

# Program Review Year 2010 – 2011

## Name of Program:

MEDICAL ASSISTANT CERTIFICATE PROGRAM
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### Program Review Team Members

#### Name

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DATE: March 14, 2011

## SECTION ONE: PROGRAM

### I. ACCREDITATION/ APPROVAL/ CERTIFICATION

#### A. Does the program have external (specialized) programmatic accreditation?

Yes      X                        No          

**IF NO, skip to I (B).**

**IF YES, please complete items 1 through 8 below.**

1. What is the name of the programmatic accreditation agency?

The programmatic accreditation agency is the Commission on Accreditation of Allied Health Education Programs (<http://www.caahep.org>) upon the recommendation of the Curriculum Review Board of the American Association of Medical Assistants Endowment (CRB-AAMAE).

2. What is the current accreditation status of the program?

The program is currently accredited and the next review is 2013.

3. What date was the last accreditation status awarded?

The last accreditation status was awarded in September 2003.

4. What is the anticipated date of the next accreditation action?

The next accreditation visit will be in the fall of 2013.

5. How often does the program file an official report with the accrediting agency?

We are required to file official yearly updates with the Medical Assistant Education Review Board (MAERB). This is done annually in February.

6. Where is the program currently in the review schedule (e.g., year 3 of a 7 year cycle)?

We are in year 7 of a 10 year cycle.

7. What were the strengths and weaknesses of the program, as identified by the accreditation agency during the last accreditation activity? (*Base your response in this area to the citation of Standards.*)

### **Strengths**

#### **Standard I. A. Resources: Personnel/Faculty and Staff**

The Medical Assisting faculty members and staff were commended for their dedication, enthusiasm and continued support to the Medical Assistant Program at NECC and the Medical Assistant Profession.

### **Weaknesses**

#### **Standard I B. Facilities: Adequate facilities must be provided for laboratories and for storage.**

The Medical Assisting program utilizes several laboratories/rooms that are also used by various health occupations. There is no division of what belongs to whom. The storage area was also disorganized. The site team spent some time in the storage room attempting to determine what types of supplies were available. It should be noted that all health programs use the centralized supply area.

#### **Standard I E. Program Evaluation**

**There must be a documented plan for a systematic review of the program effectiveness to aid the faculty, the institution and the accreditation agencies in assessing program qualities and needs.**

There was no documented plan/schedule for when the program evaluation would take place.

#### **Standard I. E 2. Implementation of Outcome Measurement Results**

**Program Evaluation-Implementation of Outcome results-Evaluate Program**

**Program Evaluation-Implementation of Outcome results-Reflected in Curriculum**

**Program Evaluation-Implementation of Outcome results-Reflected in Other Dimension of the program**

There are so few outcomes measured that the program has been unable to evaluate the program effectiveness.

8. How has the program been revised to address the citations or recommendations?

**Standard 1.B.** Since the Accreditation site visit in 2003, the Medical Assistant program now has a laboratory that is primarily dedicated to the Medical Assisting students. This laboratory is currently shared with the phlebotomy certificate program. Within this lab there are several cabinets dedicated specifically for supply storage for Medical Assisting Program. This supply cabinet is neatly organized and maintained by the Division of Health Profession laboratory assistant. The centralized storage area (in room 14) is still in use and contains supplies that are common to several health disciplines with supplies such as non-sterile and sterile gloves, I.V. bags, bandages, crutches and walkers.

**Standard I.E.** The Outcome Measurement Tool included in the CAAHEP report documented several different areas, when and with whom program evaluations are to take place. These evaluations are obtained at the end of the academic year, upon the student's graduation. The outcomes measured are graduation rates, retention rates, certification exam pass rates and employment rates of graduates from this program according to MAERB. Prior to that accreditation site visit, there was little data documented from these measured outcomes.

Program evaluation is also performed at NECC using an internal self-study process, namely program review. This document represents the first review by the Medical Assistant Certificate Program using the internal NECC process. This internal program review will be conducted on a regular basis, approximately every five years.

**Standard I. E. 2.** As mentioned before, the outcomes that are measured, graduation rates, certification exam pass rates, etc. are now reviewed yearly. The Medical Assistant certificate program is up for re-accreditation in 2013 by CAAHEP and MAERB. This program review will be the basis for the self-study that needs to be completed for the site visit in 2013.

**B. Does the program have external (specialized) programmatic approval or certification?**

Yes \_\_\_\_\_ No   X  

**IF NO, skip to I (C).**

**IF YES, please complete items 1 through 8 below.**

1. What is the name of the programmatic approval or certification agency?
2. What is the current approval or certification status of the program?
3. What date was the last approval or certification status awarded?
4. What is the anticipated date of the next approval or certification action?
5. How often does the program file an official report with the approving or certifying agency?
6. Where is the program currently in the review schedule (e.g., year 3 of a 7 year cycle)?
7. What were the strengths and weaknesses of the program, as identified by the approval or certification agency during the last approval or certification activity? (*Base your response in this area to the citation of Standards.*)
8. How has the program been revised to address the citations or recommendations?

**C. Is there an external accrediting, certifying, or approval organization relevant to your program from which you are not currently receiving accreditation, approval or certification?**

Yes \_\_\_\_\_ No   X  

**IF NO, skip to question II.**

**IF YES, please complete items 1 through 3 below.**

1. What is the name of this external organization?
2. What status can your program receive from this organization?

Accreditation \_\_\_\_\_ Certification \_\_\_\_\_ Approval \_\_\_\_\_

3. Are you intending to apply for accreditation, certification, or approval from this organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

**IF NO, please explain, then go to question II.**

**IF YES, please complete items 4 through 7 below, then go to question II**

4. Why are you intending to apply for accreditation, certification, or approval?
5. When are you intending to apply and why?
6. Are there any specific resources you will need when you go through the accreditation, certification, or approval process that you do not currently have? If yes, please describe.
7. Please provide information about any additional questions, concerns, etc. you may have with respect to your intention to apply for accreditation, certification, or approval.

## **II. MISSION**

### **A . The program's mission statement is as follows:**

The mission of the Medical Assistant Certificate program is to prepare competent, entry-level medical assistants, who will function professionally in all aspects of ambulatory/outpatient health care and meet the employment needs of the Greater Merrimack Valley Area.

### **B. Describe the process through which faculty developed the program mission.**

The mission statement for the program was developed in 1989 when the program was relocated from Whittier Vocational Technical High School to NECC. The Program Coordinator, Advisory Committee and the Dean of the Division of Human Services and Health Professions developed and adopted the mission statement.

The mission statement and program goals are reviewed annually by the program faculty with input from the advisory committee and our divisional dean.

### **C. Describe how the program's mission statement is consistent with, or aligns with, the mission of the College.**

The mission of the Medical Assistant Program is consistent with the College's mission. We prepare students who live and will work in the Merrimack Valley. This is an important community service.

### **D. Describe how this program facilitates the accomplishment of the College's mission and core values.**

The Medical Assistant program facilitates the accomplishment of the College's mission and core values:

**Collaboration:** Our Medical Assistant program has over 38 clinical affiliations with medical offices and hospitals throughout the Merrimack Valley. Additionally the program works with several local organizations in community services activities in Lawrence and Haverhill.

**Diversity:** The Medical Assistant program accepts all qualified applicants and strives to recruit applicants that mirror the diverse multicultural and ethnic backgrounds of the community.

**Personal and Professional Growth:** The Medical Assistant program faculty encourages all of our students to take their National Certification exam and to maintain their credentials by completing 12 hours of CEU's every 3 years. The faculty promotes life-long learning for personal and professional growth. The Medical Assistant Program faculty also advises graduates about other certificates, degree programs and academic progression. Several students have continued their education and have become practicing nurses and other allied health professionals.

## **III. INSTITUTIONAL STRATEGIC PLAN**

### **A. Describe how this program satisfies or is consistent with one or more of the College's Institutional goals as defined in the Institutional Strategic Plan.**

Many of the core values addressed in II (D) are also reflected in the College's five (5) strategic directions. The program facilitates the accomplishments of the college's core values and supports the strategic plan.

In addition to embracing diversity, the program also serves as a resource to the community. The Medical Assistant program has been involved in several Community Service/ Serving Learning

activities within the community over the last four years. The program has worked with La Esperanza, an all girl's charter school in Lawrence performing over 100 school vision and hearing screenings. Additionally, the program has worked with Emmaus House in Haverhill and with Greater Lawrence Family Health Center and the City of Lawrence, at their City Wide Health Fair in May, performing blood pressure screenings.

**B. Describe how significant modification of this program would impact other programs at NECC.**

The Medical Assistant Program follows a national curriculum for medical assistants as prescribed by the American Association of Medical Assistants (AAMA) and MAERB. The curriculum consists of courses specific to medical assistant training. The only non-medical assistant courses are English Composition, Human Biology, Medical Language and Medical Office Administration. With the small number of students taking these courses we would not have an appreciable effect on other departments. If we increased the number of students in the program, then perhaps, we would affect the previously mentioned courses/departments.

#### **IV. PROGRAM POLICIES AND PROCEDURES**

**A. List any specific program policies and procedures, and comment on the rationale for any differences from institutional policies and procedures.**

*(Programs may need to develop specific policies and procedures related to the day-to-day operation of the specific program [e.g., to meet accreditation standards, to establish the parameters for clinical education experiences]. When there are specific program policies and procedures, these policies and procedures should be consistent with those of the institution. Differences between program-specific policies and institutional policies should be described within the context of the program.)*

The Medical Assisting Program has the following policies:

Relating to Admission:

Admission Criteria to the Program

Policies relating to class, lab and externship:

Urine Drug Screen Policy

Invasive Lab Procedure Policy

Medical Assisting Practicum Guidelines

The Medical Assisting program has modified its admission criteria over the years to ensure that students entering the program are prepared to achieve the outcomes and to be successful. We have limited enrollment and resources, and therefore students who gain entry are more likely to be professional, successful healthcare providers and life long learners.

**B. Describe the mechanism used to assure that all students in the program receive copies of current program-specific policies and procedures, relevant information about the program, and information about the institutional policies and procedures.**

The Medical Assisting Program admission criteria are posted on the Division of Health Professions website at: [www.necc.mass.edu/healthprofessions](http://www.necc.mass.edu/healthprofessions). In addition, all students who apply to the Medical Assisting program receive a copy of the admission criteria when they meet with Admission Counselors.

Policies relating to class, externship, immunization, Cori/Sori and clinical information are reviewed during the One Stop registration and during the applicable semester in the certificate program.



**C. Describe how the program defines “student success.”** *(For example, if the program facilitates student transfer, and students do indeed transfer, does this meet the program’s definition of success?)*

Describe the program’s policies, procedures and practices related to student success

The Medical Assisting Program defines student success by the:

- Achievement of program objectives and student learning outcomes
- Number of students graduating
- Number of student passing the National Certification Exam (CMA)
- Number of students obtaining employment as a medical assistant in the healthcare
- Number of students who further their education

In our program, a Medical Assisting student’s success is defined by successfully passing all medical assisting courses (MAS) with a grade of “C” or higher and passing all course objectives including in the cognitive, psychomotor and affective domains. These must be met by successfully passing written examinations, oral presentations and clinical competencies. If a student fails a clinical competency, he/she must review all materials (written, verbal and visual) and continue to practice until he/she is able to demonstrate competency.

Our program success is also demonstrated by the student’s ability to obtain employment as a medical assistant in a healthcare setting. In the Commonwealth of Massachusetts, medical assistants are not required to be certified to gain employment. The trend we are seeing in Massachusetts and New Hampshire over the last three to four years is that employers want graduates from an accredited program (such as NECC) or who are certification eligible (meaning they can take the CMA exam over the next few months). Currently, our employment rate for our graduates is between 75-85%. Our certification exam pass rate from 2002 to 2008 averaged 82%. The national benchmark for the certification exam pass rate is set at 70% by MAERB. In 2009, however, our pass rate was only 59%. This may be an aberrant year but we will compare the 2010 rate and review both years for weaknesses and correct areas of deficiency.

## **SECTION TWO: STUDENTS**

### **I. PROGRAM DEMAND, COMPLETION, AND RETENTION**

**A. Discuss how the program obtains data concerning student demand for the program. (See completed Chart 1 in Appendix 1.) Discuss how the data in Chart 1 was analyzed and interpreted.**

The data presented was obtained from Institutional Research at the college. The Medical Assistant Certificate program is a criteria based program accepting thirty (30) full time day students and twenty (20) part time evening students each year. From the data, you can see that we have typically had more applications than openings, especially for the day program.

**B. Discuss student program completion and transfer. (See completed Chart 2 in Appendix 1.)**

*(If there are two or more consecutive years in which there are five (5) or fewer graduates from the program, describe the analysis conducted by faculty to determine the reason for this number of graduates. Include the action plan the faculty developed and implemented. Comment on the effectiveness of the action plan.)*

The three year average for day graduates in the program is 24. The three year average for evening students is 7. While there is transfer from our program (day and evening) to other certificates, this does not adequately explain the number of students who, based on this data, do not graduate from the evening section. We will need to further investigate these numbers, and if verified, explore the possible reasons for lack of program completion.

**C. Describe the demographic characteristics of students enrolled in program. (See completed Chart 3 in Appendix 1.)**

The program is predominately female. In terms of minority enrollment, percentages for the program approximate those for the college.

**D. Discuss student retention and positive college outcomes by student demographics. (See completed Chart 4 in Appendix 1.)**

1. Describe the program policies, procedures, and practices that are in place related to student retention. Discuss how are they implemented? Comment on their effectiveness.

Practices include: one-on-one meetings with students, additional hours for open lab practice and instructor meetings to remedy specific problems or concerns. As a consequence, this program has a high retention rate. As needed by special circumstances, we have assisted students to transfer to our part-time evening program due to problems such as illness, employment, and family situations.

2. Is there evidence that any segment of the student population has a higher attrition rate from this program? If so, what action has the program taken to address this phenomenon?

We have not been able to draw any specific conclusions concerning differential attrition rates, due in many cases to low numbers of students in certain categories. However, the rates available do suggest some possible differences in attrition rates for minority students. Anecdotally, what we see is that the Latino students do struggle with many socioeconomic issues and this does affect their ability to be successful. The specific issues are unemployment and child rearing.

## SECTION THREE: CURRICULUM

### I. CONTENT, ORGANIZATION, AND DEVELOPMENT PROCESSES

A. Describe the curriculum. (You may use the same format used in the NECC Academic Catalog.)

COURSE		Proficiency	Prerequisite
Number	Name		
BIO 101	Human Biology	College Reading	
BIO 102	Human Biology Lab		
ENG 101	English Composition I	Basic reading and Basic writing	
HES 104	Medical Office Administration	College Reading	
HES 105	Medical Language I	Basic Reading and Basic Writing	
HES 106	Medical Language II	Basic reading and basic Writing	HES 105 minimum grade of D
MAS 100	Introduction to Medical Assisting	College Reading, Basic Writing and Basic Math	Enrollment in the Medical Assisting Program
MAS 101	Medical Assisting I	College Reading, Basic Writing,	Enrollment in the Medical Assistant Program
MAS 110	Medical Assisting II	College Reading, Basic Writing	Enrollment in the Medical Assistant Program  C or better in MAS 101
MAS 120	Clinical Lab Procedures		HES 104 Minimum grade of D MAS 101 Minimum grade of C
MAS 190	Medical Assistant Practicum		MAS 101 Minimum grade of C MAS 110 Minimum grade of C MAS 120 Minimum Grade OF C HES 104 Minimum grade of D
PSY 101	Introduction to Psychology	Basic reading and Basic Writing	

**B. Discuss how the curriculum is an organized, sequential series of courses that progress from simple to complex learning.**

Students in the Medical Assisting program are required to complete the program courses in the identified sequence. Program proficiencies and pre-requisites are designed to assure that students follow the prescribed sequence. The student will be presented the concepts that progress from simple to more complex learning.

The fall (first semester) courses Medical Language I, Medical Office Administration, and Introduction to Medical Assisting are courses that introduce the students to medical assisting and the health care field. Medical Assisting I introduces students to basic clinical skills required before beginning their externship (in medical offices) the following semester.

The Medical Assisting courses in the spring (second semester) introduce more complex concepts and clinical and laboratory time to practice their skills. Injections, phlebotomy skills, strep testing, pulmonary function tests, microscopic work are just some of the skills that are mastered during this semester. Students are in their externship sites using skills that they have learned in laboratory experience.

**C. Describe the curriculum development, review and revision processes used by the program to assure that the curriculum meets the needs of students and graduates. Include discussion of the mechanisms that allow input into these processes from (1) employers of program graduates and (2) schools to which students transfer (if applicable).**

The curriculum is continuously reviewed to ensure that it meets the standards set forth by the Medical Assisting Education Review Board (MAERB). When changes are adopted, all programs receive a copy of these changes and have ample time to incorporate them into their curriculum.

In addition, the Program Coordinator and Clinical Coordinator are continuously eliciting feedback from externship sites/employers regarding skills that students may be lacking or new procedures that are being used in physician practices. Each externship site completes a detailed evaluation of each student's performance during that semester; often suggesting skills that need improvement or need to be implemented in our program.

For example, in the past we have taught Medical Assisting II students medication injections midway in the semester. Because of feedback from our externship practitioners, our students are now taught this skill during the first week of the semester. Students are then able to assist practitioners with their flu clinics and other important immunizations.

**D. How does the curriculum contribute to the student accomplishing the institutional outcomes?**

The core skills developed by NECC, including skills related to writing and quantitative reasoning, apply specifically to degree programs. However, these skills are vital in healthcare professions. Well developed communication and quantitative reasoning skills are essential for patient assessment and for the delivery of health care. For more information on how the curriculum supports these skills, see the Curriculum Map in Appendix 3.

**E. How does the curriculum contribute to the student accomplishing the program specific outcomes?**

The Curriculum Map in Appendix 3 demonstrates the contribution of the courses to each of the program specific outcomes.

## **SECTION FOUR: PROGRAM RESOURCES**

### **I. FACULTY**

**A. Discuss the number of faculty assigned to the program with respect to its adequacy to complete all activities associated with maintaining a high-quality educational program. (See completed Chart 5(A), Chart 5(B), and Chart 5(C) in Appendix 1.)**

*If the program holds specialized accreditation or approval, state the number of full-time faculty (or full-time equivalent faculty) required by the outside agency (\_\_\_\_\_). Write "NA" if not applicable.*

Chart 5 indicates we have three (3) full time faculty members within the Medical Assisting Certificate program. However, only two (2) of these three faculty are dedicated to the program. The third faculty member listed on Chart 5 teaches within the program (MAS 120 Clinical Lab Procedures) and is a full time faculty member for the Phlebotomy program. The Program Coordinator for the Medical Assistant Program is also the Department Chair for Healthcare Technology and Ambulatory Care which entails five other programs.

This program was adequately staffed in the spring of 2011. In the fall of 2010, one full-time faculty member went on half-time status, with the result being that the program is now not adequately staffed, considering both the teaching and advising demands.

**B. Indicate the percentage of faculty that are full-time, as well as the percentage of credit hours taught by full-time faculty. (See Chart 5 (D) in Appendix 1.)**

The percentages of faculty that are full time range from 22.2 to 33.3%. The percentage of credit hours taught by full time faculty ranges from 44.4 to 47.4%.

**C. Discuss how the percentage of full-time faculty, both in terms of numbers and credit hours taught, impacts the program.**

Chart 5 indicates that the number of full time faculty and the number of credit hours they teach is now inadequate to meet the needs of the Medical Assistant Program. The lack of full time faculty reduces the ability to advise students correctly, not only in course sequencing, but also to maintain consistency within the program (day and evening sections) and to encourage and monitor student success.

**D. For each faculty member, document their credentials and professional activities. (See the copies of Chart 6 in Appendix 1 completed for each faculty member [full, part-time, or DCE]).** (Note: Each individual faculty member should complete his/her own chart and submit it to the Program Coordinator or designee.)

**Describe and summarize the credentials and the activities of program faculty with respect to maintaining their status as content experts and remaining current in their field of expertise.**

The program's faculty has many years of clinical and administrative experience. Both Medical Assisting faculty members have their Master's Degree, one in Nursing and the other in Human Services Administration. Our adjunct faculty also has their Master's in Education. This faculty maintains their content expertise by attending continuing education classes in their respective fields and working in hospitals and clinics. For more detailed information, see the faculty charts included in Appendix 1.

## II. CLASSROOMS AND LABORATORIES

**Discuss whether the program has classrooms and laboratories of sufficient quality and quantity to provide an environment conducive to effective teaching and learning. (How did the program coordinator/faculty make this decision?)**

Comments by faculty and students have been made pertaining to the limited lab space and the lack of temperature control of both lab and classrooms. These issues are actively being addressed (i.e. a new allied health building is being planned).

## III. INSTRUCTIONAL TECHNOLOGY

**Describe the instructional technology required to support the program's curriculum plan. Discuss whether the current instructional technology is of sufficient quality and quantity to provide an environment conducive to effective teaching and learning. (How did the program coordinator/faculty make this decision?)**

The instructional technology in the Lawrence classrooms is very adequate.

Students in this program use the computer labs to access "medical applications" software. Moreover, Medical Assisting students can use available software programs for Medical Language and Medical Office Administration to enhance their classroom learning. The Medical Assisting students also have access to an EHR (Electronic Health Record) which the college has purchased in order to meet the computer skill demand from healthcare employers.

## IV. LIBRARY AND RELATED LEARNING RESOURCES

**Discuss whether the program has access to library and related learning resources adequate to support the curriculum plan and to provide an environment conducive to effective teaching and learning. (How does the program use the library and related learning resources in the implementation of the curriculum plan? Describe the process used by the program to determine the adequacy of library and related learning resources.)**

The Medical Assistant program courses are delivered on the Lawrence Campus. The general education courses, such as English Composition, Human Biology and Introduction to Psychology, are offered on both campuses and students can choose either location. The Lawrence campus has a library with many resources specifically for healthcare professions. The librarians are available during day and evening hours to assist students in web searches and locating information that is pertinent to their assignments.

For our HES 104 Medical Office Administration course, all students (including medical assistants) are required to attend an orientation to the library that is intended to help students prepare for their patient education project. Other learning resources include anatomical models, simulations software, audio visuals materials and guest lecturers.

As new advances and equipment/technology are developed for medical practices, several options are used to purchase and/or to request; budgeting each year, working with the library staff for new acquisitions and exploring virtual technology for laboratory and classroom use.

## V. FINANCIAL RESOURCES

**Discuss whether the program's financial resources are adequate for the program to achieve its stated mission.**

*(How does the program coordinator/faculty participate in developing the program/department budget? How does the program coordinator/faculty participate in evaluating the adequacy of the budget to support effective teaching and learning?)*

Until recently, the financial resources have been adequate.

## VI. CONTENT EXPERTS

### A. Does the program have an Advisory Committee?

Yes    ☒X\_\_\_                      No    ☐\_\_\_

**IF NO, skip to VI (B).**

**IF YES, please complete items 1 through 5 below.**

1. Insert the roster of Advisory Committee members.

See Appendix 2 for advisory board committee members.

2. Report the schedule of meetings for the past three years, or as many as available if the Advisory Committee has been meeting for less than three years.

Up until 2009, the Advisory Committee met only once per year. Since then, the committee meets twice yearly, in the fall and spring semesters.

3. Insert copies of the Advisory Committee minutes for the past three years.

**(See Appendix 2.)**

4. Describe the input of the Advisory Committee experts on program outcomes.

Many board members are also clinical affiliates and work with our students during their clinical externships. These affiliates know our program and the performance of our students. Our board members are able give us feedback and make suggestions for health care externships and the required student preparation.

Over the last several years, advisory board meeting attendance has been low due to many different circumstances. These meetings were traditionally held in the evenings on the Lawrence campus, but again the numbers attending remained low. In 2009, we changed the time, to be at 8:30 am and the location to the Haverhill campus, in hopes that our participation would increase. We have not seen a difference in the attendance since we have made these changes.

5. Describe the usefulness of the Advisory Committee relative to anticipating changes and challenges that need to be met by the program.

The Advisory board understands the needs of ambulatory healthcare and the role of the medical assistant. They keep us informed of required changes in healthcare and within the community.

**NOW GO TO QUESTION VI (C).**

**B. Does the program have any plans to develop an Advisory Committee?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**IF NO, what is the program's rationale for this decision?**

**IF YES, please detail below.**

**NOW GO TO SECTION VI (C).**

**C. Does the program use content experts other than those represented in an Advisory Committee?**

Yes \_\_\_X\_\_\_ No \_\_\_\_\_

**IF NO, skip to Section Five.**

**IF YES, please discuss below and then go to Section Five.**

This program uses content experts from several different areas. First, our adjunct faculty who teach within the program are content experts and are currently employed in healthcare practices. We also use the expert advice from our externship sites and their staff. These sites are able to give us insight and direction for healthcare today and in the future.

Our program also uses the expertise of other full time faculty within our division in teaching certain courses in the curriculum. For example, students are expected to understand and demonstrate pulmonary function tests. These tests are preformed in many physician offices by medical assistants. We have one of our Respiratory Therapy faculty members teach this section due to their expertise in the procedures and use of the equipment.



## **SECTION FIVE: PROGRAM OUTCOMES**

### **I. PROGRAM OUTCOME ASSESSMENT PLAN**

**A. Insert the Program Outcome Assessment Plan for the previous three years. (See Plan in Appendix 3.)**

*(If the program has participated in Program Outcomes Assessment for fewer than three years, please comment on the reason and insert the number of Program Outcome Assessment plans the program has completed.)*

The Program Outcomes Assessment plan has been developed in conjunction with this review.

**B. How has the Program Review contributed to, supported, or confirmed the findings of the Program Outcome Assessment Plan activities?**

The assessment plan is newly developed and has yet to be enacted.

## SECTION SIX: SUMMARY

### I. CONCLUSIONS: PROGRAM STRENGTHS AND WEAKNESSES

A. List and describe the program's major strengths, based on information obtained in the Program Review. Cite evidence for each identified strength.

AREA OF STRENGTH	EVIDENCE
<b>Medical Assisting Faculty:</b> Highly qualified faculty dedicated to maintain excellence in this program.	See Section Four , I(D)
<b>Community Service/Service Learning:</b> Caring faculty and students dedicated to “giving back” to their community: Projects such as la Esperanza and Emmaus House	See Section One, III (A)
<b>High demand Program:</b> This program responds to the needs of the community. Medical Assisting is one of the top 30 fastest growing jobs in country through 2016.	See Section Two, I (A) See Appendix 1 Chart 1
<b>Diversity of Students:</b> The Medical Assistant program represents the ethnic diversity of the community we are located in.	See Section Two, I (C) See Appendix I, Chart 3
<b>Curriculum:</b> Curriculum is sequentially offered to ensure student success	See Section Three , I (B)

**B. List and describe the program's weaknesses or areas in which improvement is desirable, based on information obtained in the Program Review. Cite evidence for each identified weakness or area for improvement.**

<b>WEAKNESS OR AREA FOR IMPROVEMENT</b>	<b>EVIDENCE</b>
Pass rate on the certification exam of 59% in 2009	Section ONE, IV, ( C)
Need for additional lab space for clinical skills practice	Section FOUR , II (D)
Low graduation rate of evening students in the part-time Medical Assisting program	Section TWO, I. B
Increase participation of Advisory Board Members	Section FOUR , VI (4)
Need for full time faculty member totally dedicated to medical assistant program	Section Four, I. C. Section FOUR, V

## II. ACTION PLAN

**For each identified weakness or area in which improvement is desirable, submit an Action Plan.** *(When designing the Action Plan, a suggested plan would include the elements of Process Management using a Plan-Do-Study-Act (PDSA) cycle.) (Note: Add as many of the following tables as necessary.)*

Problem	Improvement Activity	Person Responsible	Date of Activity	Findings
Pass rate on the certification exam of 59% in 2009	Review Exam results of 2010 cohort	Program Coordinator	Spring 2011	
Analysis:				

Problem	Improvement Activity	Person Responsible	Date of Activity	Findings
Need for additional lab space for clinical skills practice	New Allied Health and Technology Building in Lawrence	Dean	Opening scheduled for fall 2013	
Analysis:				

Problem	Improvement Activity	Person Responsible	Date of Activity	Findings
Low graduation rate of evening students in the part-time Medical Assisting program	Will review data from years 2007-2010 looking at students that completed externship in Fall of those years.	Program coordinator	Fall 2011	
Analysis:				

Problem	Improvement Activity	Person Responsible	Date of Activity	Findings
Increase participation of Advisory Board Members	Survey members to see what would be better meeting times: See about video conferencing availability	Program coordinator	Spring 2011	
Analysis:				

Problem	Improvement Activity	Person Responsible	Date of Activity	Findings
Need for Full time faculty member totally dedicated to medical assistant program	Request for full time faculty member	Dean of Health Professions Program Coordinator	Spring 2011	
Analysis:				

## REVIEW SUBMISSION

<b>PROGRAM:</b>	
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Submits this Program Review document in fulfillment of the NECC requirements for a comprehensive and systemic review of each academic program.

<b>Individual Responsible for Completing the Program Review</b>	
Name:	Title:
Signature:	Date:
<b>Program Coordinator</b>	
Name:	
Signature:	Date:
<b>Department Chair (if appropriate)</b>	
Name:	Title:
Signature:	Date:
<b>Assistant Dean/Director</b>	
Name:	Title:
Signature:	Date:
<b>Dean of Division</b>	
Name:	Title:
Signature:	Date:

## **APPENDICES**



## **APPENDIX 1**

### **CHARTS 1-6**

**Chart 1. Student Demand (DAY)**

	AY 2007- 2008	AY 2008- 2009	AY 2009- 2010	3 Year Average
Total Applications	38	38	46	41
First Time Freshmen who registered	1	2	9	4
External Transfers who registered	2	2	4	3
Internal Transfers who registered	0	0	0	0
Readmitted Students who registered	28	28	24	27
Total Students new to program	31	32	37	33
Total Unduplicated Enrollment	41	43	38	41

**Chart 2. Program Completion/Student Transfer**

	AY 2007- 2008	AY 2008- 2009	AY 2009- 2010	3 Year Average
Program Graduates	15	33	23	24
Students who transfer prior to graduation from program (multiple years out)	2	NA	NA	NA

**Chart 3. Student Demographics**

		Asian	Black	Cape Verdean	Hawaiian/Pacific Islander	Hispanic	Native American/ Native Alaskan	White	Non- Resident Alien	Multi- Racial	Unknown	Total	Minority Percentage (unprorated)
AY 2007-2008	Male	0	0	-	-	0	0	1	0	-	1	2	0%
	Female	0	2	-	-	8	0	28	1	-	0	39	26%
	Total	0	2	-	-	8	0	29	1	-	1	41	24%
AY 2008-2009	Male	0	0	-	-	0	0	2	0	-	1	3	0%
	Female	0	2	-	-	7	1	29	0	-	1	40	25%
	Total	0	2	-	-	7	1	31	0	-	2	43	23%
AY 2009-2010	Male	0	0	0	0	0	0	1	0	0	0	1	0%
	Female	0	0	0	0	14	0	21	2	0	0	37	38%
	Total	0	0	0	0	14	0	22	2	0	0	38	37%

**Chart 4. Fall to Fall Retention (DAY)**

\* Program Retention = (Graduated from This Program + Still Enrolled in This Program)/Fall Cohort

\*\* Positive College Outcome = (Total Graduates + Total Active)/Fall Cohort

ALL	Fall 2007-Fall 2008		Fall 2008-Fall 2009		Fall 2009-Fall 2010	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>39</b>	-	<b>40</b>	-	<b>35</b>	-
<b>GRADUATES</b>						
Graduated from This Program *	11	28%	22	55%	12	34%
Graduated from Any Other Program	1	3%	0	0%	1	3%
<b>TOTAL Graduates **</b>	<b>12</b>	<b>31%</b>	<b>22</b>	<b>55%</b>	<b>13</b>	<b>37%</b>
Graduated from This Program and then Transferred to 4-Year	1	3%	4	10%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>1</b>	<b>3%</b>	<b>4</b>	<b>10%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	3	8%	10	25%	8	23%
Graduated from Any Other Program and Enrolled in Another NECC Program	1	3%	0	0%	0	0%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>4</b>	<b>10%</b>	<b>10</b>	<b>26%</b>	<b>8</b>	<b>24%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	7	18%	8	20%	4	11%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	1	3%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>7</b>	<b>18%</b>	<b>8</b>	<b>20%</b>	<b>5</b>	<b>14%</b>
<b>NON-GRADUATES - ACTIVE</b>						
Transferred to 4-Year	1	3%	1	3%	1	3%
Still Enrolled in This Program *	8	21%	3	8%	10	29%
Still Enrolled, but in Another NECC Program	5	13%	5	13%	4	11%
<b>TOTAL Active **</b>	<b>14</b>	<b>36%</b>	<b>9</b>	<b>23%</b>	<b>15</b>	<b>43%</b>
<b>Inactive - Did not graduate or transfer and they are not enrolled at NECC</b>						
<b>TOTAL Inactive</b>	<b>13</b>	<b>33%</b>	<b>9</b>	<b>23%</b>	<b>7</b>	<b>20%</b>
<b>Program Retention*</b>	<b>19</b>	<b>49%</b>	<b>25</b>	<b>63%</b>	<b>22</b>	<b>63%</b>
<b>Positive College Outcome**</b>	<b>26</b>	<b>67%</b>	<b>31</b>	<b>78%</b>	<b>28</b>	<b>80%</b>

**MINORITY (H, I, A, B)**

	<u>Fall 2007-Fall 2008</u>		<u>Fall 2008-Fall 2009</u>		<u>Fall 2009-Fall 2010</u>	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>9</b>	<b>-</b>	<b>9</b>	<b>-</b>	<b>14</b>	<b>-</b>
<u>GRADUATES</u>						
Graduated from This Program *	4	10%	5	13%	3	9%
Graduated from Any Other Program	1	3%	0	0%	0	0%
<b>TOTAL Graduates **</b>	<b>5</b>	<b>13%</b>	<b>5</b>	<b>13%</b>	<b>3</b>	<b>9%</b>
Graduated from This Program and then Transferred to 4-Year	0	0%	1	3%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>0</b>	<b>0%</b>	<b>1</b>	<b>3%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	2	5%	2	5%	1	3%
Graduated from Any Other Program and Enrolled in Another NECC Program	1	3%	0	0%	0	0%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>3</b>	<b>8%</b>	<b>2</b>	<b>5%</b>	<b>1</b>	<b>3%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	2	5%	2	5%	2	6%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	0	0%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>2</b>	<b>5%</b>	<b>2</b>	<b>5%</b>	<b>2</b>	<b>6%</b>
<u>NON-GRADUATES - ACTIVE</u>						
Transferred to 4-Year	0	0%	0	0%	0	0%
Still Enrolled in This Program *	2	5%	1	3%	5	14%
Still Enrolled, but in Another NECC Program	0	0%	2	5%	2	6%
<b>TOTAL Active **</b>	<b>2</b>	<b>5%</b>	<b>3</b>	<b>8%</b>	<b>7</b>	<b>20%</b>
<u>Inactive - Did not graduate or transfer and they are not enrolled at NECC</u>						
<b>TOTAL Inactive</b>	<b>2</b>	<b>5%</b>	<b>1</b>	<b>3%</b>	<b>4</b>	<b>11%</b>
<b>Program Retention</b>	<b>6</b>	<b>67%</b>	<b>6</b>	<b>67%</b>	<b>8</b>	<b>57%</b>
<b>Positive College Outcome</b>	<b>7</b>	<b>78%</b>	<b>8</b>	<b>89%</b>	<b>10</b>	<b>71%</b>

**MAJORITY (W)**

	<u>Fall 2007-Fall 2008</u>		<u>Fall 2008-Fall 2009</u>		<u>Fall 2009-Fall 2010</u>	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>28</b>	<b>-</b>	<b>29</b>	<b>-</b>	<b>18</b>	<b>-</b>
<u>GRADUATES</u>						
Graduated from This Program *	7	18%	17	43%	9	26%
Graduated from Any Other Program	0	0%	0	0%	1	3%
<b>TOTAL Graduates **</b>	<b>7</b>	<b>18%</b>	<b>17</b>	<b>43%</b>	<b>10</b>	<b>29%</b>
Graduated from This Program and then Transferred to 4-Year	1	3%	3	8%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>1</b>	<b>3%</b>	<b>3</b>	<b>8%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	1	3%	8	20%	7	20%
Graduated from Any Other Program and Enrolled in Another NECC Program	0	0%	0	0%	0	0%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>1</b>	<b>3%</b>	<b>8</b>	<b>20%</b>	<b>7</b>	<b>20%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	5	13%	6	15%	2	6%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	1	3%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>5</b>	<b>13%</b>	<b>6</b>	<b>15%</b>	<b>3</b>	<b>9%</b>
<u>NON-GRADUATES - ACTIVE</u>						
Transferred to 4-Year	1	3%	1	3%	0	0%
Still Enrolled in This Program *	5	13%	2	5%	4	11%
Still Enrolled, but in Another NECC Program	4	10%	3	8%	2	6%
<b>TOTAL Active **</b>	<b>10</b>	<b>26%</b>	<b>6</b>	<b>15%</b>	<b>6</b>	<b>17%</b>
<u>Inactive - Did not graduate or transfer and they are not enrolled at NECC</u>						
<b>TOTAL Inactive</b>	<b>11</b>	<b>28%</b>	<b>6</b>	<b>15%</b>	<b>2</b>	<b>6%</b>
<b>Program Retention</b>	<b>12</b>	<b>43%</b>	<b>19</b>	<b>66%</b>	<b>13</b>	<b>72%</b>
<b>Positive College Outcome</b>	<b>17</b>	<b>61%</b>	<b>23</b>	<b>79%</b>	<b>16</b>	<b>89%</b>

**FEMALE**

	<u>Fall 2007-Fall 2008</u>		<u>Fall 2008-Fall 2009</u>		<u>Fall 2009-Fall 2010</u>	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>37</b>	<b>-</b>	<b>36</b>	<b>-</b>	<b>34</b>	<b>-</b>
<u>GRADUATES</u>						
Graduated from This Program *	10	26%	21	53%	12	34%
Graduated from Any Other Program	1	3%	0	0%	1	3%
<b>TOTAL Graduates **</b>	<b>11</b>	<b>28%</b>	<b>21</b>	<b>53%</b>	<b>13</b>	<b>37%</b>
Graduated from This Program and then Transferred to 4-Year	1	3%	4	10%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>1</b>	<b>3%</b>	<b>4</b>	<b>10%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	3	8%	10	25%	8	23%
Graduated from Any Other Program and Enrolled in Another NECC Program	1	3%	0	0%	0	0%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>4</b>	<b>10%</b>	<b>10</b>	<b>25%</b>	<b>8</b>	<b>23%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	6	15%	7	18%	4	11%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	1	3%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>6</b>	<b>15%</b>	<b>7</b>	<b>18%</b>	<b>5</b>	<b>14%</b>
<u>NON-GRADUATES - ACTIVE</u>						
Transferred to 4-Year	1	3%	1	3%	1	3%
Still Enrolled in This Program *	7	18%	3	8%	9	26%
Still Enrolled, but in Another NECC Program	5	13%	4	10%	4	11%
<b>TOTAL Active **</b>	<b>13</b>	<b>33%</b>	<b>8</b>	<b>20%</b>	<b>14</b>	<b>40%</b>
<u>Inactive - Did not graduate or transfer and they are not enrolled at NECC</u>						
<b>TOTAL Inactive</b>	<b>13</b>	<b>33%</b>	<b>7</b>	<b>18%</b>	<b>7</b>	<b>20%</b>
<b>Program Retention</b>	<b>17</b>	<b>46%</b>	<b>24</b>	<b>67%</b>	<b>21</b>	<b>62%</b>
<b>Positive College Outcome</b>	<b>24</b>	<b>65%</b>	<b>29</b>	<b>81%</b>	<b>27</b>	<b>79%</b>

**MALE**

	<u>Fall 2007-Fall 2008</u>		<u>Fall 2008-Fall 2009</u>		<u>Fall 2009-Fall 2010</u>	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>2</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>1</b>	<b>-</b>
<u>GRADUATES</u>						
Graduated from This Program *	1	3%	1	3%	0	0%
Graduated from Any Other Program	0	0%	0	0%	0	0%
<b>TOTAL Graduates **</b>	<b>1</b>	<b>3%</b>	<b>1</b>	<b>3%</b>	<b>0</b>	<b>0%</b>
Graduated from This Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	0	0%	0	0%	0	0%
Graduated from Any Other Program and Enrolled in Another NECC Program	0	0%	0	0%	0	0%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	1	3%	1	3%	0	0%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	0	0%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>1</b>	<b>3%</b>	<b>1</b>	<b>3%</b>	<b>0</b>	<b>0%</b>
<u>NON-GRADUATES - ACTIVE</u>						
Transferred to 4-Year	0	0%	0	0%	0	0%
Still Enrolled in This Program *	1	3%	0	0%	1	3%
Still Enrolled, but in Another NECC Program	0	0%	1	3%	0	0%
<b>TOTAL Active **</b>	<b>1</b>	<b>3%</b>	<b>1</b>	<b>3%</b>	<b>1</b>	<b>3%</b>
<u>Inactive - Did not graduate or transfer and they are not enrolled at NECC</u>						
<b>TOTAL Inactive</b>	<b>0</b>	<b>0%</b>	<b>2</b>	<b>5%</b>	<b>0</b>	<b>0%</b>
<b>Program Retention</b>	<b>2</b>	<b>100%</b>	<b>1</b>	<b>25%</b>	<b>1</b>	<b>100%</b>
<b>Positive College Outcome</b>	<b>2</b>	<b>100%</b>	<b>2</b>	<b>50%</b>	<b>1</b>	<b>100%</b>

**Chart 1. Student Demand (EVENING)**

	AY 2007- 2008	AY 2008- 2009	AY 2009- 2010	3 Year Average
Total Applications	22	18	28	23
First Time Freshmen who registered	0	1	8	3
External Transfers who registered	4	1	2	2
Internal Transfers who registered	0	0	0	0
Readmitted Students who registered	15	13	13	14
Total Students new to program	19	15	23	19
Total Unduplicated Enrollment	27	34	41	34

**Chart 2. Program Completion/Student Transfer**

	AY 2007- 2008	AY 2008- 2009	AY 2009- 2010	3 Year Average
Program Graduates	6	7	8	7
Students who transfer prior to graduation from program (multiple years out)	0	NA	NA	N/A

**Chart 3. Student Demographics**

		Asian	Black	Cape Verdean	Hawaiian/Pacific Islander	Hispanic	Native American/ Native Alaskan	White	Non- Resident Alien	Multi- Racial	Unknown	Total	Minority Percentage (unprorated)
AY 2007-2008	Male	0	0	-	-	1	0	1	0	-	0	2	50%
	Female	1	0	-	-	7	0	15	0	-	2	25	32%
	Total	1	0	-	-	8	0	16	0	-	2	27	33%
AY 2008-2009	Male	0	0	-	-	1	0	2	0	-	1	4	25%
	Female	0	1	-	-	4	0	23	0	-	2	30	17%
	Total	0	1	-	-	5	0	25	0	-	3	34	18%
AY 2009-2010	Male	0	0	0	0	0	0	2	0	0	1	3	0%
	Female	0	1	0	0	5	0	31	0	0	1	38	16%
	Total	0	1	0	0	5	0	33	0	0	2	41	15%



**Chart 4. Fall to Fall Retention (EVENING)**

\* Program Retention = (Graduated from This Program + Still Enrolled in This Program)/Fall Cohort

\*\* Positive College Outcome = (Total Graduates + Total Active)/Fall Cohort

ALL	Fall 2007-Fall 2008		Fall 2008-Fall 2009		Fall 2009-Fall 2010	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>21</b>	<b>-</b>	<b>24</b>	<b>-</b>	<b>41</b>	<b>-</b>
<u>GRADUATES</u>						
Graduated from This Program *	5	24%	5	21%	7	17%
Graduated from Any Other Program	1	5%	2	8%	4	10%
<b>TOTAL Graduates **</b>	<b>6</b>	<b>29%</b>	<b>7</b>	<b>29%</b>	<b>11</b>	<b>27%</b>
Graduated from This Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	2	10%	2	8%	5	12%
Graduated from Any Other Program and Enrolled in Another NECC Program	1	5%	2	8%	2	5%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>3</b>	<b>14%</b>	<b>4</b>	<b>17%</b>	<b>7</b>	<b>17%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	3	14%	3	13%	2	5%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	2	5%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>3</b>	<b>14%</b>	<b>3</b>	<b>13%</b>	<b>4</b>	<b>10%</b>
<u>NON-GRADUATES - ACTIVE</u>						
Transferred to 4-Year	0	0%	1	4%	0	0%
Still Enrolled in This Program *	9	43%	10	42%	18	44%
Still Enrolled, but in Another NECC Program	3	14%	1	4%	3	7%
<b>TOTAL Active **</b>	<b>12</b>	<b>57%</b>	<b>12</b>	<b>50%</b>	<b>21</b>	<b>51%</b>
<u>Inactive - Did not graduate or transfer and they are not enrolled at NECC</u>						
<b>TOTAL Inactive</b>	<b>3</b>	<b>14%</b>	<b>5</b>	<b>21%</b>	<b>9</b>	<b>22%</b>
<b>Program Retention*</b>	<b>14</b>	<b>67%</b>	<b>15</b>	<b>63%</b>	<b>25</b>	<b>61%</b>
<b>Positive College Outcome**</b>	<b>18</b>	<b>86%</b>	<b>19</b>	<b>79%</b>	<b>32</b>	<b>78%</b>

**MINORITY (H, I, A, B)**

	<u>Fall 2007-Fall 2008</u>		<u>Fall 2008-Fall 2009</u>		<u>Fall 2009-Fall 2010</u>	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>8</b>	<b>-</b>	<b>6</b>	<b>-</b>	<b>7</b>	<b>-</b>
<u>GRADUATES</u>						
Graduated from This Program *	1	5%	0	0%	1	2%
Graduated from Any Other Program	0	0%	1	4%	2	5%
<b>TOTAL Graduates **</b>	<b>1</b>	<b>5%</b>	<b>1</b>	<b>4%</b>	<b>3</b>	<b>7%</b>
Graduated from This Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	1	5%	0	0%	1	2%
Graduated from Any Other Program and Enrolled in Another NECC Program	0	0%	1	4%	1	2%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>1</b>	<b>5%</b>	<b>1</b>	<b>4%</b>	<b>2</b>	<b>5%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	0	0%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	1	2%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>1</b>	<b>2%</b>
<u>NON-GRADUATES - ACTIVE</u>						
Transferred to 4-Year	0	0%	0	0%	0	0%
Still Enrolled in This Program *	1	5%	2	8%	3	7%
Still Enrolled, but in Another NECC Program	3	14%	0	0%	1	2%
<b>TOTAL Active **</b>	<b>4</b>	<b>19%</b>	<b>2</b>	<b>8%</b>	<b>4</b>	<b>10%</b>
<u>Inactive - Did not graduate or transfer and they are not enrolled at NECC</u>						
<b>TOTAL Inactive</b>	<b>3</b>	<b>14%</b>	<b>3</b>	<b>13%</b>	<b>0</b>	<b>0%</b>
<b>Program Retention</b>	<b>2</b>	<b>25%</b>	<b>2</b>	<b>33%</b>	<b>4</b>	<b>57%</b>
<b>Positive College Outcome</b>	<b>5</b>	<b>63%</b>	<b>3</b>	<b>50%</b>	<b>7</b>	<b>100%</b>

**MAJORITY (W)**

	<u>Fall 2007-Fall 2008</u>		<u>Fall 2008-Fall 2009</u>		<u>Fall 2009-Fall 2010</u>	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>12</b>	<b>-</b>	<b>16</b>	<b>-</b>	<b>32</b>	<b>-</b>
<u>GRADUATES</u>						
Graduated from This Program *	4	19%	4	17%	5	12%
Graduated from Any Other Program	1	5%	1	4%	2	5%
<b>TOTAL Graduates **</b>	<b>5</b>	<b>24%</b>	<b>5</b>	<b>21%</b>	<b>7</b>	<b>17%</b>
Graduated from This Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	1	5%	1	4%	3	7%
Graduated from Any Other Program and Enrolled in Another NECC Program	1	5%	1	4%	1	2%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>2</b>	<b>10%</b>	<b>2</b>	<b>8%</b>	<b>4</b>	<b>10%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	3	14%	3	13%	2	5%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	1	2%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>3</b>	<b>14%</b>	<b>3</b>	<b>13%</b>	<b>3</b>	<b>7%</b>
<u>NON-GRADUATES - ACTIVE</u>						
Transferred to 4-Year	0	0%	1	4%	0	0%
Still Enrolled in This Program *	7	33%	7	29%	15	37%
Still Enrolled, but in Another NECC Program	0	0%	1	4%	2	5%
<b>TOTAL Active **</b>	<b>7</b>	<b>33%</b>	<b>9</b>	<b>38%</b>	<b>17</b>	<b>41%</b>
<u>Inactive - Did not graduate or transfer and they are not enrolled at NECC</u>						
<b>TOTAL Inactive</b>	<b>0</b>	<b>0%</b>	<b>2</b>	<b>8%</b>	<b>8</b>	<b>20%</b>
<b>Program Retention</b>	<b>11</b>	<b>92%</b>	<b>11</b>	<b>69%</b>	<b>20</b>	<b>63%</b>
<b>Positive College Outcome</b>	<b>12</b>	<b>100%</b>	<b>14</b>	<b>88%</b>	<b>24</b>	<b>75%</b>

**FEMALE**

	<u>Fall 2007-Fall 2008</u>		<u>Fall 2008-Fall 2009</u>		<u>Fall 2009-Fall 2010</u>	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>19</b>	<b>-</b>	<b>21</b>	<b>-</b>	<b>38</b>	<b>-</b>
<u>GRADUATES</u>						
Graduated from This Program *	5	24%	5	21%	5	12%
Graduated from Any Other Program	1	5%	2	8%	4	10%
<b>TOTAL Graduates **</b>	<b>6</b>	<b>29%</b>	<b>7</b>	<b>29%</b>	<b>9</b>	<b>22%</b>
Graduated from This Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	2	10%	2	8%	3	7%
Graduated from Any Other Program and Enrolled in Another NECC Program	1	5%	2	8%	2	5%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>3</b>	<b>14%</b>	<b>4</b>	<b>17%</b>	<b>5</b>	<b>12%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	3	14%	3	13%	2	5%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	2	5%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>3</b>	<b>14%</b>	<b>3</b>	<b>13%</b>	<b>4</b>	<b>10%</b>
<u>NON-GRADUATES - ACTIVE</u>						
Transferred to 4-Year	0	0%	1	4%	0	0%
Still Enrolled in This Program *	7	33%	8	33%	18	44%
Still Enrolled, but in Another NECC Program	3	14%	1	4%	3	7%
<b>TOTAL Active **</b>	<b>10</b>	<b>48%</b>	<b>10</b>	<b>42%</b>	<b>21</b>	<b>51%</b>
<u>Inactive - Did not graduate or transfer and they are not enrolled at NECC</u>						
<b>TOTAL Inactive</b>	<b>3</b>	<b>14%</b>	<b>4</b>	<b>17%</b>	<b>8</b>	<b>20%</b>
<b>Program Retention</b>	<b>12</b>	<b>63%</b>	<b>13</b>	<b>62%</b>	<b>23</b>	<b>61%</b>
<b>Positive College Outcome</b>	<b>16</b>	<b>84%</b>	<b>17</b>	<b>81%</b>	<b>30</b>	<b>79%</b>

**MALE**

	<u>Fall 2007-Fall 2008</u>		<u>Fall 2008-Fall 2009</u>		<u>Fall 2009-Fall 2010</u>	
	#	%	#	%	#	%
<b>FALL COHORT</b>	<b>2</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>3</b>	<b>-</b>
<u>GRADUATES</u>						
Graduated from This Program *	0	0%	0	0%	2	5%
Graduated from Any Other Program	0	0%	0	0%	0	0%
<b>TOTAL Graduates **</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>2</b>	<b>5%</b>
Graduated from This Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
Graduated from Any Other Program and then Transferred to 4-Year	0	0%	0	0%	0	0%
<b>Total Graduates who Transferred to 4-Year</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
Graduated from this Program and Enrolled in Another NECC Program	0	0%	0	0%	2	5%
Graduated from Any Other Program and Enrolled in Another NECC Program	0	0%	0	0%	0	0%
<b>Total Graduates who Enrolled in Another NECC Program</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>2</b>	<b>5%</b>
Graduated from this Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	0	0%
Graduated from Any Other Program, but did not Transfer to 4-Year or Enroll in Another NECC Program	0	0%	0	0%	0	0%
<b>Total Graduates who did not Transfer to 4-year or Enroll in Another NECC Program</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
<u>NON-GRADUATES - ACTIVE</u>						
Transferred to 4-Year	0	0%	0	0%	0	0%
Still Enrolled in This Program *	2	10%	2	8%	0	0%
Still Enrolled, but in Another NECC Program	0	0%	0	0%	0	0%
<b>TOTAL Active **</b>	<b>2</b>	<b>10%</b>	<b>2</b>	<b>8%</b>	<b>0</b>	<b>0%</b>
<u>Inactive - Did not graduate or transfer and they are not enrolled at NECC</u>						
<b>TOTAL Inactive</b>	<b>0</b>	<b>0%</b>	<b>1</b>	<b>4%</b>	<b>1</b>	<b>2%</b>
<b>Program Retention</b>	<b>2</b>	<b>100%</b>	<b>2</b>	<b>67%</b>	<b>2</b>	<b>67%</b>
<b>Positive College Outcome</b>	<b>2</b>	<b>100%</b>	<b>2</b>	<b>67%</b>	<b>2</b>	<b>67%</b>

ACADEMIC PROGRAM REVIEW: **MEDICAL ASSISTING**

**CHART 5 (A), (B), (C), (D): FACULTY RESOURCES**

### 5(A). FULL-TIME FACULTY

[illegible]

**CHART 5 (A), (B), (C), (D) : FACULTY RESOURCES**

[illegible]

## ACADEMIC PROGRAM REVIEW

### CHART 5 (A), (B), (C), (D): FACULTY RESOURCES

### 5(C). DCE FACULTY

[illegible]



### **CHART 5 (A), (B), (C), (D): FACULTY RESOURCES**

**CHART 5 (D): COMPARISONS BETWEEN FULL-TIME AND NON-FULL-TIME FACULTY (PART-TIME AND DCE):  
OVERALL NUMBERS AND CREDIT HOURS TAUGHT**

[illegible]

**CHART 6: FACULTY CREDENTIALS**  
**Complete one chart for each member of the faculty**

*(Note: Each individual faculty member should complete this form and return it to the Program Coordinator, or designee.)*

<b>NAME: Kathleen Welch Hudson</b>						
Current Academic Rank:	Department Chair: Associate Professor	Tenure Status	Tenured [ X ]	Not Tenured [ ]		
<b>Academic Degrees:</b>						
Bachelor Degree BA [ ] BS [ X ]		Concentration:	Nursing			
Institution Granting Degree:		Northeastern University				
Masters Degree: Concentration:	MA [ ]	MS [ X ] Human Services/Gerontology	MEd [ ]	MBA [ ]	MPH [ ]	Other :
Institution Granting Degree		Springfield College				
Doctorate: Concentration:		PhD [ ]	EdD [ ]	JD [ ]	Other:	
Institution Granting Degree						
<b>Certifications</b>						
<b>Type</b>		<b>Issuing Agency</b>				<b>Date</b>
Long Term Care Certificate		Northeastern University				1989
Business Management Certificate		Northeastern University				1991
<b>Membership in Professional Organizations</b>			<b>Awards</b>			
<b>Publications (relevant to teaching responsibilities)</b>			<b>Presentations (relevant to teaching responsibilities)</b>			

**CHART 6 (CONTINUED)**

<b>NAME:</b>		
<b>Continuing Education Activities/Professional Development (For past 3 years, or of major significance prior to this time and related to area of teaching responsibility)</b>		
Type	Sponsoring Agency	Date
Annual AAMA Meeting	AAMA	2008-2011
Professional Day @ NECC	NECC	2008-2011
<b>Other information which you believe demonstrates your academic and experiential qualifications, and maintenance of expertise in your area of educational responsibility.</b>		
<p>NISOD Award Winner from NECC 2010</p> <p>Over 20 years experience as a healthcare administrator in Inpatient and Outpatient (Ambulatory) units at Beth Israel Medical Center Program Manager of Education for Massachusetts Hospital Association 2 years</p>		

**CHART 6: FACULTY CREDENTIALS**  
**Complete one chart for each member of the faculty**

*(Note: Each individual faculty member should complete this form and return it to the Program Coordinator, or designee.)*

<b>NAME: Brenda Salines</b>						
Current Academic Rank:	Assistant Professor		Tenure Status		Tenured [ ]	Not Tenured [ X ]
<b>Academic Degrees:</b>						
Bachelor Degree BA [ ] BS [ X ]		Concentration:	Psychology			
Institution Granting Degree:		Northeastern University				
Masters Degree:	MA [ ]	MS [ ]	MEd [ X ]	MBA [ ]	MPH [ ]	Other :
Concentration:						
Institution Granting Degree		Cambridge College				
Doctorate:		PhD [ ]	EdD [ ]	JD [ ]	Other:	
Concentration:						
Institution Granting Degree						
<b>Certifications</b>						
<b>Type</b>		<b>Issuing Agency</b>				<b>Date</b>
Medical Technologist		Department of Health and Human Services				1974
<b>Membership in Professional Organizations</b>			<b>Awards</b>			
<b>Publications (relevant to teaching responsibilities)</b>			<b>Presentations (relevant to teaching responsibilities)</b>			

**CHART 6 (CONTINUED)**

<b>NAME: Brenda Salines</b>		
<b>Continuing Education Activities/Professional Development (For past 3 years, or of major significance prior to this time and related to area of teaching responsibility)</b>		
Type	Sponsoring Agency	Date
Professional Day	NECC`	2008-2011
<b>Other information which you believe demonstrates your academic and experiential qualifications, and maintenance of expertise in your area of educational responsibility.</b>		
<p>NCBI Facilitator @ NECC since 2008 Member of NECC Safety Committee Over 20 years experience as and educator and faculty administration Over 30 years experience as a Medical Technologist</p>		

**CHART 6: FACULTY CREDENTIALS**  
**Complete one chart for each member of the faculty**

*(Note: Each individual faculty member should complete this form and return it to the Program Coordinator, or designee.)*

<b>NAME: Cecelia Sederman</b>						
Current Academic Rank:	Assistant Professor		Tenure Status		Tenured [ ]	Not Tenured [X]
<b>Academic Degrees:</b>						
Bachelor Degree BA [ ] BS [ X ]		Concentration:	Nursing			
Institution Granting Degree:		Fitchburg State College				
Masters Degree: Concentration:	MA [ ]	MS [ ]	MEd [ ]	MBA [ ]	MPH [ ]	Other MSN :
Institution Granting Degree		Boston University				
Doctorate: Concentration:		PhD [ ]	EdD [ ]	JD [ ]	Other:	
Institution Granting Degree						
<b>Certifications</b>						
<b>Type</b>		<b>Issuing Agency</b>				<b>Date</b>
Registered Nurse		Commonwealth Of Massachusetts				1965
Nurse Practioner –Pediatrics		Commonwealth Of Massachusetts				1975
<b>Membership in Professional Organizations</b>			<b>Awards</b>			
<b>Publications (relevant to teaching responsibilities)</b>			<b>Presentations (relevant to teaching responsibilities)</b>			

CHART 6 (CONTINUED)

NAME:		
Continuing Education Activities/Professional Development (For past 3 years, or of major significance prior to this time and related to area of teaching responsibility)		
Type	Sponsoring Agency	Date
Professional Day NECC	NECC	2008-2011
Other information which you believe demonstrates your academic and experiential qualifications, and maintenance of expertise in your area of educational responsibility.		
<p>Member of NECC Service Learning Committee Over 25 years as an educator –part-time and full time status Over 28 years experience as a Pediatric Nurse Practitioner</p>		

**APPENDIX 2**  
**ADVISORY COMMITTEE**



# **Northern Essex Community College**

## **Medical Assisting Advisory Board**

**Kathy Welch-Hudson MS, Program Director**  
**13 Flint Avenue**  
**Stoneham, MA 02180**

Pam Langevian  
Practice Manager  
Highland Primary Practice  
21 Highland Avenue  
Newburyport, MA 01950

Ann Marie Tinkham LPN, ICCE  
Site Manager  
Women's Health  
2 Water Street  
Haverhill, MA 01830

Dr. Amal Jawa  
Lahey Clinic Haverhill  
2 Water Street  
Haverhill, MA 01830

Simone Marchland  
Secretary  
DiAdamo Law Offices  
40 Appleton Way  
Lawrence, MA 01841

Cynthia Johnson CMA (NECC Graduate)  
Coastal Medical Associates  
46 Toll Road  
Salisbury, MA 01952

**Cecilia Sederman RN, NP, Medical Advisor**  
**484 Lowell Street**  
**Methuen, MA 01844**

Debra Ryan CMA  
NECC Graduate  
16 GH Carter Drive  
Danville, NH 03819

Dianne Norkwicz MF  
Allied Health Program Director  
Shawsheen Technical High School  
101 Betty Ann Lane  
Dracut, MA 01826

Jodi Bardenheuer CMA (NECC Graduate)  
2 Princeton Avenue  
Andover, MA 01810  
Lahey Hospital-EMR

Evelin Viera RN  
Greater Lawrence Family Health Center  
Lawrence, MA 01841

## **Northern Essex Community College Medical Assistant Program Advisory Board Meeting**

Minutes from May 15, 2008

**Members present:** Kathleen Welch Hudson, Cecelia Sederman, Evelin Viera, Ann Marie Tinkham, Deb Ryan, Simone Marchland

Meeting began at 6:15am. Introductions were done with members present

**CURRENT PROGRAM STATUS:** We discussed this year's group of the graduating students, twenty seven and all had gone well this year. Students performed well in clinical sites and several of them had actually had job offers from their sites before graduation. We have several students moving on the LPN program here at the college and 2 of our students being accepted into the RN program. We have already begun to accept students for the coming class in the Fall 2008. Our evening students are doing well and we should have a group of thirteen of them graduating finishing up in the Fall.

**ACADEMIC CHANGES:** Beginning in the Fall of 2009, Integrated Science will be phased out as a science course. This is currently the course that we require for Medical Assistant's and the LPN program. This coming Fall we will need to decide upon either Human Biology with a Lab or Anatomy and Physiology as our science requirement. We have found that many students that do come in our program have taken at least A&P I. Discussion occurred around what we thought students could "handle" and succeed in for a science requirement. Human Biology with the lab, a 4 credit science course, seems the most appropriate science course. This course will meet accreditation standards and also will also student to start off on the right foot and be successful in this science course.

**TECH PREP:** We continue to have the Voc-Tech high schools coming to Northern Essex for annual visits. We have several articulation agreements with Shawsheen Tech, Greater Lawrence and Whittier for some of their health programs. Discussion also centered on how to make it easier for the students to get into the health programs here at NECC. Discussion centered on how the college can become more visible to these students and to be aware of what NECC has to offer. Suggestions of NECC faculty going to talk to students at these schools and possibility of having NECC offer classes at the high schools i.e. phlebotomy, EMT was discussed.

**FUTURE DIRECTIONS:** As in the past we discussed the option of having an Associate's degree option for Medical Assisting here at the college. Discussion centered on other options for the MA students such as the Associate Degree in Business degree with a concentration in Health care Management, Medical Coding, and Medical Billing was also mentioned and the LPN and RN programs here at NECC.

Meeting adjourned at 7:30 pm.

## Medical Assistant Program

### Medical Assistant Advisory Board Meeting March 3, 2009

**Members Present:** Kathy Hudson, Cecelia Sederman, Evelin Viera, Amal Jawa, Simone Marchland, Dianne Norkwicz

Meeting began at 6:15 pm

**Program Update:** Discussed with the board members the current progress of our day and evening students. All are progressing well in classes and in their clinical externship. Again this semester had difficulty with two sites dropping out at the last minute. Dr. Jawa commented that if staffing changes occur i.e. someone out on an extended sick leave, it can be very difficult to take students. The group absolutely agreed with this, but I mentioned that students get frustrated and do not understand the process.

**Academic Changes:** This fall students began taking Human Biology instead of Integrated Science (which was phased out fall 2009). Students seem to be progressing nicely. There are some students that we have sent for tutoring, which is offered free of charge, and have done well with this.

We have also updated our Medical Assisting curriculum, adding an Introduction to medical Assisting Course. This course is for soft-skills, such as communication skills, interviewing skills and math skills.

**New Building Update:** Things are progressing slowly with the new building planned for Lawrence. Preliminary drawings have been looked at and faculty and staff are giving feedback. Hopefully the building will be built before we all retire!!!

**Community Service:** The Medical Assisting Program, with Cecelia Sederman's guidance, has been very active in the College's community service drive. We have for the last 3 years been involved in working with la Esperanza, an all girls charter school. This school focuses on young women grades 5 to 8, whose age group here in Lawrence has a higher drop out rate. The girls enter the school via a lottery. Once enrolled, they are at the school from 7am to 7pm. The school nurse (a former NECC grad) called us looking for assistance in screening the girls for vision and hearing, height, weight, BMI and scoliosis. This has been a wonderful opportunity for our students to get involved and give back to the community. It's also an opportunity to see how well our students interact with these young women and act as role models. We have been contacted by another charter school looking for help in this area.

We have also helped with the Health Fair that Lawrence holds the first weekend in May, that is spearheaded by Greater Lawrence Family Health Center. Evelin Viera, who is on the planning committee, spoke about the fair. They are looking for more and more assistance from different organizations (and more NECC students) for participation. Last year the MA's were doing blood pressure and it was a great time by all. The students did well and I think we ended up taking over 75-100 blood pressures. We will plan to be there again next year.

**Open Forum:** Discussed the possibility of offering an associates degree again in medical assisting. Literature out there shows there is no difference in hiring with this degree. Dr. Jawa said only one of her MAs has her associates degree and it did not influence her getting hired. Many of the students are graduating with their Associates in General Studies. Obviously an Associates in Science would look a lot better.

Meeting adjourned: 7:40 pm

**Northern Essex Community College**

**MEDICAL ASSISTANT ADVISORY BOARD**

**Minutes from Meeting on December 18, 2009**

**Present:**

Kathleen Welch Hudson, Cecelia Sederman, Jodi Bardenheur CMA, Ann Marie Tinkham, Mauren Sullivan, Rn Clinical Supervisor, Women's Health Care, Jackie Long Godding

**Minutes**

**Curriculum Changes:** Introductions began at 8:40am. Minutes from last meeting were accepted. Kathy Hudson reviewed the new standards that were put forth by the MAERB that will be enacted in Jan 2009. We have already made curriculum and we will be able to see the changes enacted this semester. Our evening program does not begin their "MA" classes until the Spring semester. There are over 78 competencies that students are expected to master.

**Clinical Skills:** We discussed the clinical skills that our students acquire before heading into clinical and whether it is enough. Both Jodi and Anne Marie thought the skill level was adequate in most situations. Ann Marie discussed the communication skills with patients and staff that it is needed to "fit" in with the team at the practice. Students need to be professional and be able to take direction, but at some point be able to stand on their own and know what to do. Some students do this well and others need to work on this.

**New Building:** Jackie had updated us on the new building and that we were still waiting for things to move. Lawrence does have a new mayor elected and the hope is that he will move things along.

**Economic Outlook:** Obviously with the economic situation that is ongoing, things have slowed down for students in getting jobs. I have found that the students who graduated this past May were slow in getting positions. Ann Marie commented that budgets are tight but volume has dropped. Kathy commented that in speaking to many practices, some things have remained the same and others have slowed slightly. Patients weren't coming in as often for monthly/weekly checks. We will obviously monitor this and we have done in the past.

Meeting adjourned at 9:45 am.

**Northern Essex Community College**

**MEDICAL ASSISTANT ADVISORY BOARD**

**Minutes from Meeting on May 11, 2010**

**Present:**

Kathleen Welch Hudson, Cecelia Sederman, Jodi Bardenheur CMA, Ann Marie Tinkham, Debra Ryan CMA, Jackie Long Godding

**Minutes**

**Curriculum Changes:** Introductions began at 8:40am. Minutes from last meeting were accepted. Kathy Hudson reviewed the new standards that were put forth by the MAERB that were enacted in Jan 2009. We have already made curriculum and we will be able to see the changes enacted this semester. Our evening program does not begin their “MA” classes until the Spring semester. There are over 78 competencies that student are expected to master.

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**New Building:** Jackie had updated us on the new building and that were still waiting for things to move. Lawrence does have a new mayor elected and the hope is that he will move thing along.

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Meeting adjourned at 9:45 am.

Northern Essex Community College  
Medical Assistant Program  
**Medical Assistant Advisory Board Meeting**  
**December 14, 2010**

**Members present:** Kathy Hudson, Cecelia Sederman, Evelin Viera, Anne Marie Tinkham, Cynthia Johnson, Debra Ryan, Jackie Long Godding

Meeting began at 8:40 am

**Goings on:** Our full time day students have started and all is going well. We have about 16 students that are finishing up their evening program and their externships this semester.

The college is also in the midst of interviewing the final candidate for our College President; President Hartleb is retiring after 15 years at NECC. I will keep you updated on this.

**Curriculum Updates:** Beginning the summer of 2011 we will be condensing Medical Language I and II to a one semester course-Medical Terminology. This is something that we have looked at for a long time and many other colleges have only one semester course. In many of the health programs, medical terminology is imbedded in the curriculum. We will report on this at our next meeting.

**New uilding Update:** Things are progressing with the new building planned for Lawrence. We have had several meetings with the architects and look to finalize plans soon. Jackie informed us that the building hopes to be open to begin classes in Fall 2013.

**Community Service:** We are continuing with La Esperanza mandatory school vision and hearing checks for our 4<sup>th</sup> year. There is another charter school that has contacted us and wants our help with the screening. Cecelia will be meeting with them in January. We have also continued our relationship with Emmaus House. Last spring we began holding blood pressure clinics with the paramedic students and it went over very well. We ran a clinic every month for 4 months. Students also looked for donations for towels and socks from NECC . The students collected 75 towels and 75 pairs of socks from donations. This fall the students began new project and that is homelessness and bringing about awareness. Students have focused on fundraisi9ng and getting donations for breakfast for the residents. The student shave already gotten 150 dozen eggs. Well done!

**Open Forum:** Jackie has discussed the upcoming Princeton review project that the college is currently looking at. These educations programs are on a "Fast Tack" and students will pay about 1 ½ times higher tuition rate from our regular students. These programs are for "working students" so many of these classes will be in hybrid or totally on-line format.

One we are looking at is for specialized medical assisting program, either OB/GYN, pediatrics or Ophthalmic are some of the ideas that have been tossed around. Anne Marie Tinkham felt that OB/GYN and even Pedi-didn't need "specialized" education. Continuing education for this role is vital-especially in these areas is very difficult to get. Ophthalmic Medical Assisting seems like it would fir nicely with this model. The board agreed with this.

We will bring more information to our next advisory board meeting with more information about its status.

Meeting Adjourned at 9:45 am

**APPENDIX 3**  
**OUTCOMES AND ASSESSMENT PLAN**

**OUTCOMES ASSESSMENT PLAN**

## **PROGRAM: Medical Assistant Certificate Program**

**DATE: February 1, 2011**

### **PART I. INTRODUCTION**

*A. List the names and titles of the outcomes assessment team members.*

Kathleen Welch Hudson	Department Chair, Healthcare Technology and Ambulatory Services Program Coordinator, Medical Assistant Program
Cecelia Sederman	Faculty, Medical Assistant Program
Brenda Salines	Assistant Professor, Clinical Coordinator Phlebotomy Program
Emily Gonzalez	Assistant Professor, Biology Department NECC
Anne Marie Tinkham	Director, Women's Health Care Haverhill,

*B. Provide a general description of the process followed to develop the Plan, e.g. face-to-face meetings, email exchanges for review of drafts, etc. Provide a general sense of the frequency and quality of interactions as well as the extent of contributions from team members.*

Our program review members first met at the end of the Spring 2010 semester to review what would be needed to complete this program review. At this meeting, members were given the program's mission statement and objectives for review and feedback. We met one more time before July to get feedback on the program objectives. The program coordinator then continued to correspond with group members face to face and via e-mail to get feedback from members on the different sections of the review that we were working on.

### **PART II. DEVELOPMENT OF PROGRAM MISSION STATEMENT**

*A. Include the college's mission statement.*

*The college's mission statement is as follows:*

*The mission of Northern Essex Community College is to serve the people of the Greater Merrimack Valley as a caring and comprehensive center of educational excellence that offers high quality, affordable adult and post secondary education through the Associate Degree level, as well as a broad range of occupational programs and community services which enhance the social, cultural and economic life of the region.*

*B. Include the program's mission statement.*

The mission of the Medical Assistant Certificate program is to prepare competent, entry-level medical assistants, who will function professionally in all aspects of ambulatory/outpatient health care and meet the employment needs of the Greater Merrimack Valley Area

*C. Describe the process used to develop the mission statement? E.g., were mission statements from other programs at NECC or other colleges consulted? Was there an "old" version of a program mission statement that you revised?*



The group had reviewed an old version of the mission statement that was originally developed for this program in 1989 and a few other mission statements from comparable programs at NECC.

### **PART III. DEVELOPMENT OF PROGRAM OBJECTIVES AND LEARNING OUTCOMES**

**For this section, reference the program's outcomes and curriculum map, included in Appendix 1.**

*A. Describe the process used to develop the program objectives and learning outcomes? E.g., were objectives and outcomes from other programs at NECC or other colleges consulted? What other materials did you refer to/draw from? How were team members involved in the process?*

The program review team reviewed program objectives and learning outcomes that had already been established by the program's accrediting agency. Team members reviewed and discussed these objectives and learning outcomes for comprehensiveness and appropriateness.

*B. Describe how NECC's core academic skills are represented in the objectives and outcomes. (Note: This is required only for degree programs. Certificate programs, however, may also have included some or all of these competencies.)*

Oral and written communication skills, as well as quantitative reasoning, are the core academic skills that are represented in this program.

*C. Discuss how the outcomes are accomplished through the program's curriculum. (Note: Refer to the curriculum map which shows the relationship between courses and outcomes.)*

The curriculum map clearly shows the relationship between the program outcomes and the curriculum.

### **PART IV. REPORT OF CURRENT ASSESSMENTS**

***For this section, reference the program's outcomes and assessments map, included in Appendix 2.***

*Provide a general discussion of assessments currently in place with respect to the program's outcomes. E.g., discuss whether course assessments appear to be mostly adequate for outcomes assessments, whether new assignments or methods of evaluation likely need to be developed, etc.*

The assessment methods that are currently used both with written exams and clinical skills completion is adequate for outcomes assessment measurements.

### **PART V. OUTCOMES ASSESSMENT SCHEDULE**

***For this section, reference the outcomes assessment schedule, included in Appendix 3.***

*Provide a general discussion of the rationale behind the schedule. E.g., what considerations went into the schedule's development? What was behind decisions to group certain outcomes together in a particular assessment cycle?*

The assessment schedule was developed in a way as to combine outcomes that can be measured by the assessment tools.

**KEY**

I = Introduce; R = Reinforce;

E = Emphasize

**Outcomes and Curriculum Map - Medical Assistant Certificate****X = Extent to which outcome is addressed is not specified**

**PROGRAM MISSION STATEMENT:** The mission of the Medical Assistant program is to prepare competent, entry-level medical assistants, who function professionally in all aspects of the ambulatory/outpatient health care setting and meet the employment needs of the Greater Merrimack Valley Area.

OBJECTIVES		ASSOCIATED LEARNING OUTCOMES		PROGRAM CURRICULUM: SPECIFIC COURSES AND RELATIONSHIP TO OUTCOME**										
The objectives of the Medical Assistant Certificate Program include to assist students in the development of:		The graduating student will be able to:		Requirements										
				English Composition I (ENG101)	Human Biology Laboratory (BIO 102)	Medical Office Administration (HES 104)	Medical Language I (HES 105)	Medical Language II (HES 106)	Introduction to Medical Assisting (MAS 100)	Medical Assisting I (MAS 101)	Medical Assisting II (MAS 110)	Clinical Laboratory Procedures (MAS 120)	Medical Assisting Practicum (MAS 190)	Introduction to Psychology (PSY 101)
1	Basic understanding of Anatomy and Physiology of the human body	L01	Describe the structure of the human body		I E R		R	R		R	R	R		
		L02	Identify body systems, body planes, body cavities and major organs in each body system		I E R		R	R		R	R	R		
		L03	Identify common pathology related to each body system		I E R		I R			R	R	R		
		L04	Compare body structure and function of the human body across the life span		I E R			R	R	R	R	R		

		L05	Describe the relationship between anatomy and physiology of all body systems and medications used for treatment in each disease						I E R	E R	<b>R</b>		
		L06	Discuss the implications for treatment related to pathology		I E R			R	R	E R	E R	<b>R</b>	
2	Quantitative Reasoning	L07	Demonstrate knowledge of basic math computations						IER	R	R		
		L08	Apply mathematical computations to solve equations						IER	R	R		
		L09	Identify and define basic units of measurement in metric, apothecary, and household systems						IER	R	R		
		L10	Identify both abbreviations and symbols used in calculating medication dosages.						IER	ER	ER		
		L11	Analyze charts, graphs and/or tables in the interpretation of healthcare results			R			IER	ER	ER		
3	Effective written and oral communication skills	L12	Identify styles and types of verbal and non verbal communication	I E R		ER			ER	ER	ER		ER
		L13	Recognize Communication barriers and indentify techniques for overcoming these barriers			ER			IER	ER	ER	ER	ER
		L14	Recognize the elements of oral communication using a sender-receive process			ER			IER	ER	ER	ER	ER
		L15	Present clear and well written documentation regarding patient's care (in the office setting) and education plan			ER			IER	ER	ER	R	R

		L16	Diagram Medical Terms, labeling the word parts and giving definitions				IER	ER	R	R	R			
		L17	Recognize the role of patient advocacy in the practice of medical assisting				R		I E R	E R	E R		R	
		L18	Recognize elements of fundamental writing skills	I E R			R		R	R	R		R	
		L19	Discuss the role of assertiveness in effective professional communication				R		I E R	R	R			E R
		L20	Differentiate between adaptive and non-adaptive coping mechanism											E R
		L21	Discuss applications of electronic technology in effective communication			I E R			E R	R	R		R	
4	Medical business practices- Administrative Functions	L22	Discuss pros and cons of various types of appointment management systems			IER			R				R	
		L23	Identify critical information required for scheduling patient appointment, procedures and admissions			IER			R	R		R		
		L24	Identify both equipment and supplies needed for filing and creating patient medical records (EMR and paper)			IER								
		L25	Describe and Identify various types of contact information needed in a patient's medical record			I E R			R	R				
		L26	Describe indexing and filing rules of medical records			I E R						R		
		L27	Discuss principles of using Electronic Medical Records			I E R			R	R	R		R	
		L28	Identify time management principles			I E R			R	R	R			

		L29	Discuss the importance of routine maintenance of office equipment in a medical practice			I E R				R	R		R	
5	Applied microbiology and infection control	L30	Identify the role of the Center for Disease Control (CDC) regulations in healthcare settings.			R				I E R	E R	ER		
		L31	Describe the infection cycle, including the infectious agent, reservoir, susceptible host, means of transmission, portals of entry and exit		I R					ER	ER	ER		
		L32	Define asepsis and infection control procedures							IER	ER	ER		
		L33	Match types and uses of personal protective equipment (PPE)							IER	R	ER		
		L34	Identify personal safety precautions as established by the Occupational Safety and Health Administration							IER	R	ER		
		L35	Differentiate between medical and surgical asepsis used in ambulatory care settings, identifying when each is appropriate							IER	ER	ER		
		L36	Identify disease process that are indications for CLIA waived tests								R	IER	R	
6	Medical Business Practices-Finances	L37	Explain basic bookkeeping computations			IER								
		L38	Describe banking procedures			IER								
		L39	Differentiate between accounts payable and accounts receivable			IER								
		L40	Explain both billing and payment options			IER								

		L41	Discuss procedures for collecting outstanding accounts			IER							
		L42	Compare manual and computerized bookkeeping systems used in ambulatory healthcare			IER							
7	Medical Business Practices- Managed Care/Insurance	L43	Identify types of insurance plans			IER							
		L44	Identify models of managed care			IER			R				
		L45	Discuss workers compensation as it applies to patients in a medical office			IER							
		L46	Describe procedures for implementing both managed care and insurance plans.			IER			R				
		L47	Define Diagnosis Related Groups (DRGS)			IER			R				
		L48	Discuss referral process for patients in a managed care program			IER			R	R	R		R
		L49	Compare processes for filing insurance claims both manually and electronically			IER							
8	Medical Business Practices- Procedural and Diagnostic Coding	L50	Describe how to use most current procedural coding system			IER							
		L51	Describe how to use most current diagnostic coding classification system			IER			R				
		L52	Describe how to use most current HCPCS coding			IER							
9	Legal implications	L53	Discuss the legal scope of practice for medical assistants						IER	R	R		
		L54	Discuss licensure and certification as it applies to healthcare providers						IER	R	R		

		L55	Identify the implications of HIPAA for the medical assistant in various medical settings			R			IER	R	R			
		L56	Describe liability, professional, personal in just and third party insurance			IER			ER					
		L57	Compare civil and criminal law			IER								
		L58	Explain how the following impact the medical assistant's practice and give examples: Negligence, Malpractice, State of Limitations, Good Samaritan Act, Uniform Anatomical Gift Act, Living will/Advance directives, Medical durable power of attorney			R			IER	R	R			
		L59	Discuss all levels of government legislation and regulations as they apply to medical practice including FDA and DEA regulations						IER	R	R			
10	Ethical Considerations	L60	Differentiate between legal, ethical and moral issues affecting healthcare			R			IER	R	R			
		L61	Compare personal, professional and organizational ethics			R			IER	R	R			
		L62	Discuss the role of cultural, social and ethnic diversity in ethical performance of medical assisting practice			ER			IER	R	R			
		L63	Identify where to report illegal and/or unsafe activities and behaviors that affect health, safety and welfare of others			ER			IER	R				
11	Safety and Emergency Practices= Protective	L64	Identify safety techniques that can be used to prevent accidents and maintain a safe work environment						IER	R	R	R		

Practices	L65	Describe and understand the importance of Material Safety Data Sheets (MSDS) in the healthcare setting			R					R	IER		
	L66	Identify safety signs, labels and symbols									IER		
	L67	Describe basic principles of first aid							IER	ER			
	L68	State principles and steps of professional/provider CPR							IER	ER			
	L69	Describe fundamental principles for evacuation of a healthcare setting			IER				R	R			
	L70	Discuss fire safety issues in healthcare environment			R				IER	R			
	L71	Discuss requirements for responding to hazardous materials disposal								R	IER		
	L72	Identify principles of body mechanics and ergonomics							IER	R	R		
	L73	Discuss critical elements of an emergency plan for response to a natural disaster or other emergency			IER				R	R			
	L74	Identify emergency preparedness plans in your community						IER	ER	R			
	L75	Discuss potential role (s) of the medical assistant in emergency preparedness						IER	ER	R			



## Outcomes and Assessments Map - (Program)

## Medical Assistant Certificate Program

**PROGRAM MISSION STATEMENT:** The mission of the Medical Assistant program is to prepare competent, entry-level medical assistants, who function professionally to meet the employment needs of the Greater Merrimack Valley Area.

OBJECTIVES		ASSOCIATED LEARNING OUTCOMES		ASSESSMENT METHOD(S) ALREADY IN PLACE AND WHERE (e.g., in which courses or other curricular experiences such as practicum's, internships, etc.)
The objectives of the Medical Assisting Program include to assist students in the development of:		The graduating student will be able to:		
1	Basic understanding of anatomy and physiology of the human body	L01	Describe the structure of the human body	Medical Terminology-Written Exam Medical Assisting I -I Written Exam
		L02	Identify body systems, body planes, body cavities and major organs in each body system	Medical Terminology-Written Exam
		L03	Identify common pathology related to each body system	Medical Terminology-Written Exam Medical Assisting I -Written Exam
		L04	Compare body structure and function of the human body across the life span	Medical Assisting I -Written Exam
		L05	Describe the relationship between anatomy and physiology of all body systems and medications used for treatment in each disease	Medical Assisting I-Written Exam Medical Assisting II -Written Exam
		L06	Discuss the implications for treatment related to pathology	Medical Assisting I-Written Exam Medical Assisting II -Written Exam
2	Quantitative reasoning	L07	Demonstrate knowledge of basic math computations	Introduction to Medical Assisting-Written Exam
		L08	Apply mathematical computations to solve equations	Introduction to Medical Assisting-Written Exam
		L09	Identify and define basic units of measurement in metric, apothecary, and household systems	Introduction to Medical Assisting-Written Exam
		L010	Identify both abbreviations and symbols used in calculating medication dosages.	Introduction to Medical Assisting-Written Exam
		L011	Analyze charts, graphs and/or tables in the interpretation of healthcare results	Introduction to Medical Assisting-Written Exam

3	Effective written and oral communication skills	L012	Identify styles and types of verbal and non verbal communication	Introduction to Medical Assisting-Written Exam Medical Office Administration-Written Exam
		L013	Recognize Communication barriers and identify techniques for overcoming these barriers	Introduction to Medical Assisting-Written Exam Medical Office Administration-Written Exam
		L014	Recognize the elements of oral communication using a sender-receiver process	Introduction to Medical Assisting-Written Exam
		L015	Present clear and well written documentation regarding patient's care (in the office setting) and education plan	Medical Assisting I-Written Exam Medical Assisting II -Written Exam
		L016	Diagram medical terms, labeling the word parts and giving definitions	Medical Assisting I-Written Exam Medical Assisting II -Written Exam
		L017	Recognize the role of patient advocacy in the practice of medical assisting	Medical Assisting I-Written Exam Medical Assisting II -Written Exam
		L018	Recognize elements of fundamental writing skills	Medical Assisting I-Written Exam Medical Assisting II -Written Exam
		L019	Discuss the role of assertiveness in effective professional communication	Medical Assisting I-Written Exam Medical Assisting II -Written Exam
		L020	Differentiate between adaptive and non-adaptive coping mechanism	Introduction to Medical Assisting -Written Exam
		L021	Discuss applications of electronic technology in effective communication	Medical Office Administration-Written Exam
4	Medical business practices-Administrative Functions	L022	Discuss pros and cons of various types of appointment management systems	Medical Office Administration-Written Exam
		L023	Identify critical information required for scheduling patient appointment, procedures and admissions	Medical Office Administration-Written Exam Computer Lab Exercises
		L024	Identify both equipment and supplies needed for filing and creating patient medical records (EMR and paper)	Medical Office Administration-Written Exam
		L025	Describe and Identify various types of contact information needed in a patient's medical record	Medical Office Administration-Written Exam
		L026	Describe indexing and filing rules of medical records	Medical Office Administration-Written Exam
		L027	Discuss principles of using Electronic Medical Records	Medical Office Administration-Written Exam

		L028	Identify time management principles	Medical Office Administration-Written Exam Computer Lab Exercises
		L029	Discuss the importance of routine maintenance of office equipment in a medical practice	Medical Office Administration-Written Exam
6	Applied microbiology and infection control	L030	Identify the role of the Center for Disease Control (CDC) regulations in healthcare settings.	Clinical Lab Procedures Written Exam
		L031	Describe the infection cycle, including the infectious agent, reservoir, susceptible host, means of transmission, portals of entry and exit	Clinical Lab Procedures Written Exam
		L032	Define asepsis and infection control procedures	Clinical Lab Procedures Written Exam Clinical Skills Lab Competencies
		L033	Match types and uses of personal protective equipment (PPE)	Medical Assisting I-Written Exam Medical Assisting II -Written Exam
		L034	Identify personal safety precautions as established by the Occupational Safety and Health Administration	Clinical Lab Procedures Written Exam
		L035	Differentiate between medical and surgical asepsis used in ambulatory care settings, identifying when each is appropriate	Clinical Lab Procedures Written Exam
		L036	Identify disease process that are indications for CLIA waived tests	Clinical Lab Procedures Written Exam
6	Medical Business Practices-Finances	L037	Explain basic bookkeeping computations	Medical Office Administration-Written Exam Computer Lab Exercises
		L038	Describe banking procedures	Medical Office Administration-Written Exam Computer Lab Exercises
		L039	Differentiate between accounts payable and accounts receivable	Medical Office Administration-Written Exam Computer Lab Exercises
		L040	Explain both billing and payment options	Medical Office Administration-Written Exam Computer Lab Exercises
		L041	Discuss procedures for collecting outstanding accounts	Medical Office Administration-Written Exam
		L042	Compare manual and computerized bookkeeping systems used in ambulatory healthcare	Medical Office Administration-Written Exam
7	Medical Business Practices-Managed Care/Insurance	L043	Identify types of insurance plans	Medical Office Administration-Written Exam
		L044	Identify models of managed care	Medical Office Administration-Written Exam

		L045	Discuss workers compensation as it applies to patients in a medical office	Medical Office Administration-Written Exam
		L046	Describe procedures for implementing both managed care and insurance plans.	Medical Office Administration-Written Exam
		L047	Define Diagnosis Related Groups (DRGS)	Medical Office Administration-Written Exam
		L048	Discuss referral process for patients in a managed care program	Medical Office Administration-Written Exam
		L049	Compare processes for filing insurance claims both manually and electronically	Medical Office Administration-Written Exam Computer Lab Exercises
8	Medical Business Practices-Procedural and Diagnostic Coding	L050	Describe how to use most current procedural coding system	Medical Office Administration-Written Exam Computer Lab Exercises
		L051	Describe how to use most current diagnostic coding classification system	Medical Office Administration-Written Exam
		L052	Describe how to use most current HCPCS coding	Medical Office Administration-Written Exam
9	Legal implications	L053	Discuss the legal scope of practice for medical assistants	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
		L054	Discuss licensure and certification as it applies to healthcare providers	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
		L055	Identify the implications of HIPAA for the medical assistant in various medical settings	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
		L056	Describe liability, professional, personal in just and third party insurance	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
		L057	Compare civil and criminal law	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
		L058	Explain how the following impact the medical assistant's practice and give examples: Negligence, Malpractice, State of Limitations, Good Samaritan Act, Uniform Anatomical Gift Act, Living will/Advance directives, Medical durable power of attorney	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
		L059	Discuss all levels of government legislation and regulations as they apply to medical practice including FDA and DEA regulations	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam

10	Ethical Considerations	L060	Differentiate between legal, ethical and moral issues affecting healthcare	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
		L061	Compare personal, professional and organizational ethics	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
		L062	Discuss the role of cultural, social and ethic diversity in ethical performance of medical assisting practice	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
		L063	Identify where to report illegal and/or unsafe activities and behaviors that affect health, safety and welfare of others	Introduction to Medical Assisting- Written Exam Medical Office Administration-Written Exam
11	Safety and Emergency Practices=Protective Practices	L064	Identify safety techniques that can be used to prevent accidents and maintain a safe work environment	Clinical Laboratory Procedures-Written Exam
		L065	Describe and understand the importance of Material Safety Data Sheets (MSDS) in the healthcare setting	Clinical Laboratory Procedures-Written Exam
		L066	Identify safety signs, labels and symbols	Clinical Laboratory Procedures-Written Exam
		L067	Describe basic principles of first aid	Medical Assisting II Written Exam Clinical Skills Competencies
		L068	State principles and steps of professional/provider CPR	Medical Assisting I Written Exam CPR Certification Class
		L069	Describe fundamental principles for evacuation of a healthcare setting	Medical Assisting I Written Exam Medical Office Administration Written Exam
		L070	Discuss fire safety issues in healthcare environment	Medical Office Administration-Written Exam
		L071	Discuss requirements for responding to hazardous materials disposal	Clinical Laboratory Procedures-Written Exam
		L072	Identify principles of body mechanics and ergonomics	Medical Assisting I-Written Exam Medical Assisting II -Written Exam Clinical Skills Competencies
		L073	Discuss critical elements of an emergency plan for response to a natural disaster or other emergency	Medical Office Administration Written Exam
		L074	Identify emergency preparedness plans in your community	Medical Office Administration Written Exam
		L075	Discuss potential role(s) of the medical assistant in emergency preparedness	Introduction to Medical Assisting Written Exam

## LEARNING OUTCOMES ASSESSMENT SCHEDULE

PROGRAM: Medical Assistant Certificate

DATE: March 21, 2011

Program learning outcomes	Academic Years				
	2011-12	2012-13	2013-14	2014-15	2015-16
L01	X				
L02	X				
L03	X				
L04	X				
L05	X				
L06	X				
L07		X			
L08		X			
L09		X			
L10		X			
L11		X			
L12		X			
L13	X				
L14	X				
L15	X				
L16	X				
L17	X				
L18	X				
L19	X				
L20	X				

## LEARNING OUTCOMES ASSESSMENT SCHEDULE

PROGRAM: Medical Assistant Certificate

DATE:

Program learning outcomes	Academic Years				
	2011-12	2012-13	2013-14	2014-15	2015-16
L21	X				
L22	X				
L23	X				
L24	X				
L25	X				
L26	X				
L27	X				
L28	X				
L29	X				
L30	X				
L31	X				
L32	X				
L33	X				
L34		X			
L35		X			
L36		X			
L37		X			
L38		X			
L39		X			

## LEARNING OUTCOMES ASSESSMENT SCHEDULE

PROGRAM: Medical Assistant Certificate

DATE:

Program learning outcomes	Academic Years				
	2011-12	2012-13	2013-14	2014-15	2015-16
<b>L40</b>		<b>X</b>			
<b>L41</b>		<b>X</b>			
<b>L42</b>		<b>X</b>			
<b>L43</b>		<b>X</b>			
<b>L44</b>		<b>X</b>			
<b>L45</b>		<b>X</b>			
<b>L46</b>		<b>X</b>			
<b>L47</b>		<b>X</b>			
<b>L48</b>		<b>X</b>			
<b>L49</b>		<b>X</b>			
<b>L50</b>		<b>X</b>			
<b>L51</b>		<b>X</b>			
<b>L52</b>		<b>X</b>			
<b>L53</b>		<b>X</b>			
<b>L54</b>	<b>X</b>				
<b>L55</b>	<b>X</b>				
<b>L56</b>	<b>X</b>				
<b>L57</b>	<b>X</b>				
<b>L58</b>	<b>X</b>				



## LEARNING OUTCOMES ASSESSMENT SCHEDULE

PROGRAM: Medical Assistant Certificate

DATE:

Program learning outcomes	Academic Years				
	2011-12	2012-13	2013-14	2014-15	2015-16
L59	X				
L60	X				
L61	X				
L62	X				
L63	X				
L64	X				
L65	X				
L66	X				
L67	X				
L68	X				
L69	X				
L70	X				
L71	X				
L72	X				
L73	X				
L74	X				
L75	X				