand and explain to patients from different ethnic and cultural backgrounds the importance of health maintenance, disease prevention, and compliance with treatment plans.[5] The *Content Outline* of the CMA (AAMA) Exam includes health maintenance and disease prevention, as well as home monitoring of blood sugar, blood pressure, and cholesterol.[6] These knowledge elements, skills, and professional attributes prepare CMAs (AAMA) to function in panel manager and prevention outreach specialist positions in a variety of delivery settings.

Patient navigator/advocate

Unlike most of the other nontraditional positions in a patient-centered environment, patient navigation or advocacy is recognized in federal statute—specifically, the Patient Navigator Outreach and Chronic Disease Prevention Act of 2005. Also, navigators are required in the ACA to share impartial information about and facilitate enrollment in qualified health plans.[8]

The following is a helpful definition of patient navigation[9]:

Patient navigation is a process by which an individual—a patient navigator—guides patients with a suspicious finding (e.g., test shows that they may have cancer) through and around barriers in the complex … system to help ensure timely diagnosis and treatment. Barriers to quality care fall into a number of categories:

- Financial and economic
- Language and culture
- Communication
- Health care system
- Transportation
- Bias based on culture/race/age
- Fear

Patient navigation helps ensure that patients receive culturally competent care that is also:

- Confidential
- Respectful
- Compassionate
- Mindful of the patient's safety

Another noteworthy difference between patient navigators or advocates and the other advanced professionals discussed in this article is that the former are usually employed by individuals and families, or agencies that assist individuals and families, and not by health systems or providers.

The "Core Curriculum" requires instruction about both the role of the medical assistant as a patient navigator and the ways to facilitate referrals to community resources.[5] The *Content Outline* includes these points, as well as interpersonal skills, such as displaying impartial conduct without regard to race, religion, age, gender, sexual orientation, socioeconomic status, physical challenges, special needs, and lifestyle choices.[6]

Wellness/health coach

Wellness or health coaching is defined by noted expert and author Thomas Bodenheimer, MD, in his *Training Curriculum for Health Coaches*. In this document, Dr. Bodenheimer also distinguishes the role from panel management:

Health coaching is a primary care innovation designed to solve or alleviate the problems of patients not understanding and/or not agreeing with clinicians' advice. The goals of health coaching are: (1) to enhance the patient experience in primary care … and (3) to offload some work from the clinician such that the clinician can pay greater attention to complex clinical problems and spend less time on routine preventive and chronic care functions that can be handled by nonclinician personnel using clinical algorithms and standing orders. …

Coaching is closely tied to a related primary care intervention—panel management. While coaching is a function involving individual patients or small groups of patients, panel management is concerned with the entire population of patients cared for by a primary care practice [or] clinic.[10]

An indispensable element of successful wellness or health coaching is the ability to communicate with a wide variety of patients. The "Core Curriculum" specifically requires instruction about health coaching,[5] and the *Content Outline* includes demonstrating empathy, sympathy, and compassion as well as effective communication with diverse populations, including[6]:

- Visually or hearing impaired
- Seriously or terminally ill
- Intellectually disabled
- Illiterate
- Non-English speaking
- Anxious, angry, or distraught
- Socially, culturally, and ethnically diverse

Community health worker

Community health workers (or professionals with a similar title) are found in many nations throughout the world.[11] The American Public Health Association offers this definition of a community health worker:

A community health worker [CHW] is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.[12]

Community health workers have vital roles in minority communities in the United States:

[Community health workers] also work to improve health outreach efforts to vulnerable patient populations. For example, the California Black Health Network uses CHWs to lead education and prevention programs for African-Americans to address major health conditions and patients' rights and responsibilities. The Community Health Worker/*Promotora* Network uses CHWs, or "promotoras," to "create connections between Latino communities, health agencies, and community-based organizations by addressing informational, cultural, socioeconomic, and linguistic gaps." Texas was a pioneer in authorizing promotora certification, and the large Latino immigrant presence in Texas, combined with a history of limited public funding for health care, has made promotoras a valuable health resource in many areas.[13]

Both the "Core Curriculum" and the *Content Outline* require students and examinees to have knowledge of and exhibit behaviors that are essential for a CHW.[5,6] The "Core Curriculum" requires the student to demonstrate empathy, active listening, and nonverbal communication skills, and to demonstrate respect for individual diversity, including gender, race, religion, age, economic status, and appearance.[5] The *Content Outline* requires examinees to be knowledgeable about public health statutes regarding communicable diseases, vital statistics, and abuse, neglect, and exploitation of children and the elderly.[6]

Patient care coordinator

The patient care coordinator (also known as *care coordinator*) position is perhaps the role that is most directly identified with the PCMH philosophy. Care coordination can be defined as "the deliberate organization of patient care activities between two or more participants involved in a patient's care to facilitate the appropriate delivery of health care services."[14] Care coordinators fulfill some of the following key elements of that organization[15]:

- Assume accountability for care coordination

- Provide patient support

- Develop relationships and agreements with key outside providers

- Establish connectivity that ensures appropriate information transfer

For many reasons, CMAs (AAMA) are the ideal candidates for patient care coordinator positions. What follows are some of those reasons.

Critical thinking skills. As reflected in the "Core Curriculum" of the 2008 *Standards*, and as further emphasized in the "Core Curriculum" of the 2015 *Standards*, graduates of medical assisting programs accredited by CAAHEP who have demonstrated their knowledge by passing the CMA (AAMA) Certification Examination have been taught and tested on the critical thinking skills essential for medical assisting practice. These same critical thinking abilities are readily applicable to patient care coordination. By employing scenario-based questions requiring analysis of the best courses of action in concrete situations, the CMA (AAMA) Certification Exam is able to reinforce the education received in an accredited program and to assess whether candidates in fact have the necessary critical thinking skills.

Ability to apply principles of medical law and ethics. Patient care coordinators must "ensure that all care programs meet … legal requirements," according to one source.[16] The "Core Curriculum" includes the following legal competencies that are also important for effective care coordination[5]:

- Describe components of the Health Insurance Portability and Accountability Act (HIPAA)

- Apply HIPAA rules as they relate to privacy and release of information

- Summarize the Patient's Bill of Rights

- Apply the Patient's Bill of Rights as it relates to choice of treatment, consent to treatment, and refusal of treatment

Many legal and ethical issues pertinent to care coordination are incorporated into the *Content Outline*, including the following[6]:

- Advance directives, including living wills and medical durable powers of attorney

- Americans with Disabilities Act (ADA)

- HIPAA, including health insurance portability and coordination of care to prevent duplication of services

- Health Information Technology for Economic and Clinical Health (HITECH) Act, including patient's right to inspect, amend, and restrict access to their medical record

- Consumer protection acts

- Confidentiality, including use and disclosure of personal protected health information (PHI), consent or authorization to release, drug and alcohol treatment records, HIV-related information, and mental health information

- Ethical standards

Knowledge and competencies in many aspects of health care. For several decades, a distinctive advantage of CMAs (AAMA) has been their ability to shift easily between many roles within an outpatient delivery setting. This versatility continues to be a trait of CMAs (AAMA). The current "Core Curriculum" and the *Content Outline* encompass a broad range of general, administrative, clinical, and managerial elements—many of which are directly applicable to care coordination.

Not only are CMAs (AAMA) versatile but they are also multiknowledgeable and multicompetent. This is due to the fact that the "Core Curriculum" and the *Content Outline* require students and examinees to demonstrate mastery of the general, administrative, clinical, and managerial elements in the cognitive, psychomotor, and affective domains. Consequently, the depth, breadth, and rigor of CAAHEP-accredited medical assisting education and the CMA (AAMA) Certification Exam (that uses the National Board of Medical Examiners for test development, scoring, reporting and interpretation, and Prometric for test delivery) uniquely equip CMAs (AAMA) for advanced functions, such as care coordination. ✦

Share your story! If you are a CMA (AAMA) and employed in any of the positions discussed in this article, please e-mail us at CMAToday@aama-ntl.org. Let us know how you obtained your position and what your experiences have been.

Questions? Contact Donald A. Balasa, JD, MBA, at dbalasa@aama-ntl.org, or call the AAMA at 800/228-2262.

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Article: Patient Centered Primary Care Institute Blog

Online Learning Modules Help PCC Medical Assistants Prepare for Workforce

May 27, 2016 | **Tags:** *Blog* | **Tags:** *Medical Assistants , OHA PCPCH*
Marissa Sweeney

On May 12th I attended the Portland Community College (PCC), Medical Assistant program poster presentations on the core attributes of the Patient-Centered Primary Care Home (PCPCH) model. This is the third time that I've attended the PCC Medical Assistant poster presentations on the medical home model. Each class of Medical Assistants has contributed their own unique understanding of the model, however this group seemed to have the strongest grasp on how the model and, more specifically, the Medical Assistant role as a medical home team member directly contributes to the quality of care and positive outcomes for patients. They displayed an understanding that even at the most minute level, their contribution can influence care on a grand scale.

The redesign of primary care continues to heavily influence the role of Medical Assistants in a practice and their ever–expanding role in a team-based care model. As we move away from the traditional role of Medical Assistants in primary care, they begin to take on more responsibilities. These responsibilities include becoming a key player in communication flow, engaging in longer interactions with patients and assisting with administrative tasks that contribute to care coordination.

As the scope of the Medical Assistant role expands, it's important that both Medical Assistants and primary care practice administration understand what Medical Assistants can contribute to a team and how their role directly influences patient outcomes. The Patient-Centered Medical Home online learning modules are a great way to get everyone on the same page. They provide all members of a medical home team with background, practical advice and examples for each of the Patient-Centered Primary Care Home 2014 standards and this makes them a wonderful tool to incorporate in to curriculum before students enter the job market.

We are excited to see that other programs are incorporating the usage of the online learning modules in to their curriculum. Individuals from the following programs have accessed the modules for their studies:

- Portland Community College
- University of Connecticut
- Oregon Health and Science University
- Vancouver Community College
- University of San Diego, California
- University of Malaya, Kuala Lumpur
- Chemeketa Community College
- Pioneer Pacific College

If you're interested in accessing the learning modules for your own use go to: http://pcpci.org/online-modules

This will be such a great help to people on-boarding; we really would have liked to have this when we were applying for PCPCH recognition last year.

– Carolyn Larrowe, RN Care Coordinator, Corvallis, OR

These modules are an ideal beginning and reference guide to understanding the complexities of the PCPCH, and the introduction module is very helpful because the medical home concept is new to many people.

– Tracy Gaither, Care Coordinator, Albany, OR

***Marissa Sweeney** joined Q Corp in 2014 as a Program Coordinator on the Measurement & Reporting team, where she tracked and organized the team's many projects, and worked with medical groups and practices in her role keeping the Q Corp provider directory and provider portal up-to-date and running smoothly. In 2015 she transitioned into a Program Coordinator role working on the Patient-Centered Primary Care Institute. Marissa is originally from Fairbanks, Alaska and holds a Bachelor's Degree in Psychology from the University of Colorado and a graduate certificate in Project Management from the University of Washington. Her strong interest in process and quality improvement in health care has been cultivated throughout her experience in previous roles, including those in health care research, administration, public health and clinical trials. Immediately before joining Q Corp Marissa worked at the Fred Hutchinson Cancer Research Center in Seattle, WA for the HIV Vaccine Trials Network. Outside of work, Marissa enjoys playing with her dog, spending time outdoors, baking, traveling and enjoying all the Pacific Northwest has to offer.*

Introducing Primary Care's Newest Team Members!

June 11, 2015 | Tags: *Blog* | Tags: *Training , PCPCH Standards , Care Teams*

Marissa Sweeney

In 2014 the Institute launched the Patient-Centered Primary Care Home (PCPCH) Online Learning Modules as a resource for describing and explaining the 10 must-pass standards and the 23 other standards that clinics can meet to earn points toward becoming officially recognized as a PCPCH in the state of Oregon. The PCPCH Online Learning Modules gained American Academy of Family Physicians certification to be used for up to 2 prescribed CME credits and was also approved by the Oregon Nurses Association for up to 2.25 continuing nursing education hours.

A fortuitous bi-product of certification and validation of the Learning Modules by AAFP, AMA and ONA was that Portland Community College (PCC) recognized the PCPCH Online Learning Modules as a fundamental resource for educating their Medical Assistant students on the PCPCH model; PCC elected to incorporate the modules into their MA program curriculum (you can read more about this in a previous blog post from program's director). By doing this, PCC acknowledged the growing popularity of the PCPCH care model throughout the state of Oregon, but also the importance of the key role Medical Assistants play in increasingly team-oriented primary care.

I joined PCCs 2015 class of Medical Assistants on their final day of learning about the PCPCH model and had the opportunity to engage some individual students about their perspective on the role of Medical Assistants in PCPCH care teams, and what they intended to contribute to their future teams. I'm pleased to introduce you to a few of the students who took a few minutes to speak with me:

Mary Pittam: Mary has always had a love for medicine and is excited about the idea of working directly with a variety of different patients in her future work setting. As a former teacher, Mary has a knack for educating others and feels this skill will be a great contribution to a team environment. In regards to the emerging PCPCH model of care, she feels that it truly addresses a broad spectrum of health care and clearly defines the things that primary care teams need to do to make a difference in people's lives. Mary's history as an educator paired with her innate interest in providing care to others is sure to be a recipe for success as a Medical Assistant. The Institute wishes you well in your future endeavors, Mary!

Sally Gray: Sally is motivated to become a Medical Assistant for reasons that are both personal and professional. When Sally had her first child she developed a close relationship with the MA that provided her with comfort and care, and it is her hope to provide that same level of care to her future patients. Sally is also a practicing massage therapist and becoming an MA is both a complement and an extension to her previous experience caring for people. The PCPCH model of care excites Sally because it encompasses and unites all that health care should be and addresses caring for the whole person all at once as opposed to fragmented care. Sally's interest in leadership, her emotional intelligence and her compassion for others will undoubtedly be a great asset to her future medical home team.

Elizabeth Hernandez Lopez: For Elizabeth, becoming an MA is the first step of what she hopes is a long career in health care. Since she was a young child Elizabeth has envisioned herself working in health care, and becoming a medical assistant is a way for her to not only get her foot in the door but also to engage with patients and work with them on empowering themselves to take their health in to their own hands. Her personal perspective and values on patient care closely aligns with the PCPCH model in that the PCPCH model makes efforts towards increasing access to preventive care, which Elizabeth feels is a crucial component of managing one's health. Elizabeth's open and friendly nature will definitely be an advantage of her future primary care employer by way of easing patients' nerves and ensuring them that they are in good hands. We would all be so lucky to have someone like Elizabeth caring for us!

Winnie Howard: In Winnie's own words, "my heart has always been most happy when I am helping people." This is the reason she has chosen to become a Medical Assistant. Primary care is her specific area of interest, but regardless of which type of healthcare environment she ends up in she hopes to always be contributing to people's lives in a positive way. What most excites her about the PCPCH model and team concept is that it will help people gain better access to all the different types of healthcare they need and deserve. Winnie's skills as a medical assistant, paired with her exceedingly positive attitude will surely impact people's lives both here in the US and in Africa where she hopes to go and offer her compassionate healthcare skills.

Marissa Sweeney joined Q Corp in 2014 as a Program Coordinator on the Measurement & Reporting team, where she tracked their many projects and worked with medical groups and practices to keep the Q Corp provider directory and provider portal up-to-date and running smoothly. In 2015 she transitioned into another Program Coordinator role working on the Patient-Centered Primary Care Institute. She maintains have a strong interest in process and quality improvement in health care which has been cultivated throughout her experience in previous roles, including those in health care administration, public health and clinical trials.

PCC Medical Assisting Students Professional Poster Presentation- Sample Flyer

PCC Medical Assisting Students Health Fair – Sample Flyer

HEALTH FAIR

FREE Community Health Fair

Hosted by Portland Community College
Medical Assisting Program

MEDICAL ASSISTING

Thursday, February 9th 2017
9:00am to 3:30pm

Portland Community College
Cascade Campus
Student Union Building
705. North Killingsworth
Portland, OR 97217

Community Partners Include:

Urban League of Portland: https://ulpdx.org/
African American Health Coalition: http://aahc-portland.org/
Women's Resource Center: https://www.pcc.edu/resources/women/cascade/
Queer Resource Center: https://www.pcc.edu/resources/qrc/cascade/
Equi Institute: http://www.equi-institute.org/

Medical Assisting students will be performing
Distance and Color Vision screening
Hearing screening and Blood pressure screening
Ophthalmic Medical Technology students will be performing
Glaucoma screening
Raffle Prizes – Individuals who participate in the student screening may enter to win a number of available prizes!