

Medical Assisting Program Review

2011-2012

1. Program Description

A. Description

Ventura College's Multi-Skilled Medical Assisting Program is an intensive short-term training program designed to prepare students for employment in the medical field as administrative and clinical medical assistants. This program is also an excellent training program for career enhancement for those seeking to expand their skills in the medical field and advance into new job positions. Jobs in this area include medical assisting positions in front office or administrative capacity, as well as jobs in a back office, performing tasks of a clinical nature in support of physicians.

B. Program Student Learning Outcomes - Successful students in the program are able to:

1. Demonstrate performance of appropriate medical skills
2. Determine appropriate communication strategies for stakeholders in the medical environment.
3. Apply appropriate procedures for complying with established risk management and safety practices.

C. College Level Student learning Outcomes

1. Critical Thinking and Problem Solving
2. Communication
3. Information Competency

D. Estimated Costs (Required for Certificate of Achievement ONLY)

	Cost
Enrollment Fees	\$684
Books	\$400
Supplies	\$100
Total	\$1184

E. Criteria Used for Admission

F. Vision

Ventura College will be a model community college known for enhancing the lives and economic futures of its students and the community.

G. Mission

Ventura College, one of the oldest comprehensive community colleges in California, provides a positive and accessible learning environment that is responsive to the needs of a highly diverse student body through a varied selection of disciplines, learning approaches and teaching methods including traditional classroom instruction, distance education, experiential learning, and co-curricular activities. It offers

Medical Assisting Program Review

2011-2012

courses in basic skills; programs for students seeking an associate degree, certificate or license for job placement and advancement; curricula for students planning to transfer; and training programs to meet worker and employee needs. It is a leader in providing instruction and support for students with disabilities. With its commitment to workforce development in support of the State and region's economic viability, Ventura College takes pride in creating transfer, career technical and continuing education opportunities that promote success, develop students to their full potential, create lifelong learners, enhance personal growth and life enrichment and foster positive values for successful living and membership in a multicultural society. The College is committed to continual assessment of learning outcomes in order to maintain high quality courses and programs. Originally landscaped to be an arboretum, the College has a beautiful, park-like campus that serves as a vital community resource.

H. Core Commitments

Ventura College is dedicated to following a set of enduring Core Commitments that shall guide it through changing times and give rise to its Vision, Mission and Goals.

- Student Success
- Respect
- Integrity
- Quality
- Collegiality
- Access
- Innovation
- Diversity
- Service
- Collaboration
- Sustainability
- Continuous Improvement

I. Degrees/Certificates

Program's courses are designed to articulate to UC and CSU for transfer students.

A.S. Medical Assistant

Certificate of Achievement

J. Program Strengths, Successes, and Significant Events

This program has proven to be an excellent work-training platform for students seeking careers in the medical field, advancement in their current medical career, and preparation for advancement into the Nursing Program. The program has been identified and accepted in the local medical community as a source of newly trained medical assistants. Many of our students are currently working in local medical facilities, from physician offices to hospitals. Local medical offices frequently contact our VC staff when they have job openings. Office managers from medical practices throughout Ventura County have volunteered to be a part of our Advisory Council and have demonstrated strong support of the program. In fact, the local chapter of Professional Association of Health Care Office Managers made a \$3000.00 donation to the program in August of 2011 as a sign of support and encouragement to help the program

Medical Assisting Program Review

2011-2012

acquire new equipment and software in a time of State financial difficulties. Minutes of the Advisory Council were kept and are available for review.

The program was originally designed to meet the need for accelerated training for those students needing to get into or back into the workforce. It has served special populations, such as Cal Works, re-entry students, displaced homemakers, and single parent students.

Due to the success of the program, it was expanded to East Campus to serve the Santa Clara Valley residents, where there is a shortage of vocational training programs. The program operates at maximum capacity most semesters at both campuses.

In 2010, the program was adversely affected by the loss of the Externship Program that afforded students the opportunity to gain meaningful work experience in local medical practices. The Advisory Committee strongly encouraged the reinstatement of the Externship Program.

In an effort to keep our program current and relevant, it was expanded for the Fall 2011 semester from 14 units over a 12-week period to 16 units over a full-semester. The expansion enables more in-depth curriculum, additional clinical practice, and the introduction to Electronic Health Records.

Medical Assisting Program Review

2011-2012

K. Organizational Structure

President: Robin Calote

Executive Vice President: Ramiro Sanchez

Assistant Dean: Karen Gorback

Department Chair: Jeff Stauffer

Instructors and Staff

Name	Deborah Newcomb
Classification	Full-Time
Year Hired	2009 Full-time 1993 Part-Time
Years of Work-Related Experience	30 years
Degrees/Credentials	Masters in Business Administration, Certified Medical Manager

Part-time faculty includes Lucy Barron-Donnelly, Linda Davis, and Kathryn Dunlop.

Medical Assisting Program Review

2011-2012

2. Performance Expectations

A. Program Student Learning Outcomes - Successful students in the program are able to:

1. Demonstrate performance of appropriate medical skills
2. Determine appropriate communication strategies for stakeholders in the medical environment.
3. Apply appropriate procedures for complying with established risk management and safety practices.

B. Student Success Outcomes

1. The program will maintain or increase its retention rate from the average of the **program's** prior three-year retention rate. The retention rate is the number of students who finish a term with any grade other than W or DR divided by the number of students at census.
2. The program will increase its retention rate from the average of the **college's** prior three-year retention rate. The retention rate is the number of students who finish a term with any grade other than W or DR divided by the number of students at census.
3. The program will maintain or increase the student success rates from the average of the **program's** prior three-year success rates. The student success rate is the percentage of students who receive a grade of c or better.
4. The program will increase the student success rates from the average of the **college's** prior three-year success rates. The student success rate is the percentage of students who receive a grade of C or better.

C. Program Operating Outcomes

1. Inventory of instructional equipment is functional, current, and otherwise adequate to maintain a quality-learning environment. Inventory of all equipment over \$200 will be maintained and a replacement schedule will be developed. Service contracts for equipment over \$5,000 will be budgeted if funds are available.

Medical Assisting Program Review

2011-2012

D. Courses to Student Learning Outcomes Map

Course to Program-Level Student Learning Outcome Mapping (CLSLO)

I: This program-level student learning outcome is **INTRODUCED** in this course.

P: This program-level student learning outcome is **PRACTICED** in this course.

M: This program-level student learning outcome is **MASTERED** in this course.

Leave blank if program-level student learning outcome is not addressed.

Courses	PLSLO #1	PLSLO #2	PLSLO #3
BUS V97	P	I	P

Medical Assisting Program Review

2011-2012

3. Operating Information

A1: Budget Summary Table

To simplify the reporting and analysis of the Banner budget detail report, the budget accounts were consolidated into nine expense categories. The personnel categories include employee payroll expenses (benefits). The “3 Year Average” was computed to provide a trend benchmark to compare the prior three year expenses to the FY11 expenses. The “FY11 College” expense percentages are included to provide a benchmark to compare the program’s expenses to the overall college expenses.

A2: Budget Summary Chart

This chart illustrates the program’s expense trends. The data label identifies the FY11 expenses (the last bar in each group). The second-to-last bar is the program’s prior three year average.

A3: Comparative Budget Changes Chart

This chart illustrates the percentage change from the prior three year average expense to the FY11 expenses. The top bar for each budget category represents the program’s change in expenses and includes the data label. The second bar represents the college’s change in expenses.

A4: Budget Detail Report

The program’s detail budget information is available in *Appendix A – Program Review Budget Report*. This report is a PDF document and is searchable. The budget information was extracted from the District’s Banner Financial System. The program budget includes all expenses associated to the program’s Banner program codes within the following funds: general fund (111), designated college equipment fund (114-35012), State supplies and equipment funds (128xx), and the technology refresh fund (445). The *Program Review Budget Report* is sorted by program (in alphabetical order) and includes the following sections: total program expenses summary; subtotal program expenses for each different program code; detail expenses by fund, organization and account; and program inventory (as posted in Banner). To simplify the report, the Banner personnel benefit accounts (3xxx) were consolidated into employee type benefit accounts (3xxx1 = FT Faculty, 3xxx2 = PT Faculty, 3xxx3 = Classified, etc.).

Medical Assisting Program Review

2011-2012

A5: Interpretation of the Program Budget Information

There is only one full-time faculty assigned to the Medical Assisting Program as part of her full-time load. The remaining faculty is composed of part-time instructors.

The Medical Assisting Program accounted for \$3200 of the equipment budget in 2009, when a new electrocardiograph and AED machine were purchased with grant funding.

The Medical Assisting Program also accounts for a portion of the supplies budget each year as both administrative and clinical supplies are required for practical skills applications.

Medical Assisting Program Review

2011-2012

B1: Program Inventory Table

This chart shows the inventory (assets) as currently posted in the Banner Financial System. This inventory list is not complete and will require review by each program. Based on this review an updated inventory list will be maintained by the college. A result of developing a complete and accurate inventory list is to provide an adequate budget for equipment maintenance and replacement (total-cost-of-ownership). The college will be working on this later this fall.

B2: Interpretation of the Program Inventory Information

This information was not available and will be addressed at the next program review. An unofficial inventory list of equipment for the program on the main campus only is maintained by one faculty member.

Medical Assisting Program Review

2011-2012

C1: Productivity Terminology Table

Sections	A credit or non-credit class. Does not include not-for-credit classes (community education).
Census	Number of students enrolled at census (typically the 4 th week of class for fall and spring).
FTES	Full Time Equivalent Students A student in the classroom 15 hours/week for 35 weeks (or two semesters) = 525 student contact hours. 525 student contact hours = 1 FTES. Example: 400 student contact hours = $400/525 = 0.762$ FTES. The State apportionment process and District allocation model both use FTES as the primary funding criterion.
FTEF	Full Time Equivalent Faculty A faculty member teaching 15 units for two semesters (30 units for the year) = 1 FTE. Example: a 6 unit assignment = $6/30 = 0.20$ FTEF (annual). The college also computes semester FTEF by changing the denominator to 15 units. However, in the program review data, all FTE is annual. FTEF includes both Full-Time Faculty and Part-Time Faculty. FTEF in this program review includes faculty assigned to teach extra large sections (XL Faculty). This deviates from the district practice of not including these assignments as part of FTEF. However, it is necessary to account for these assignments to properly produce represent faculty productivity and associated costs.
Cross Listed FTEF	FTEF is assigned to all faculty teaching cross-listed sections. The FTEF assignment is proportional to the number of students enrolled at census. This deviates from the practice of assigning load only to the primary section. It is necessary to account for these cross-listed assignments to properly represent faculty productivity and associated costs.
XL FTE	Extra Large FTE: This is the calculated assignment for faculty assigned to extra large sections (greater than 60 census enrollments). The current practice is not to assign FTE. Example: if census > 60, 50% of the section FTE assignment for each additional group of 25 (additional tiers).
WSCH	Weekly Student Contact Hours The term "WSCH" is used as a total for weekly student contact hours AND as the ratio of the total WSCH divided by assigned FTEF. Example: 20 sections of 40 students at census enrolled for 3 hours per week taught by 4.00 FTEF faculty. $(20 \times 40 \times 3) = 2,400$ WSCH / 4.00 FTEF = 600 WSCH/FTEF.
WSCH to FTES	Using the example above: $2,400$ WSCH x 35 weeks = 84,000 student contact hours = $84,000 / 525 = 160$ FTES (see FTES definition). Simplified Formulas: $FTES = WSCH/15$ or $WSCH = FTES \times 15$
District Goal	Program WSCH ratio goal. WSCH/FTEF The District goal was set in 2006 to recognize the differences in program productivity.

Medical Assisting Program Review

2011-2012

C2: Productivity Summary Table

This table is a summary of the detail information provided in the *Program Review Productivity Report*. The “3 Year Average” was computed to provide a trend benchmark to compare the results of the prior three years to the FY11 results. The “FY11 College” percentages are included to provide a benchmark to compare the program’s percentages.

C3: Comparative Productivity Changes Chart

This chart illustrates the percentage change from the prior three year average productivity to the FY11 productivity. The top bar for each budget category represents the program’s change in productivity and includes the data label. The second bar represents the college’s change in productivity.

Medical Assisting Program Review

2011-2012

C4: Interpretation of the Program Productivity Information

The Medical Assisting Program has a WSCH/FTEF average over the three-year period of 349. This average has increased by 11% over the three-year period (it has increased from 280 in FY2009 to 314 in FY10). This program would not be able to reach a WSCH/FTEF goal of 525 due to the fact that the program as small class-size limitations and large amounts of contact hours per week taught primarily by part-time faculty.

Medical Assisting Program Review

2011-2012

D1: District WSCH Ratio Productivity Table

This table shows the District WSCH ratio (WSCH/FTEF) for each course by year for this program. Courses not offered during FY11 (last year) or without faculty load (independent study) are excluded. Because these are ratios, the combined average is computed using total WSCH and total FTEF (not the average of ratios). The formula used in this table distributes FTEF to all cross-listed sections (proportional to census enrollment) but does not include the associated faculty costs of extra large assignment.

District WSCH Ratio = $WSCH / (PT\ FTE + FT\ FTE)$.

Medical Assisting Program Review

2011-2012

D2: District WSCH Ratio Productivity Chart

This chart illustrates the course level District WSCH ratio. The top bar shows the program's three year average. The second bar shows the program's FY11 WSCH ratio. The axis represents the District WSCH ratio goal set in 2006. The program's (or subject's) total WSCH ratio is shown as the TOTAL at the bottom of the chart.

Medical Assisting Program Review

2011-2012

D3: College WSCH Ratio Productivity Table

This table shows the College's WSCH ratio (WSCH/FTEF) for each course by year for the program. Courses not offered during FY11 (last year) or without faculty load (independent study) are excluded. Because these are ratios, the combined average is computed using total WSCH and total FTEF (not the average of ratios). The formula used in this table includes the associated faculty costs of extra large sections. Faculty teaching extra large sections are paid stipends equal to 50% of their section FTE assignment for each group of 25 students beyond the first 60 students (calculated in this table as XL FTE). This College WSCH Ratio is a more valid representation of WSCH productivity. The College WSCH Ratio will be used in the program review process.

College WSCH Ratio = $WSCH / (PT\ FTE + FT\ FTE + XL\ FTE)$

Medical Assisting Program Review

2011-2012

D4: College WSCH Ratio Productivity Chart

This chart illustrates the course level College WSCH ratio. The top bar shows the program's three year average. The second bar shows the FY11 WSCH ratio. The axis represents the District WSCH ratio goal set in 2006. The program's (or subject's) total WSCH ratio is shown as the TOTAL at the bottom of the chart. The computation used for the College WSCH Ratio includes XL FTE (extra-large sections) and the assignment of FTEF to all cross-listed sections (proportional to census enrollment).

D5: Productivity Detail Report

The program's detail productivity information is available in *Appendix B – Program Review Productivity Report*. This report is a PDF document and is searchable. The productivity information was extracted from the District's Banner Student System. The productivity information includes all information associated with the program's subject codes. The *Program Review Productivity Report* is sorted by subject code (alphabetical order) and includes the following sections: productivity measures and WSCH ratios by course by year.

Medical Assisting Program Review

2011-2012

D6: Interpretation of the Program Course Productivity Information

The Medical Assisting Program has a WSCH/FTEF average over the three-year period of 349. This average has increased by 11% over the three-year period (it has increased from 280 in FY2009 to 314 in FY10). This program would not be able to have a realistic WSCH/FTEF goal of 525 due to the fact that the program has small class-size limitations and large amounts of contact hours per week taught primarily by part-time faculty.

Medical Assisting Program Review

2011-2012

E1: Student Success Terminology

Census	Number of students enrolled at Census (typically the 4 th week of class for fall and spring). Census enrollment is used to compute WSCH and FTES for funding purposes.
Retain	Students completing the class with any grade other than W or DR divided by Census Example: 40 students enrolled, 5 students dropped prior to census, 35 students were enrolled at census, 25 students completed the class with a grade other than W or DR: Retention Rate = $25/35 = 71\%$
Success	Students completing the class with grades A, B, C, CR or P divided by Census Excludes students with grades D, F, or NC.

E2: Student Success Summary

The following two tables summarize the detail information provided in the *Appendix C - Program Review Student Success Report*. The first table shows the number of students. The second table shows the percentage of students. Both tables show the distribution of student grades by year for the program (subject). They show the number of students who were counted at census, completed the class (retention), and were successful. The "3 Year Average" was computed to provide a trend benchmark to compare the prior three year expenses to the FY11 success measures. The "College" success percentages are included to compare the results of the program to the results of the college.

Medical Assisting Program Review

2011-2012

E3: Retention and Success Rates

This chart illustrates the retention and success rates of students who were counted at census. Each measure has four bars. The first bar represents the program's prior three year average percent. The second bar shows last year's (FY11) percent. The third and fourth bars represent the overall college percents.

Medical Assisting Program Review

2011-2012

E4: Grade Distribution

This chart illustrates the program's distribution of grades (by subject). Each grade has four bars. The first bar represents the program's prior three year average percent of grades. The second bar shows last year's (FY11) grade distribution percents. The third and fourth bars represent the overall college distribution percents.

E5: Student Success Detail Report

The program student success detail information is available in *Appendix C – Program Review Student Success Report*. This report is a PDF document and is searchable. The student success information was extracted from the District's Banner Student System. The student success information includes all information associated with the program's subject codes. The *Program Review Student Success Report* is sorted by subject code (alphabetical order) and includes the following sections: comparative summary and course detail by term. The following table defines the terminology.

Medical Assisting Program Review

2011-2012

E6: Interpretation of Program Retention, Student Success, and Grade Distribution

Over the reported three-year period of time, the Medical Assisting Program's retention rate spanned from 74% to 95%, with an average retention rate of 87%. The college's three-year average retention rate was 85%, which this program met and slightly exceeded. These statistics indicate that we are demonstrating consistency in retaining students in the program.

Student success in the Medical Assisting Program has spanned from 63% to 93%, with a three-year average of 77%. The college had a three-year success rate of 68%, which this program exceeded. These statistics demonstrate that 77% of our students are successfully completing this program.

The Medical Assisting Program exceeded the college's 33% average grade of A with a three-year average of 62%. The Medical Assisting Program did very well when compared to the college averages. These statistics demonstrate that our Medical Assisting students are successful in the program. As a medical training program, high standards are essential to the ability of students to work in the field.

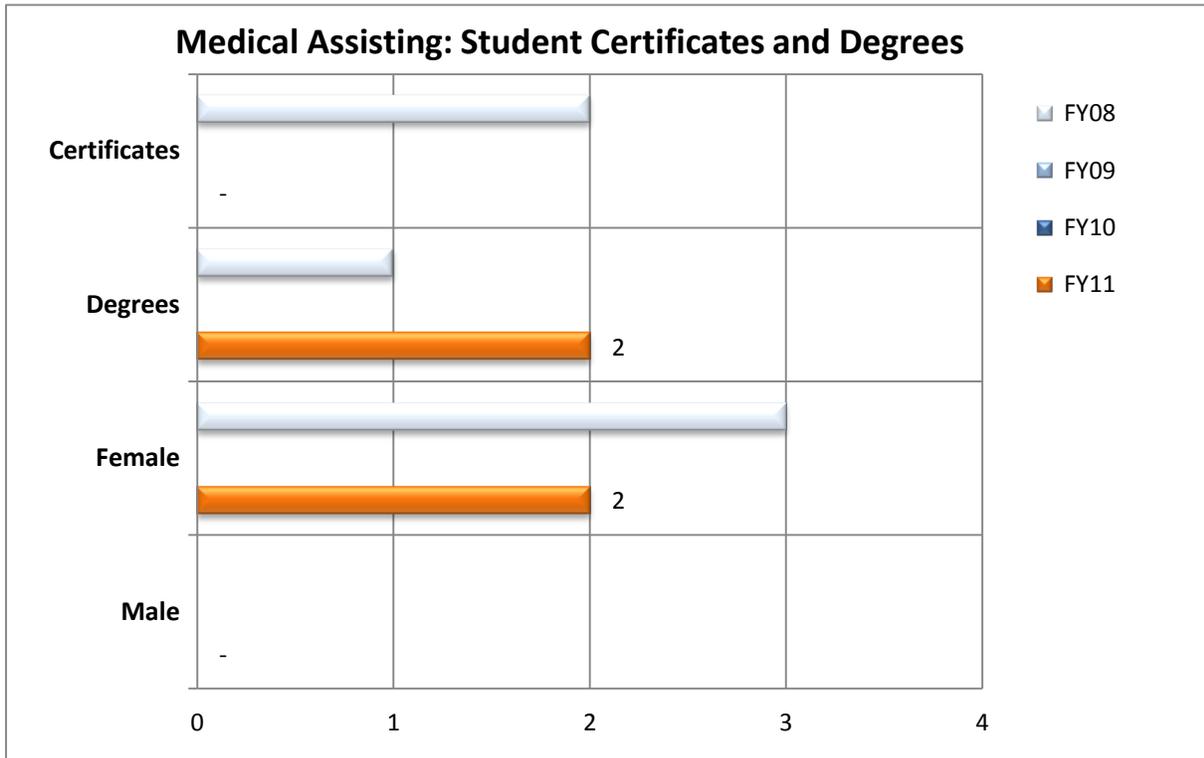
Medical Assisting Program Review

2011-2012

F1: Program Completion – Student Awards

This table shows the number of students who completed a program certificate or degree during the fiscal year. Gender distribution is included. The following chart illustrates this information.

Program	FY	Certificates	Degrees	Female	Male
Medical Assisting	FY08	2	1	3	-
-	FY09	-	-	-	-
-	FY10	-	-	-	-
Medical Assisting	FY11	-	2	2	-
Total Awards in 4 Years		2	3	5	-



F2: Interpretation of the Program Completion Information

The degree and certificate data should be interpreted with respect to the requirements of the field. Medical Assistants are not required to have a degree or certificate in order to work in the medical field. The State of California does not require certification or licensure for this career. It can take a student up to two or more years to complete the degree or certificate. Therefore, many students complete BUS V97, which is a short-term, comprehensive program of training, rather than the Associates Degree or Certificate of Completion. Many students need to focus on procuring a job after training, rather than a degree.

Another factor in the low rate of degree and certificate completion is that BUS V28A and V28B are not offered regularly, making it impossible for some students to complete the degree.

Medical Assisting Program Review

2011-2012

G1: Student Demographics Summary Tables

This table shows the program and college census enrollments for each demographic category. It also shows the average age of the students. The program FY11 results can be compared to its prior three year average, the college FY11 results, and the college prior three year average.

This table shows the program and college percentage of census enrollments for each demographic category.

Medical Assisting Program Review

2011-2012

G2: Student Demographics Chart

This chart illustrates the program's percentages of students by ethnic group. . Each group has four bars. The first bar represents the program's prior three year percent. The second bar shows last year's (FY11) percent. The third and fourth bars represent the overall college percents.

G3: Student Demographics Detail Report

The program student success detail information is available in *Appendix D – Program Review Student Demographics Report*. This report is a PDF document and is searchable. The student success information was extracted from the District's Banner Student System. The student demographic information includes all information associated with the program's subject codes. The *Program Review Student Demographics Report* is sorted by subject code (alphabetical order) and includes the following sections: comparative summary by year, and detail demographics by term and course.

G4: Interpretation of the Program Demographic Information

Medical Assisting has historically been a predominantly female career. There has been a very slow growth of nontraditional students in the Medical Assisting Program, which mirrors what is being seen in the field. Therefore, the data showing that an average of 94% females in the Medical Assisting Program is not surprising. As more males are entering the field, outreach to nontraditional students could be considered.

The data also indicates that there is a three- year average of 66% Hispanic students, which is a slightly higher ratio than VC as a whole. The average age of the Medical Assisting student is 28, which is basically the same as both the Business Department and Ventura College.

Medical Assisting Program Review

2011-2012

4. Performance Assessment

A1: Program-Level Student Learning Outcomes

Program-Level Student Learning Outcome 1	Performance Indicators
Demonstrate performance of appropriate medical skills.	Completion of program with 70% or higher degree of proficiency.
Operating Information	
In FY10, an average of 87% of students completed the program with a final grade of 70% or higher.	
Analysis – Assessment	
The goal was met.	

Program-Level Student Learning Outcome 2	Performance Indicators
Determine appropriate communication strategies for stakeholders in the medical environment.	Completion of program with 70% or higher degree of proficiency.
Operating Information	
In FY10, an average of 87% of students completed the program with a final grade of 70% or higher.	
Analysis – Assessment	
The goal was met.	

Medical Assisting Program Review

2011-2012

Program-Level Student Learning Outcome 3	Performance Indicators
Apply appropriate procedures for complying with established risk management and safety practices.	Completion of program with 70% or higher degree of proficiency.
Operating Information	
In FY10, an average of 87% of students completed the program with a final grade of 70% or higher.	
Analysis – Assessment	
87% of students achieved acceptable levels of proficiency .	

Medical Assisting Program Review

2011-2012

4B: Student Success Outcomes

Student Success Outcome 1	Performance Indicators
The program will maintain or increase its retention rate from the average of the program's prior three-year retention rate. The retention rate is the number of students who finish a term with any grade other than W or DR divided by the number of students at census.	The program will maintain or increase the retention rate of the program's retention rate for the prior three years.
Operating Information	
IN FY10, the average retention rate was 90%, which was an increase of 3% over the previous three-year average.	
Analysis – Assessment	
The goal was met.	

Student Success Outcome 2	Performance Indicators
The program will increase its retention rate from the average of the college's prior three-year retention rate. The retention rate is the number of students who finish a term with any grade other than W or DR divided by the number of students at census.	The program will increase the retention rate average of the college retention rate for the prior three years.
Operating Information	
In FY10, the average retention rate was 90%, which was 5% higher than the college's retention rate of 85%.	
Analysis – Assessment	
The goal was met.	

Medical Assisting Program Review

2011-2012

Student Success Outcome 3	Performance Indicators
The program will maintain or increase the student success rates from the average of the program's prior three-year success rates. The student success rate is the percentage of students at census who receive a grade of C or better.	The program will maintain or increase student success rate of the program's average student success rate for the prior three years.
Operating Information	
In FY10, the student success rate was 87%, which was 10% higher than the previous three-year average.	
Analysis – Assessment	
The goal was met.	

Student Success Outcome 4	Performance Indicators
The program will increase the student success rates from the average of the college's prior three-year success rates. The student success rate is the percentage of students at census who receive a grade of C or better.	The program will increase the student success rate from the average of the college's student success rate for the prior three years.
Operating Information	
In FY10, the student success rate was 87%, which is 9% higher than the college's three-year average of 68%.	
Analysis – Assessment	
The goal was met.	

Medical Assisting Program Review

2011-2012

C. Program Operating Outcomes

Program Operating Outcome 1	Performance Indicators
The program will maintain WSCH/FTEF above the 525 goal set by the district.	The program will increase the efficiency level.
Operating Information	
For FY11, the WSCH/FTEF was 349, which was an increase over the three-year average of 314.	
Analysis – Assessment	
There was an increase in the WSCH/FTEF. Due to the nature of the program and it's staffing as well as class size limitations, a variation in the metrics used for efficiency should be explored.	

Program Operating Outcome 2	Performance Indicators
Inventory of instructional equipment is functional, current, and otherwise adequate to maintain a quality-learning environment. Inventory of all equipment over \$200 will be maintained and a replacement schedule will be developed. Service contracts for equipment over \$5000 will be budgeted if funds are available.	A current inventory of all equipment in the program will be maintained. Equipment having a value over \$5000 will have a service contract. A schedule for service life and replacement of outdated equipment will reflect the total cost of ownership.
Operating Information	
The inventory list is out of date and needs to be reviewed. An unofficial list is maintained by one of the program instructors for the equipment that in on the main campus only.	
Analysis – Assessment	
The inventory list is out of date and needs to be reviewed	

Medical Assisting Program Review

2011-2012

5. Findings

- Finding 1** The Medical Assisting Degree and Certificate of Achievement are outdated. They should be updated and revised to bring them current with workforce needs and courses that are offered on a regular basis. A new Certificate of Achievement should be created that incorporates the accelerated training program, BUS V97 – Multi-Skilled Medical Assisting Program, as well BUS V26, Electronic Health Records.
- Finding 2** The Medical Assisting Externship program lacks an externship program that would provide on-the-job training needed to get jobs.
- Finding 3** BUS V28B, Medical Office Procedures – Back Office, should not be a lecture course. It should be revised to a lecture-lab format. It is impossible to teach the required clinical skills in a lecture format. Students must practice and demonstrate clinical skills.
- Finding 4** BUS V28A (Medical Office Procedures - Front Office) and V28B (Medical Office Procedures - Back Office) are not offered regularly, resulting in low degree/certificate completion rates. Consideration should be given to offering during the summer or at the Santa Paula campus in order to provide students with another option in earning their degree or certificate. Some students work during the day and are not able to take BUS V97 but want to train for the medical assisting field and earn a degree or certificate.
- Finding 5** The Medical Assisting Program being offered at the Santa Paula campus needs to have Keri manikin for clinical skills practice.
- Finding 6** Medical Assisting and related courses are difficult to find in the college catalog because they are designated as Business courses. Consideration should be given to moving the Business Medical Courses to their own department. Research indicates that the majority of California Community Colleges offering medical assisting programs have a Medical Assisting Department that houses all related courses. This would provide increased access to those courses by making it easier for students as well as counselors to find them in the catalog.

Medical Assisting Program Review

2011-2012

6. Initiatives

Initiative Revise the Medical Assisting Degree and Certificate of Achievement to bring them current with workforce needs and courses that are offered on a regular basis. A new Certificate of Achievement should be created that incorporates the accelerated training program, BUS V97 – Multi-Skilled Medical Assisting Program, as well BUS V26, Electronic Health Records.

Initiative ID MA 1

Links to Finding 1

Workforce training needs in the medical field have changed over the past ten years and the degree/certificate should reflect the current training requirements, including training in Electronic Health Records.

Benefits:

Better job preparation for the students, increased success in finding jobs, and increased degree and/or certificate awards.

Request for Resources

None needed

Funding Sources

No new resources are required (use existing resources)	X
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.)	

Medical Assisting Program Review

2011-2012

Initiative Bring back the Medical Assisting Externship to provide on-the-job training needed to get jobs.

Initiative ID MA 2

Links to Finding 2

The competitive job market requires students to have the training edge needed to compete for jobs. Vocational education schools include an externship program, leaving our students at a disadvantage. The Medical Assisting Advisory Council expressed a concern for the lack of an externship and requested reconsideration of offering one.

Benefits

Students will have better access to jobs, develop contacts in the medical community, and ideally receive job recommendations.

Request for Resources

Develop a section of BUS V96, Business Internship, or a new course for this purpose. Screening criteria would need to be incorporated to meet the requirements of externship facilities. A facilitator would be required.

Funding Sources

Please check one or more of the following funding sources.

No new resources are required (use existing resources)	
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	X
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.)	

Medical Assisting Program Review

2011-2012

Initiative Revise BUS V28B, Medical Office Procedures – Back Office, to be a lecture-lab format.

Initiative ID MA 3

Links to Finding 3

The clinical skills covered in this course cannot be appropriately taught in a lecture format. Students must practice and demonstrate clinical skills.

Benefits

Student success in the course as well as in job performance will be greatly increased.

Request for Resources

None required.

Funding Sources

No new resources are required (use existing resources)	X
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.)	

Medical Assisting Program Review

2011-2012

Initiative Consideration should be given to offering BUS V28A (Medical Office Procedures - Front Office) and V28B (Medical Office Procedures - Back Office) during the summer or at the Santa Paula Campus. in order to provide students with another option in earning their degree or certificate. Some students work during the day and are not able to take BUS V97 but want to train for the medical assisting field and earn a degree or certificate.

Initiative ID MA 4

Links to Finding 4

This will provide students with another option in earning their degree or certificate. Some students work during the day and are not able to take BUS V97 but want to train for the medical assisting field and earn a degree or certificate.

Benefits

This would provide increased opportunities for student success in finding jobs and earning degrees and certificates.

Request for Resources

The cost of offering courses would include faculty funds, however, since medical assisting courses are already offered during those time frames, it would not require more funds than are already being used for existing medical assisting courses. Existing equipment could be used. There would be a need for adequate administrative and clinical skill supplies.

Funding Sources

No new resources are required (use existing resources)	
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.) Supplies	X

Medical Assisting Program Review

2011-2012

Initiative Purchase a Keri Manikin for East Campus. A manikin has been donated by PAHCOM for the main campus and a similar manikin should be provided for the program at the Santa Paula campus.

Initiative ID MA 5

Links to Finding 5

This will provide students with increased skill practice and competency in performing vital signs and administering injections. The manikin allows the instructor to vary the heart rate, pulse, etc. to replicate a variety of patient ages and statuses.

Benefits

This would provide better skills for students and increased opportunities for success in competing for jobs.

Request for Resources

The cost of the manikin is \$2200.00.

Funding Sources

No new resources are required (use existing resources)	
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.) Supplies	X

Medical Assisting Program Review

2011-2012

Initiative Create a Medical Assisting Department and move the medical assisting courses and related courses into that department. Courses would be designated as MAS (Med Assist)

Initiative ID MA 6

Links to Finding 6

Students and counselors sometimes have difficulty finding the medical assisting and related courses in the VC catalog because they are housed in the Business Department. This change would clarify the identity of the courses.

Benefits

This would provide increased opportunities for student enrollments.

Request for Resources

None needed.

Funding Sources

No new resources are required (use existing resources)	X
Requires additional general funds for personnel, supplies or services (includes maintenance contracts)	
Requires computer equipment funds (hardware and software)	
Requires college equipment funds (other than computer related)	
Requires college facilities funds	
Requires other resources (grants, etc.) Supplies	

Medical Assisting Program Review

2011-2012

6A: Initiatives Priority Spreadsheet

The following blank tables represent Excel spreadsheets and will be substituted with a copy of the completed Excel spreadsheets.

Cannot enter information in tables provided so information is hereby submitted in text format.

Personnel –Faculty Requests

Program: Medical Assisting

Initiative MA 1: No resources required – Priority 0

Initiative MA 2: Priority 2 in Faculty Requests category

Initiative MA 3: No resources required – Priority 0

Initiative MA 4: Existing faculty funds for medical assisting courses could be used – Priority 1

Initiative MA 5: No faculty resources required – Priority 0

Initiative MA 6: No resources required – Priority 0

Other	Program	Program Priority (0, 1, 2, 3...)	Division Priority (R,H,M,L)	Committee Priority (R, H, M, L)	College Priority (R, H, M, L)	Initiative ID	Initiative Title	Resource Description	Estimated Cost	No New Resources Requested	General Fund	Other
1												
2												
3												
4												
5												

Personnel – Other Requests

Priority 0 for all initiatives

Medical Assisting Program Review

2011-2012

Personnel - Other	Program	Program Priority (0, 1, 2, 3...)	Division Priority (R,H,M,L)	Committee Priority (R, H, M, L)	College Priority (R, H, M, L)	Initiative ID	Initiative Title	Resource Description	Estimated Cost	No New Resources Requested	New General Funds	Other
1												
2												
3												
4												
5												

Medical Assisting Program Review

2011-2012

Computer Equipment and Software

Priority 0 in all categories

Equipment - Computer Related	Program	Program Priority (0, 1, 2, 3...)	Division Priority (R,H,M,L)	Committee Priority (R, H, M, L)	College Priority (R, H, M, L)	Initiative ID	Initiative Title	Resource Description	Estimated Cost	No New Resources Requested	Technology Fund	Other
1												
2												
3												
4												
5												

Other Equipment Requests

Initiative MA 1: No resources required – Priority 0

Initiative MA 2: No equipment resources required – Priority 0

Initiative MA 3: No resources required – Priority 0

Initiative MA 4: No equipment resources required – Priority 0

Initiative MA 5: Requires equipment funds but Perkins funding could be used for new equipment - Priority 1

Initiative MA 6: No resources required – Priority 0

Equipment	Program	Program Priority (0, 1, 2, 3...)	Division Priority (R,H,M,L)	Committee Priority (R, H, M, L)	College Priority (R, H, M, L)	Initiative ID	Initiative Title	Resource Description	Estimated Cost	No New Resources Requested	Equipment Fund	Other
1												
2												
3												
4												
5												

Facilities Requests

Initiative MA 1: No resources required – Priority 0

Initiative MA 2: No new facility funds required – Priority 0

Initiative MA 3: No resources required – Priority 0

Initiative MA 4: Existing facilities could be used – Priority 1

Medical Assisting Program Review

2011-2012

Initiative MA 5: No facility resources required – Priority 0

Initiative MA 6: No resources required – Priority 0

Facilities	Program	Program Priority (0, 1, 2, 3...)	Division Priority (R,H,M,L)	Committee Priority (R, H, M, L)	College Priority (R, H, M, L)	Initiative ID	Initiative Title	Resource Description	Estimated Cost	No New Resources Requested	Facilities Fund	Other
1												
2												
3												
4												
5												

Medical Assisting Program Review

2011-2012

Other Resource Requests

- Initiative MA 1: No resources required – Priority 0
- Initiative MA 2: No other resources required – Priority 0
- Initiative MA 3: No resources required – Priority 0
- Initiative MA 4: Requires supply funds - Priority 1
- Initiative MA 5: No other resources required – Priority 0
- Initiative MA 6: No resources required – Priority 0

Other Resources	Program	Program Priority (0, 1, 2, 3...)	Division Priority (R,H,M,L)	Committee Priority (R, H, M, L)	College Priority (R, H, M, L)	Initiative ID	Initiative Title	Resource Description	Estimated Cost	No New Resources Requested	General Fund	Other
1												
2												
3												
4												
5												

6B: Program Level Initiative Prioritization

All initiatives will first be prioritized by the program staff. If the initiative can be completed by the program staff and requires no new resources, then the initiative should be given a priority 0 (multiple priority 0 initiatives are allowed). All other initiatives should be given a priority number starting with 1 (only one 1, one 2, etc.).

6C: Division Level Initiative Prioritization

The program initiatives within a division will be consolidated into division spreadsheets. The dean may include additional division-wide initiatives. All initiatives (excluding the '0' program priorities) will then be prioritized using the following priority levels:

- R:** Required – mandated or unavoidable needs (litigation, contracts, unsafe to operate conditions, etc.).
- H:** High – approximately 1/3 of the total division’s initiatives by resource category (personnel, equipment, etc.)
- M:** Medium – approximately 1/3 of the total division’s initiatives by resource category (personnel, equipment, etc.)
- L:** Low – approximately 1/3 of the total division’s initiatives by resource category (personnel, equipment, etc.)

Medical Assisting Program Review

2011-2012

6D: Committee Level Initiative Prioritization

The division's spreadsheets will be prioritized by the appropriate college-wide committees (staffing, technology, equipment, facilities) using the following priority levels.

R: Required – mandated or unavoidable needs (litigation, contracts, unsafe to operate conditions, etc.).

H: High – approximately 1/3 of the total division's initiatives by resource category (personnel, equipment, etc.)

M: Medium – approximately 1/3 of the total division's initiatives by resource category (personnel, equipment, etc.)

L: Low – approximately 1/3 of the total division's initiatives by resource category (personnel, equipment, etc.)

6E: College Level Initiative Prioritization

Dean's will present the consolidated prioritized initiatives to the College Planning Council. The College Planning Council will then prioritize the initiatives using the following priority levels.

R: Required – mandated or unavoidable needs (litigation, contracts, unsafe to operate conditions, etc.).

H: High – approximately 1/3 of the total division's initiatives by resource category (personnel, equipment, etc.)

M: Medium – approximately 1/3 of the total division's initiatives by resource category (personnel, equipment, etc.)

L: Low – approximately 1/3 of the total division's initiatives by resource category (personnel, equipment, etc.)

Medical Assisting Program Review

2011-2012

7A: Appeals

After the program review process is complete, your program has the right to appeal the ranking of initiatives.

If you choose to appeal, please complete the form that explains and supports your position. The appeal will be handled at the next higher level of the program review process.

7B: Process Assessment

In this first year of program review using the new format, programs will be establishing performance indicators (goals) for analysis next year. Program review will take place annually, but until programs have been through an entire annual cycle, they cannot completely assess the process. However, your input is very important to us as we strive to improve, and your initial comments on this new process are encouraged.