

Utah State University
Health Professions Programs-Blanding, UT
Assessment
2021

Medical Assistant Program

The medical assistant program is taught over a 32 week period or two semesters. Students are required to have a semester of pre-requisites prior to acceptance into the program. The student must have a GPA of 3.0 for acceptance into the program and maintain a 2.67 throughout the program. At the end of the first semester, students are required to attend clinical rotations to practice administrative skills learned in the first semester. At the end of the second semester, students will be required to attend clinical rotations to practice clinical competency skills learned during that semester. The USU Medical Assistant program aligns the didactic courses with the national core curriculum developed by the Medical Assistant Education Review Board (MAERB). Once students complete the program, they are able to sit for the national certification exam through one of two agencies: American Medical Technologists (AMT) for the Registered Medical Assistant (RMA) or through American Association of Medical Assistants (AMA) for the Certified Medical Assistant (CMA). These two organizations govern national certification in the field.

A strategic plan and Self-Evaluation Report (SER) for learning was submitted to Accrediting Bureau of Health Education Schools (ABHES) for accreditation and accepted. The strategic plan is attached. The USU MA program was accredited through ABHES for two years and is due for reaccreditation site visit on October 7 -8, 2021. In order to obtain and maintain accreditation, required outcomes are set forth by the ABHES. Student assessments for required courses are embedded in the course and the program must track the student outcomes listed on the attached strategic plan.

ABHES also requires that a yearly annual report to evidence that the program is meeting required outcomes. It is imperative that the program maintains required outcomes to maintain accreditation.

The program learning objectives as set forth by core curriculum are as follows:

Disciplinary Knowledge

1. Demonstrate a basic knowledge of anatomy, physiology, pharmacology, pathophysiology and medical terminology relevant to the medical assistant's role.

2. Apply basic knowledge of medical assisting process and concepts of health and illness when implementing medical care.
3. Describe wellness promotion and disease prevention concepts.
4. Demonstrate a working knowledge of state and federal laws pertaining to the role of the medical assistant.
5. Demonstrate knowledge of the Medical Assistant Code of Ethics and basic skills in applying ethical/legal principles in the delivery of care.
6. Assume responsibility for continued career development as related to expanding knowledge based on a changing health care system.

Skills and Career Competencies

1. Perform mathematical calculations essential to the duties of medical assistants in clinical settings.
2. Practice and adhere to effective infection control procedures.
3. Demonstrate ethical conduct.
4. Demonstrate active and engaged listening skills.
5. Communicate clearly and effectively, both verbally and in writing.
6. Demonstrate a respectful and professional attitude when interacting with diverse patient populations, colleagues, and professionals.
7. Perform administrative duties to include: communication, answering telephone, greeting patients, updating and filing patient medical records, filling out insurance forms, handling correspondence, scheduling appointments, arranging hospital admissions, lab services admissions, and handling billing and bookkeeping.
8. Perform clinical duties to include: taking patient medical history, vital signs, explaining treatments, preparing patients for examinations, assisting during an examination, collecting lab specimens, basic lab testing, disposing of contaminated supplies, sterilizing medical instruments, preparing and administering medications, authorizing drug refills as directed, educating patients for procedures, taking electrocardiograms, removing sutures and changing dressings.

All courses listed above have assessments embedded in the course. Not only does the program have a strategic plan, all health profession programs utilizes a living document known as the Program Effectiveness Plan (PEP) to track program outcomes and monitor the effectiveness of the programs. Program satisfaction is gauged through surveys sent to the following groups: current students, graduate students, clinical affiliates and employers. Responses are graded on a Likert scale of 1-5 (5 being the highest). The goal for program satisfaction is a 3 or above on a Likert scale on all surveys. Student responses as well as comments are taken seriously and reviewed by the faculty and Health Professions director. Any responses below a "3" on the Likert scale are evaluated and an action plan for

correction is developed. Surveys are sent out the third week in February and the third week in October as Health Professions programs run fall and spring semesters. Once the surveys and outcomes are tabulated, and a correction plan is developed for student concerns, the results are entered into the PEP and presented to the program's advisory board for their review and recommendations. If a correction plan is agreed upon by the board, faculty and HP program director, then the plan is implemented and the results of the plan are reported on during the next advisory board meeting. This allows time for the plan to be evaluated after implementation for at least six months as the advisory board meetings are held bi-annually in the spring and fall.

The USU Blanding Medical Assistant Program PEP is attached.

Medical Assistant Program

Blanding Campus

Strategic Plan

March 31, 2021

The Role of the Program Within the Community

San Juan County, Utah is the largest county in Utah. Health care is classified as rural and in some places, frontier medicine. There are two major health care entities which include San Juan Health Care District and Utah Navajo Health Systems, Inc.

San Juan Health Care District owns and operates a hospital in Monticello, Utah that incorporates a visiting specialty clinic and operates clinical sites in Monticello and Blanding, Utah and Dove Creek, Colorado.

Utah Navajo Health Systems is part-owner of Blue Mountain Hospital in Blanding, Utah. It also owns and operates a clinic in Navajo Mountain, Montezuma Creek, Monument Valley and Blanding, Utah.

With the large number of health care facilities in the area, the program does not have any problem placing students in employment settings, and often the program receives call for new graduates before they have even completed their program. Many of our students are Native American students and many do not wish to leave their families on the reservation and typically return to their communities to serve their people in the health care field.

Moab Regional Hospital lies 70 miles to the north of Blanding and although it is located in Grand County, students enrolled in the MA program in Moab travel to Blanding for lab experiences. The hospital employs MA program graduates as well as the four other clinics found in Moab. With the large number of healthcare facilities in the area and letters of support from all entities listed, students have not had any problems securing experiential training sites within these facilities.

Students are encouraged to be mindful of civic responsibilities and community service and opportunities for such activities are provided and required. Students participate in a community STEAM festival that is sponsored by Utah State University. Students provide tours of the Medical Assistant labs and classrooms and demonstrate techniques such as patient screening and explain the typical work day in the life of a medical assistant in a clinical setting. Activities that pertain to medical assistant roles are developed so that the public can participate.

Medical Assistant students also participate in the annual flu vaccine clinics when invited ensuring the stock is accounted for, recording lot numbers, expiration dates and suppliers. They help in screening patients and with patient flow.

The medical assistant students also participate with other programs in mock drills and disasters demonstrating how all health professions interact in the event of an emergency. This helps with training of all programs.

Medical assistant students at USU participate in a clothing drive to support USU Global Health efforts while some volunteer to travel in the summer with the Global Health Practitioner Outreach Program on mobile health clinics providing health care and medical services to some of the most impoverished countries in the world.

Long-term Program Goals

1. Develop a quality and sustainable program that is career focused and will fill the needs of the community with regards to medical assistant jobs.
2. Utah State University (USU) Medical Assistant (MA) Program will lead to employment of our graduates as entry-level medical assistants upon completion of the program.
3. The program will enhance the reputation of the University for learning, discovery and engagement.
4. The program will strengthen the recruitment, retention, graduation and placement of students and as part of that goal decrease the faculty to student ratio.
5. To foster new partnerships both internally and externally.

Specific Measurable Objectives

Utah State University Medical Assistant program uses the following criteria as outcome measures of the effectiveness of the program:

- 70% of all students enrolling in the USU MA program will complete the program and graduate.
- 70% of all students graduating from the USU MA program will sit for the national certification exam through either AMT (RMA) or AAMA (CMA).
- 70% of students participating in the national certification exam will pass the exam.
- 70% of graduates will find positive placement in employment as a medical assistant or in a related field.
- 70% of graduate survey responders will “strongly agree” or “agree” when asked to rate the overall quality of their preparation as a medical assistant and 70% will have a satisfaction level of “3” or greater on a Likert scale of 1-5 (5 being the highest) when surveyed about program resources and instructor effectiveness.
- 80% of employers will “strongly agree” or “agree” when asked, “Overall, is this graduate a well-prepared employee” and “Would you hire another program graduate?”

Strategies for Achieving the Goals and Objectives

1. Create an advisory committee consisting of four community member, a medical director, a current MA Program student, a graduate student of the MA Program, a working MA, an employer and a distance education specialist. Also included are USU Health Professions Program Director, the MA program coordinator/faculty member, Blanding campus faculty member and the Health Profession Staff Assistant. The purpose of the committee is to review specific objectives, address program outcomes, and advise as to the need in the community, as well as the response in the community to our program, and review curriculum so that it is current and in keeping with national standards.
2. USU MA Program will develop strong and supportive working relationships with our clinical preceptors so that our students receive excellent training in the clinical setting. Memorandum of Agreements (MOAs) will be in place prior to our students starting their clinical preceptorship so there is no question as to the role of preceptor and student, and the goals are clearly defined. Program coordinators will visit the clinical sites prior to signing MOAs to ensure the clinical sites are viable sites to meet our core curriculum/skills competencies requirements.
3. The program will utilize student surveys to evaluate student satisfaction with the program.

4. The program will utilize employer surveys to evaluate their satisfaction with our graduate students.
5. The program will track graduation rates and pass rates of our students taking the national certification exam.

Schedule for Analyzing and Evaluating the Plan

The reporting period for which all metrics are measured will be July 1 through June 30, in keeping with the current cycle of all of USUs Health Professions Program reviews. Surveys, graduation rates and certification pass rates will be analyzed. Curriculum review will also take place annually. The Medical Assistant Program under the direction of the program director, faculty and in conjunction with the advisory board will review the program effectiveness plan at the end of the annual reporting period, meeting minutes will be recorded and review items will include:

- Summary of data collected
- A discussion of the progress made over the past year
- Suggested changes and revisions
- Direction of program for the coming year

Information obtained through this review process will be shared with our advisory committee and placed on the agenda for the fall advisory board meeting.

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Utah State University Blanding Campus Medical Assistant Program

Program Effectiveness Plan

COVER PAGE

Prepared by:	Michele Lyman, Tara Dawn Olsen, Erin Oliver, Lori Rager
Date Reviewed:	March 19, 2021

Name of Institution:	Utah State University -Blanding		
ABHES ID#:	MA-529		
Street Address:	576 W. 200 So.	City: Blanding	State: Utah 84511
Phone:	(435)678-8131	Website:	Healthprofesions.usu.edu

PROGRAM INFORMATION

PROGRAM NAME	IN CLASS CLOCK HOUR	*RECOGNIZED OUTSIDE CLOCK HOURS	TOTAL CLOCK HOURS	LENGTH IN WEEKS: DAY(D), EVENING (E), &/OR WEEKEND (W)	ACADEMIC CREDIT: SEMESTER	METHOD DELIVERY	CREDENTIAL AWARDED DO NOT ABBREVIATE
Utah State University Blanding Medical Assistant Program	655	0	655	32-D	30	Blended	Certificate of Completion

Purpose of the Program Effectiveness Plan

Utah State University Health Professions uses the program effectiveness plan as a quality effectiveness tool in assessing each of our health professions programs. Program effectiveness is achieved through asking ourselves the following questions:

1. **Where have we been?** This question is answered by looking at our baseline data and historical outcomes. The USU Blanding Campus Medical Assistant program is applying for re-accreditation during the reporting cycle 2019-2020. Program data has been collected since our first initial grant. This has allowed the program to watch trends and outcomes for four years which has given us significant information about the efficiency and overall performance of the program. Such data includes retention rates and satisfaction rates as gathered by our preceptors and students.
2. **Where are we now?** By gathering historical data and comparing to our current survey data, we are able to see emerging patterns as it pertains to our programs and the overall satisfaction rates as the program matures. Are we maintaining student engagement and satisfaction? Are we improving or are our scores declining? This information helps us to evaluate what we are doing well and in what areas we may need improvement. Both the historical data (previous reporting year) and current data (current reporting year) are shared with our advisory board and discussed. Advisory Board members are encouraged to look for patterns in program effectiveness and offer suggestions and recommendations that they feel would help deliver a more effective program.
3. **Where do we want to go?** Based on emerging patterns gathered from historical data and current data comparisons, we are able to better determine what our goals should be to bring about improvement in our program. Again, this step involves the Advisory Board and their input and recommendations for quality improvement in our program. The Advisory Board generally meets in the fall to review data, make recommendations and review goals and then the plan, once implemented is presented again in the spring for the Boards review.

Process Used to Ensure Continuous Improvement

USU utilizes the following process in assessing the program effectiveness and ensuring continuing improvement.

1. Surveys are sent out each semester and include the following surveys:
 - a. Program resources by student are sent out by the Programs Staff Assistant the 3rd week of October and the 3rd week of February.
 - b. Student survey of practicum sites – these are sent out and collected by the Health Professions Staff Assistant via Qualtrics.

- c. Employer survey- once the staff assistant hears from the program instructor that the student is employed, she will send out employer surveys once the student has been employed for at least 15 days.
 - d. Student evaluation by practicum site will be sent by the instructor to the practicum site for evaluation of our program. This is to get the practicum sites' perspective on our students' skills, as well as the program strengths and weaknesses and input for improvement.
 - e. Graduate survey is sent out via Qualtrics no earlier than 30 days post- graduation.
 - f. Course/Instructor survey by student is sent out via Qualtrics to each student by the HP Staff Assistant
 - g. Pre-externship survey – this is sent to students prior to them entering the clinical portion of the program to assess their readiness for externship.
2. Surveys are collected and data tabulated. Patterns are assessed and comments are considered. Patterns include a significant number of students that might have the same concerns including resources, instructors, practicum sites, tutoring, access to services, etc. This could also be seen in retention rates, certification exam pass rates or feeling prepared to enter externships. All student recommendations or comments are taken into consideration and discussed with the faculty, administration and advisory board. Improvements are made where and when possible with an action plan instituted. Implementation and results are then addressed at the following advisory board meeting. Surveys are then sent out again the following semester to see if there is improvement in the satisfaction ratings and the concerns have been alleviated. In this way, we are able to compare previous data with more current data and identify strategies that will improve program effectiveness.
 3. Board meetings are held each spring and fall. If an emergent problem arises, the board is called for an emergency meeting. Data from surveys (past semester and current semester) is distributed to administration and the board before each meeting and then discussed during the board meeting with time for board response and recommendations. Not only are surveys tabulated and discussed, and an action plan instituted if needed, but curriculum is also reviewed once a year for each health professions program advisory board meeting. Past meeting minutes are also voted on and any unfinished business is taken care of at the next board meeting.

Program Objectives

The Utah State University Blanding Campus Medical Assistant Program has established program objectives so that students are fully informed about the requirements necessary to complete the Medical Assistant Certificate of Completion. At the completion of the program, the student will be prepared to do the following:

1. Perform administrative duties to include: communication, answering telephone, greeting patients, updating and filing patient medical records, filling out insurance forms, handling

correspondence, scheduling appointments, arranging for hospital admissions, laboratory services admissions, and handling billing and bookkeeping.

2. Apply basic knowledge of medical assisting process and concepts of health and illness when implementing medical care.
3. Perform clinical duties to include: taking patient medical history, vital signs, explaining specimens, basic lab testing, disposing of contaminated supplies, sterilizing medical instruments, preparing and administering medications, authorizing drug refills as directed, educating patients for procedures, taking electrocardiograms, removing sutures, and changing dressings.
4. Demonstrate knowledge of the Medical Assisting Code of Ethics and basic skills in applying ethical/legal principles in the delivery of care.
5. Assume responsibility for continued career development as related to expanding knowledge-based on a changing health care system.

The program objectives can be found on the program application, student handbook and the website: healthprofessions.usu.edu.

The program objectives are reviewed with the Medical Assistant Advisory Board yearly and are updated as needed to be consistent with the field of study.

PROGRAM EFFECTIVENESS PLAN CONTENT

The program effectiveness plan is reviewed by the program Advisory Board at least once a year at the same time curriculum is reviewed (usually at the fall meeting). The PEP contains the following information:

- a. Program Retention rate
- b. Credentialing examination participation rate
- c. Credentialing examination pass rate
- d. Job placement rate
- e. Surveys that measure both participation and satisfaction rates for the following
 - Students
 - Clinical extern affiliates
 - Graduates
 - Employers
- f. The delivery method for each course
- g. Curriculum assessment

The last medical assistant advisory board meeting was held June 16, 2020. All information contained in the PEP was presented to the board and discussed.

Surveys are sent out each semester to allow students enough time to respond and for the program to receive and tabulate the results prior to the board meetings in the spring and fall. The results are then shared with the board members who are encouraged to make recommendations and share their concerns with the faculty and administration.

- a. Program Retention Rates:** Retention rates are calculated at the end of each program year in preparation for the annual report form required by ABHES. The program director tracks retention rates and reports these at the end of each semester to the health professions program director. If a student withdraws from the program, it is the duty of the program director to speak with the student to see if there is anything the program can do to help the student stay in the program and if not, determines if the student plans to take a leave of absence or is permanently withdrawing. These responses are included in the PEP each year. If the student chooses a leave of absence, the program director will continue to be in contact with the student to see if the program can accommodate the student in any way in their return to the program.

Once the retention rates are received by the health professions program director, she and the MA program director calculate the retention rate using the ABHES method of calculation. Retention rates are shared with the board during the spring and fall advisory board meetings.

$$(EE+G) / (BE +NS+RE) = R\%$$

EE = Ending Enrollment as of June 30

G = Graduates

BE = Beginning enrollment as of July 1

NS = New Starts

RE = Re-entries

R% = Retention Percentage

Retention Rates

Program Name & Credential	7/1/2017-6/30/2018 (Two yrs prior)	7/1/2018-6/30/2019 (1 year prior)	7/1/2019-6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
Medical Assistant Certificate of Completion	79%	100%	95%	70%

Retention Rates:

7/1/2017-6/30/2018: For this reporting period, enrollments totaled 19. However, the ending enrollment was 13. Out of those 19 initially enrolled students, 2 withdrew from the program, 2 continued on with their education through a new Bachelor's program entitled, "Health Education and Promotion" resulting in a 79% retention rate.

$$(EE(13) + G(2))/(BE (12) + NS (6) + RE (1)) = 79\%$$

7/1/2018-6/30/2019: For this reporting period, we had 22 students enrolled during the cohort with a beginning enrollment of 12, 9 new starts and 1 re-entry. Our ending enrollment was 17 with five graduates making our retention rates 100%. The program retention goal is 70%.

There are some factors that we considered in our retention goals. These include, the age of our students, whether they are single parents, family dynamics (including sole provider for the family), past performance with previous classes (cumulative GPA).

In an effort to meet our retention goals, we have several activities that provide our students with multi-factorial support systems. First, we have an open-door policy so that students are always welcome in the instructor and program director's offices. Secondly, there are tutors available. Third, one-on-one lab assistance is available if students feel they need more lab time. Finally, continual monitoring of students needs and concerns by the program director, instructor and staff assistant and advisor ensures a quality educational experience and caring environment.

EE(17) +G (5)/BE (12) + NS (9) + RE (1) = R 100%

7/1/2019 – 6/30/2020: In this reporting cycle, there were 20 students enrolled and 19 students completed. One student withdrew from the program. She did not pass the first semester and was given the option to repeat the course or withdraw and she chose not to continue.

EE (6) + G (13)/BE (14) + NS (4) + RE (2) = R 95%

TRENDS: Program retention rates far exceed the goal the program has set for retention over the last two reporting periods. This demonstrates that students are enrolling and are satisfied enough with the program that they are staying to complete.

b. Credentialing Exam Participation Rate:

GT/GE = Examination participation rate

Program Name & Credential	7/1/2017-6/30/2018 (2 years prior)	7/1/2018-6/30/2019 (1 year prior)	7/1/2019-6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
Medical Assistant Certificate of Completion	100%	60%	77%	70%

Credentialing Exam Participation Rate:

7/1/2017-6/30/2018: During this reporting cycle, there were two graduates. Two students sat for the exam. **GT(2)/GE(2) = 100%**

7/1/2018-6/30/2019: There were five graduates in this reporting cycle. Three students sat for the exam. During this reporting cycle, the instructor noted that students were not sitting for the certification exam. An analysis of student responses helped us to come up with solutions for this problem.

Because certification is not required for employment in the State of Utah, students felt that they should not have to sit for the certification exam. Over the year, the program faculty and administration met with local healthcare facilities that employ our students, at least one of these major health care entities have made it mandatory that their previously employed MAs obtain certification to remain employed. They are also making it mandatory for any new hires to obtain certification prior to employment.

Another area of concern is that many of our students receive scholarships, grants and federal aid monies for schooling. Many are paid the total amount granted up front and by the end of the semester have spent their allotted money without funds at the end of the program to pay their certification exam fee. Therefore, the program requires that upon admittance into the program, our students must pay a non-refundable national certifying examination fee. We felt that this would greatly increase our rate of participation. This policy became effective fall semester 2019. Because we encourage credentialing of our graduates, the credentialing exam participation and pass rates are monitored. The credentialing participation rate is determined using the ABHES required method of calculation. **GT (5)/GE (3) = 60%**

7/1/2019-6/30/2020: There were 13 graduate students. Out of 13 graduates, 10 sat for the exam resulting in a 77% participation rate. Three students did not participate in the credentialing examination. One continued their education, two moved out of state. The three students that did not participate in the certification exam were part of the cohort that started before the implementation of paying the certification exam fee prior to admittance into the program. A part of the 10 that did sit for the exam, did have to pay for the certification exam fee.

GT (13)/GE (10) = 77%.

TRENDS: We did see a decline in the number of students participating in the certification exam. After analyzing why students were not taking the exam, we were able to ascertain the following contributing causes:

1. The State of Utah does not require a certification exam to work as an MA in the state, therefore, students felt that it was not necessary to test. Instructors did their best to encourage students to become certified, but many felt there was not need to do so.
ACTION: The Health Professions Director, Michele Lyman visited the local health care entities that employ are medical assistants upon graduation. The director explained that certification ensures quality programs by helping us to meet our accreditation standards and it ensures quality students to ensure that they meet the necessary competencies in their field.
RESULT: As a result of these meetings, the largest healthcare entity, Utah Navajo Health System agreed to only hire certified medical assistants and went a step further to

require that all of their on-the-job trained medical assistants obtain certification within one year or lose their employment status.

2. Most program students receive some type of federal funding for the program. Usually payments to students are at the beginning of the semester so that by the time the semester is ending, the student has typically spent any extra funding they may have had. Most stated that they did not have the money to pay for the exam at the end of the program.

ACTION: After presenting this concern to the advisory board, the program director and instructor, it was decided to implement a policy requiring students to pay a non-refundable national certification exam fee prior to admittance into the program. The program hoped that this would be an increased incentive for students to participate in the credentialing exam.

RESULT: The program did appreciate an increased participation rate from 60% in reporting cycle 2018-2019 to a 77% participation rate in the 2019-2020 reporting cycle.

c. Examination Pass Rate: GP/GT

Program Name and Credential	7/1/2017-6/30/2018 (2 yrs prior)	7/1/2018-6/30/2019 (1 yr prior)	7/1/2019 – 6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
Medical Assistant Certificate of Completion	100%	67%	70%	70%

Examination Pass Rate:

7/1/2017-6/30/2018: In this reporting cycle, two students sat for the exam while two students also passed the exam for a pass rate of 100%. $GP(2)/GT(2) = 100\%$

7/1/2018-6/30/2019: Three students sat for the exam and two passed. The student who did not pass the exam did struggle through the course with test taking and despite strategies to help her take tests and one on one tutoring, she still scored poorly on exams. This is evidenced by the fact that she attempted the exam three times and failed. An analysis done on this cohort did reveal that we accepted students with a lower GPA. This trend over the previous two years demonstrated that by raising the GPA requirement, we could expect to see students perform better in the program as well as on the certification exam. The GPA was raised the following year. See comments under 2018/-2019 reporting cycle for job placement.

GP (2)/GT(3) = 67%

7/1/2019-6/30/2020: In this reporting cycle, there were 10 students that sat for the exam and 7 passed. It is felt that the Covid pandemic did affect one student. It was not clear if the testing center would be available for testing, and therefore, the student put off studying for examination. She actually began studying a few weeks before her exam. She has since called the program and

would like to retake her examination now and has scheduled a study time with the program. The other two students historically had low test scores throughout the program but the faculty and tutor did work with them prior to the examination. One student missed passing the exam by one point. At this point, we have noted that raising the GPA to 3.0 for admittance is helping to ensure higher pass rates.

GP (7)/GT(10) = 77%

d. Job Placement Rate: (P)/(G-U)

Program Name and Credential	7/1/2017-6/30/2018 (2 yrs prior)	7/1/2018-6/30/2019 (1 yr prior)	7/1/2019 – 6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
Medical Assistant Certificate of Completion	100%	50%	73%	70%

Job Placement Rate:

7/1/2017-6/30/2018: There were two graduates and one was placed in field and one continued his education.

P(1)/(G(2)-U(1) = 100%

7/1/2018-6/30/2019: There were five graduates and two were placed in the field. One continue with their education and two were not placed. The program did have to file a response with ABHES because our placement rate was below the acceptable ABHES reporting percentage of 70%. Since the response, another students sat for and passed the certification exam and was placed in the field as a medical assistant.

In our response to ABHES regarding not meeting the minimum threshold required by ABHES for job placement, we mentioned that we had instituted a policy wherein students were required to pay the Medical Assistant National Certification Exam fee prior to being admitted into the program. This policy began spring semester 2020. Since then, job placement increased from 50% to 73%, and the exam participation rate showed an increase from 60% in the 2018-2019 reporting cycle to 77% in the 2019-2020 cycle.

P(2)/(G(5)-U(1) =50%

7/1/2019-6.30/2020: There were 13 graduates with eight placements. Two students chose to continue their education and two continued to work as CNAs in long-term care facilities. This is likely due to the fact that they did not pass their certification exams. One student was affected by the pandemic and was unable to take the exam when she chose to having to delay her testing. This resulted in her not passing the exam.

P(8)/(G (13)-U(2)= 73%

- e. Surveys that measure both participation and satisfaction rates:** Surveys are sent at the end of each semester in November and April. This allows enough time for the participants to respond while still allowing the program to tabulate responses and analyze the results prior to presenting results to the advisory board during their fall and spring meetings as well as the Health Professions program director and faculty.

Surveys are sent to the following groups:

1. Students
2. Clinical Extern Affiliates
3. Graduates
4. Employers

An example of each of the surveys is included in the advisory board packet for their review. This allows the board to suggest changes as they deem necessary. The student survey is sent to gain insight into a student's perspective and overall satisfaction with the program, resources, instruction and clinical experiences. Through the student survey of health professions program resources and the student evaluation of practicum site surveys, we are able to gain better insight into our programs. We are better able to identify our program strengths and areas that need improvement and through input from the advisory board, create an action plan to improve those areas of deficiency.

A satisfaction rate is based on the ABHES required method of calculation, the reporting period July 1 through June 30 as follows:

1. **Student Surveys**
Satisfaction Rate = SL/SP
SL= Satisfaction Level
SP= Survey Participation
ABHES Reporting Period

Program Name and Credential	7/1/2017-6/30/2018 (Two yr prior)	7/1/2018-6/30/2019 (1 yr prior)	7/1/2019-6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
USU Blanding Medical Assistant Program	100%	100%	50%	70%

Student satisfaction surveys:

7/1/2017-6/30/2018: During this reporting cycle, we had 7 enrolled. Seven surveys were sent out and six were returned. Of the six, 100% of the surveys were above 3 on the Likert scale meeting the required satisfaction rate of the program.

SL (6)/SP(6) =100%

7/1/2018-6/30/2019: For this reporting cycle, 9 student satisfaction surveys were sent and 7 surveys were returned. Of the 7 surveys returned, all surveys were above 3 on the Likert scale meeting our criteria of 3 and above on the Likert scale for student satisfaction.

The surveys are as follows: (SL(7)/SP(7) = 100%

7/1/2019-6/30/2020: In this reporting cycle, three students were enrolled, three student surveys were sent out and two were returned. Out of the two surveys returned, one survey met the criteria of meeting at “3” or above on the Likert scale for satisfaction. Once survey did not meet the criteria. The student scored a “1” on the question, “program assignments require the use of library references, journals, textbooks, and electronic media”. Because the score did not meet the criteria, the program policy states that we must evaluate each response carefully to ascertain the nature of the problem and how it can be corrected. This is brought to the attention of the faculty, Health Professions Program Director and the Advisory Board and an action plan must be created if needed to rectify the situation. In the survey, the student stated that she did not have to use these resources in her course. In discussing this with the faculty member, she stated that all students are required to purchase textbooks, and the electronic media, “Sims Chart” for the course. Students also participated using Elsevier resources. It was ascertained that the student did not understand the question as all students participated in the course as required and purchased the necessary texts and electronic media. It should be noted that this student gave all “5” responses on all other questions on the survey.

The survey results are as follows: SL(2)/SP(1)= 50%

Students are provided with and asked to submit an evaluation of their classroom, lab, clinical and externship experiences. When the surveys are about to be sent out, the staff assistant

notifies each instructor to let them know the surveys are being sent. This allows the instructors to let their students know to expect the surveys. Once the surveys have been returned, the instructor will be notified of student participation rates so that extra credit can be given to those participating. We expect that extra credit points given for participation by the instructor will increase our rate of participation. Since our clinical externship sites have been evaluated prior to student engagement, we expect that our student satisfaction rate for externship will be high as well. We have set our student participation and satisfaction rate at 70% for current students, graduates and employers.

Survey data is shared with the USU Blanding MA Advisory Board during their spring and fall meetings twice a year. Typically, a review of all collected data is performed at the fall meeting. The advisory board will make comparisons to previous year data and ensure that the program is meeting stated goal for satisfaction levels.

Overall, the program feels that students are enthusiastic about the program and are satisfied with program resources including classrooms and laboratories being adequate in size, the amount of equipment to meet educational needs, library hours and resources are appropriate, tutorial assistance is available, etc.

The program has set a goal for 70% survey participation and 70% satisfaction rate. We have achieved these goals.

Tracking Data For the Following:

- Examination Fee paid prior to admittance to the program. Does this improve participation/pass rates on the national certification exams? Does this help with retention numbers?
- Increasing GPA to 3.0 for admittance and maintaining 2.67 GPA throughout the program. Does this improve pass rates on the certification exam and improve retention rates?

2. Clinical Affiliate Survey

Satisfaction Rate = SL/SP

SL= Satisfaction Level

SP= Survey Participation

ABHES Reporting Period

Program Name and Credential	7/1/2017 – 6/30/2018 (2 yrs prior)	7/1/2018- 6/30/2019 (1 yr prior)	7/1/2019- 6/30/2020 (Current)	7/1/2020- 6/30/2021 (goal)
USUE Medical Assistant Program	83%	100%		

The Clinical Extern Affiliate survey allows the program to gain valuable information from our clinical extern sites on our student's performance in the surgical setting. Clinical affiliates are requested to give a thoughtful and honest assessment of the strengths and weaknesses of the program as evidenced by the students' skills and preparation for work as a surgical technologist. The clinical affiliate is also asked to respond to questions regarding the clinical coordinator and their responsiveness and support to the clinical affiliate, student and clinical site throughout the duration of the students' externship. The clinical affiliation surveys are sent out to each clinical affiliate by the midterm of each semester by the Health Professions staff assistant via Qualtrics. The staff assistant obtains a class roster via Banner (USU's student information system), and a survey is sent to each affiliate for which we have an affiliation agreement and a student placed. The staff assistant contacts the instructor for a list of student placements each semester.

7/1/2017-6/30/2018: For this reporting cycle, there were seven students enrolled. Seven sets of surveys were sent out with only six students responding. Out of the six sets of surveys, one was below the required satisfaction rate of the program. One student received "2" on her clinical affiliate evaluation due to low motivation, not participating and poor interpersonal communication. Since this survey did not meet the minimum requirement of satisfaction for the program, this evaluation had to be investigated and discussed with the student and the instructor. The instructor did reiterate the expectations of professionalism to the student. It should be noted that all of her other evaluations were "5". **SL(5)/SP(6)=83%**

7/1/2018-6/30/2019: There were 9 enrolled students in the program during this reporting period. Nine surveys were sent out, 8 were returned. 100% of surveys were "3" and above on the Likert scale meeting our criteria for clinical affiliation satisfaction rates.
SL(8)/SP(8)=100%

7/1/2019-6/30/2020: Three students were enrolled, one student dropped the course and two students completed. Two students were able to complete their clinical rotations and so two sets of surveys were sent out. Both sets of surveys were returned and both sets met the criteria for satisfaction of "3" or above on the Likert scale.

SL(2)/SP(2)=100%

3. Graduate Surveys

SL/SP

The program gleans much information from the graduate student. These surveys are another way for the program to assess how well they are doing in student preparation to enter the workforce as entry-level medical assistants. Evaluating the number of graduates placed in jobs also allows us to keep updated on the number of jobs available to our students and community need. Graduate surveys are sent out by the health professions staff assistant 30 days after the student graduates. This allows the student enough time out of the program to think about their training and preparation to enter the workforce as a medical assistant, begin to prepare for the national certification exam and begin to seek

out opportunities for employment. This is a time when graduates really begin to assess the value of their education and how prepared they feel to fulfill the role of medical assistant. The survey asks questions with regards to the students' education and training and how prepared they feel for employment. This allows a reflection of the program from the graduate's perspective.

The USUE MA program is a Certificate of Completion program.

Graduate Surveys SL/SP

Program Name and Credential	7/1/2017-6/30/2018 (Two yrs prior)	7/1/2018-6/30/2019 (1 year prior)	7/1/2019-6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
USUE Medical Assistant Program	100%	100%	100%	70%

7/1/2017-6/30/2018: In this reporting cycle, there were seven students enrolled in the program. Six of the seven students graduated. Six surveys were sent out, three surveys were returned. Of the three surveys returned, 100% were satisfied with the program according to the MA program criteria. **SL(3)/SP(3)=100%**

7/1/2018-6/30/2019: There were nine students enrolled and eight students completed the program. Eight surveys were sent out and 100% met the satisfaction criteria set forth by the program. **SL(8)/SP(8) =100%**

7/1/2019-6/30/2020: There were three students enrolled and two completed the program. The student that did not complete was affected by Covid and so did not return to the program. Two surveys were sent out and one was returned. The one survey returned met the criteria for graduate satisfaction for the USU MA Program.

SL(1)/SP(1) = 100%

4. Employer Surveys

Finally, surveys are sent to employers of the program graduates. The Employer Survey is sent out to employers no earlier than 15 days after employment. This allows the program once again to see how well they are preparing students to enter the workforce. The survey seeks to evaluate the satisfaction level of the employer with their new graduate employee and asks the employer specifically if, based on the training of this student, they would hire another graduate from the program.

Employer Surveys SL/SP

Program Name and Credential	7/1/2017-6/30/2018	7/1/2018-6/30/2019	7/1/2019-6/30/2020	7/1/2020-6/30/2021

	(Two yr prior)	(1 year prior)	(Current)	(Goal)
USUE Medical Assistant Program	100%	100%	100%	70%

7/1/2017-6/30/2018: Three students were employed in this cohort. Three employer surveys were sent out and two were received. **SL(2)/SP(2) =100%**

7/1/2018-6/30/2019: Nine students were enrolled, five were employed. Five surveys were sent out and five were returned. 100% of the five surveys met the satisfaction criteria for employers as set forth by the program. **SL(5)/SP(5) = 100%**

7/1/2019-6/30/2020: Three students were enrolled in the program, one dropped the program and two completed. Out the completing students, two were employed. Two surveys were sent out and two were returned. 100% of the surveys rated the graduate at “5” on the Likert scale. **SL(2)/SP(2)=100%**

f. Delivery Method Assessment

The USU- Blanding MA Program is delivered via a blended format. The program is based on the Blanding, Utah campus. During the reporting cycle 7/1/2019 – 6/30/2020, the instructor, Erin is presently broadcasting portions of her program to distant sites. She is presently broadcasting via interactive video conferencing (IVC). Students receive lectures in real time and are able to interact with not only the instructor but with other students face to face. The instructor has been trained in distance education delivery systems and is required to take courses offered by USU throughout the year in the fundamentals of the learning management system (Canvas), distance education, technology updates, and others. The courses are offered through Centers for Innovation and Design Instruction.

Peer reviews are performed yearly as well as teaching reviews from Utah Education Network (UEN) or Center for Innovation Design and Innovation (CIDI) through distance education specialists. Assessments are used to allow instructors to “see” their teaching through another set of eyes in the form of reviewers. Once the reviews have been completed for the year, the Health Professions Program Director meets with each instructor to discuss the results of the teaching review and the instructor is asked for their assessment of the review. This is an opportunity for the instructor to “see” how others view their teaching and respond to this assessment. The instructor is asked to develop a plan based on the review with the HP Director and the plan is placed in the instructors personnel file. This is reviewed again in one year before the next evaluation.

It should be noted that during the evaluation process, the evaluators are encouraged to make suggestions for improvement of delivery method and/or the educational process as they see appropriate.

Erin Oliver did receive a peer review during the fall semester 2020 and a distance education review spring 2021.

It has been demonstrated in all the Health Professions programs that we do not see a discrepancy between retention of distance education students versus face-to-face students. Retention rates are equal to both delivery methods.

To determine student satisfaction with their delivery method, student surveys specific to distance education are sent out each semester. This gives the program the opportunity to better assess trends in overall satisfaction of delivery methods.

c. Curriculum Assessment

The curriculum assessment and development process are based on certifying national guidelines (AAMA and AMT), student achievement outcomes, and input from clinical preceptor sites and the advisory board, as well as the faculty's review of resource materials. The program director, faculty and staff work together to identify materials and resources and seek input from our advisory board and Health Professions Program Director regarding student graduation rates, certifying pass rates, current industry and community needs and qualification requirements.

With this input, the program director, faculty and staff are able to determine curriculum effectiveness and revisions are made yearly when necessary. Curriculum review is performed once per year at the Advisory Board meeting in the fall.

Some of the changes to the curriculum include updating textbooks to the newest additions for core curriculum, updated EMR simulation and updated syllabi to include outside hour expectations of students.. Recently, the department was moved from the College of Education to Career Technical Education under the College of Agriculture. This allowed for a significant reduction in tuition and fees for the Health Professions programs. Erin Oliver has secured Elsevier training videos for students to watch through EVOLVE.

STUDENT POPULATION

The USUE MA Program Advisory Board is scheduled to meet in the spring 2021 for their bi-annual meeting. The last Advisory Board meeting was on October 16 2020.

Student Population

Student demographics are obtained by the admissions process and used for grant statistics and eligibility, target-based marketing, first generation college households, and financial eligibility.

A demographic analysis was obtained on the program population as of July 1, 2019. The analysis includes a profile of the gender, race, age, and geographic area.

Ethnicity and Location

	UT	CO	AZ	TOTAL
Black/African American				
Hispanic				
Native American	9	3	5	
White	3			
TOTAL				20

Because we served the Four Corners area, including Utah, Arizona, Colorado, and New Mexico, the program and advisory board felt that this would allow the program to see where the majority of our students are coming from and which areas we need to target for recruitment, and marketing.

Gender

Male	1
Female	19
Total	20

We chose to identify gender to see which of our programs tend to be more gender-based. This demographic was chosen to identify programs that are gender heavy to that we can recruit a balanced gender into our programs.

Age

Age	Student Population
Under 22	
22-24	2
25-29	7
30-34	4
35-39	5
40-44	1
45-older	1

Total	20
--------------	-----------

This is important to our programs because we want to appeal to all age categories and if we see that ages are in one specific category, we need to broaden our marketing approach so our programs appeal to all categories.

Full-Time	Employed	Unemployed	First Generation	ESOL
20	7	13	17	2

Since the original reporting cycle, our program advisory board has requested that along with the original data, we include the following in our demographic statistics:

- Whether a student was full-time or part-time - (To know if it affecting their financial aid status and are they having to support themselves to go to school)
- Is the student employed or unemployed – (How much time is being diverted away from studies?)
- Marital Status – (Do they have a support system that they need at home?)
- Is the student a first generation college student – (This is important for grant reporting for tribal monies and to watch trends among Native Americans to see if we are experiencing increasing college admissions in family units.)
- Is the student an ESOL student? – (English as a Second Language- Are we meeting the needs of students who might require more assistance or tutoring?)

The reasons for the listed characteristics are described in a narrative under section V.I.2 in the Self Evaluation Report. Our revised characteristics have been included in a table for our advisory board members and was presented at our last advisory board meeting. These characteristics reflect statistics for the July 1, 2019 to June 30, 2020 cycle. A copy of this table has been included for the ABHES review committee.

Utah State University
Health Professions Programs-Price, UT
Assessment
2021

Medical Assistant Program

The medical assistant program is taught over a 32 week period or two semesters. Students are required to have a semester of pre-requisites prior to acceptance into the program. The student must have a GPA of 3.0 for acceptance into the program and maintain a 2.67 throughout the program. At the end of the first semester, students are required to attend clinical rotations to practice administrative skills learned in the first semester. At the end of the second semester, students will be required to attend clinical rotations to practice clinical competency skills learned during that semester. The USU Medical Assistant program aligns the didactic courses with the national core curriculum developed by the Medical Assistant Education Review Board (MAERB). Once students complete the program, they are able to sit for the national certification exam through one of two agencies: American Medical Technologists (AMT) for the Registered Medical Assistant (RMA) or through American Association of Medical Assistants (AMA) for the Certified Medical Assistant (CMA). These two organizations govern national certification in the field.

A strategic plan and Self-Evaluation Report (SER) for learning was submitted to Accrediting Bureau of Health Education Schools (ABHES) for accreditation and accepted. The strategic plan is attached. The USU MA program was accredited through ABHES for two years and is due for reaccreditation site visit on October 7 -8, 2021. In order to obtain and maintain accreditation, required outcomes are set forth by the ABHES. Student assessments for required courses are embedded in the course and the program must track the student outcomes listed on the attached strategic plan.

ABHES also requires that a yearly annual report to evidence that the program is meeting required outcomes. It is imperative that the program maintains required outcomes to maintain accreditation.

The program learning objectives as set forth by core curriculum are as follows:

Disciplinary Knowledge

1. Demonstrate a basic knowledge of anatomy, physiology, pharmacology, pathophysiology and medical terminology relevant to the medical assistant's role.

2. Apply basic knowledge of medical assisting process and concepts of health and illness when implementing medical care.
3. Describe wellness promotion and disease prevention concepts.
4. Demonstrate a working knowledge of state and federal laws pertaining to the role of the medical assistant.
5. Demonstrate knowledge of the Medical Assistant Code of Ethics and basic skills in applying ethical/legal principles in the delivery of care.
6. Assume responsibility for continued career development as related to expanding knowledge based on a changing health care system.

Skills and Career Competencies

1. Perform mathematical calculations essential to the duties of medical assistants in clinical settings.
2. Practice and adhere to effective infection control procedures.
3. Demonstrate ethical conduct.
4. Demonstrate active and engaged listening skills.
5. Communicate clearly and effectively, both verbally and in writing.
6. Demonstrate a respectful and professional attitude when interacting with diverse patient populations, colleagues, and professionals.
7. Perform administrative duties to include: communication, answering telephone, greeting patients, updating and filing patient medical records, filling out insurance forms, handling correspondence, scheduling appointments, arranging hospital admissions, lab services admissions, and handling billing and bookkeeping.
8. Perform clinical duties to include: taking patient medical history, vital signs, explaining treatments, preparing patients for examinations, assisting during an examination, collecting lab specimens, basic lab testing, disposing of contaminated supplies, sterilizing medical instruments, preparing and administering medications, authorizing drug refills as directed, educating patients for procedures, taking electrocardiograms, removing sutures and changing dressings.

All courses listed above have assessments embedded in the course. Not only does the program have a strategic plan, all health profession programs utilizes a living document known as the Program Effectiveness Plan (PEP) to track program outcomes and monitor the effectiveness of the programs. Program satisfaction is gauged through surveys sent to the following groups: current students, graduate students, clinical affiliates and employers. Responses are graded on a Likert scale of 1-5 (5 being the highest). The goal for program satisfaction is a 3 or above on a Likert scale on all surveys. Student responses as well as comments are taken seriously and reviewed by the faculty and Health Professions director. Any responses below a "3" on the Likert scale are evaluated and an action plan for

correction is developed. Surveys are sent out the third week in February and the third week in October as Health Professions programs run fall and spring semesters. Once the surveys and outcomes are tabulated, and a correction plan is developed for student concerns, the results are entered into the PEP and presented to the program's advisory board for their review and recommendations. If a correction plan is agreed upon by the board, faculty and HP program director, then the plan is implemented and the results of the plan are reported on during the next advisory board meeting. This allows time for the plan to be evaluated after implementation for at least six months as the advisory board meetings are held bi-annually in the spring and fall.

The USU Price Medical Assistant Program PEP is attached.

Medical Assistant Program

Price Campus

Strategic Plan

March 31, 2021

The Role of the Program Within the Community

Carbon and Emery Counties sit in the eastern part of the State of Utah and combined, the two counties have a population base of approximately 30,000 residents. Health care is classified as rural medicine in these counties. There is one hospital located in Price, UT, and several health care clinics in Price, Emery, Castle Dale, and Green River, Utah.

The Utah State University Eastern Medical Assistant Program is the only program located in the area with the next closest program located 118 miles to the north in Salt Lake City, Utah.

There is a need for medical assistants in the area particularly in the clinics. There are also many job opportunities within the State of Utah, with many health care facilities calling the program to inquire about new graduates.

Students are encouraged to be mindful of civic responsibilities and community service and opportunities for such activities are provided and required. Students participate in a community STEAM festival that is sponsored by Utah State University. Students provide tours of the Medical Assistant labs and classrooms and demonstrate techniques such as patient screening and explain the typical work day in the life of a medical assistant in a clinical setting. Activities that pertain to medical assistant roles are developed so that the public can participate.

Medical Assistant students also participate in the annual flu vaccine clinics when invited ensuring the stock is accounted for, recording lot numbers, expiration dates and suppliers. They help in screening patients and with patient flow.

The medical assistant students also participate with other programs in mock drills and disasters demonstrating how all health professions interact in the event of an emergency. This helps with training of all programs.

Medical assistant students at USU participate in a clothing drive to support USU Global Health efforts while some volunteer to travel in the summer with the Global Health Practitioner Outreach Program on mobile health clinics providing health care and medical services to some of the most impoverished countries in the world.

Long-term Program Goals

1. Develop a quality and sustainable program that is career focused and will fill the needs of the community with regards to medical assistant jobs.
2. Utah State University (USU) Medical Assistant (MA) Program will lead to employment of our graduates as entry-level medical assistants upon completion of the program.
3. The program will enhance the reputation of the University for learning, discovery and engagement.

4. The program will strengthen the recruitment, retention, graduation and placement of students and as part of that goal decrease the faculty to student ratio.

5. To foster new partnerships both internally and externally.

Specific Measurable Objectives

Utah State University Medical Assistant program uses the following criteria as outcome measures of the effectiveness of the program:

- 70% of all students enrolling in the USU MA program will complete the program and graduate.
- 70% of all students graduating from the USU MA program will sit for the national certification exam through either AMT (RMA) or AAMA (CMA).
- 70% of students participating in the national certification exam will pass the exam.
- 70% of graduates will find positive placement in employment as a medical assistant or in a related field.
- 70% of graduate survey responders will “strongly agree” or “agree” when asked to rate the overall quality of their preparation as a medical assistant and 70% will have a satisfaction level of “3” or greater on a Likert scale of 1-5 (5 being the highest) when surveyed about program resources and instructor effectiveness.
- 80% of employers will “strongly agree” or “agree” when asked, “Overall, is this graduate a well-prepared employee” and “Would you hire another program graduate?”

Strategies for Achieving the Goals and Objectives

1. Create an advisory committee consisting of four community member, a medical director, a current MA Program student, a graduate student of the MA Program, a working MA, an employer and a distance education specialist. Also included are USU Health Professions Program Director, the MA program coordinator/faculty member, Blanding campus faculty member and the Health Profession Staff Assistant. The purpose of the committee is to review specific objectives, address program outcomes, and advise as to the need in the community, as well as the response in the community to our program, and review curriculum so that it is current and in keeping with national standards.

2. USU MA Program will develop strong and supportive working relationships with our clinical preceptors so that our students receive excellent training in the clinical setting. Memorandum of Agreements (MOAs) will be in place prior to our students starting their clinical preceptorship so there is no question as to the role of preceptor and student, and the goals are clearly defined. Program coordinators will visit the clinical sites prior to signing MOAs to ensure the clinical sites are viable sites to meet our core curriculum/skills competencies requirements.

3. The program will utilize student surveys to evaluate student satisfaction with the program.

4. The program will utilize employer surveys to evaluate their satisfaction with our graduate students.

5. The program will track graduation rates and pass rates of our students taking the national certification exam.

Schedule for Analyzing and Evaluating the Plan

The reporting period for which all metrics are measured will be July 1 through June 30, in keeping with the current cycle of all of USUs Health Professions Program reviews. Surveys, graduation rates and certification pass rates will be analyzed. Curriculum review will also take place annually. The Medical Assistant Program under the direction of

the program director, faculty and in conjunction with the advisory board will review the program effectiveness plan at the end of the annual reporting period, meeting minutes will be recorded and review items will include:

- Summary of data collected
- A discussion of the progress made over the past year
- Suggested changes and revisions
- Direction of program for the coming year

Information obtained through this review process will be shared with our advisory committee and placed on the agenda for the fall advisory board meeting.

UtahStateUniversity. HEALTH PROFESSIONS

Utah State University Eastern Campus Medical Assistant Program

Program Effectiveness Plan

COVER PAGE

Prepared by:	Michele Lyman, Tara Dawn Olsen, Lori Rager, Erin Oliver
Date Reviewed:	March 19, 2021

Name of Institution:	Utah State University Eastern-Price				
ABHES ID#: (Renewal Applicants Only)	MA 530				
Street Address:	451 East 400 North				
City:	Price	State:	Utah	84501	
Phone:	(435)678-8131	Website:	healthprofessions.usu.edu		

PROGRAM INFORMATION

PROGRAM NAME	IN CLASS CLOCK HOURS	*RECOGNIZED OUTSIDE CLOCK HOURS	TOTAL CLOCK HOURS	LENGTH IN WEEKS: DAY (D), EVENING (E), &/OR WEEKEND (W)	ACADEMIC CREDIT: <input type="checkbox"/> SEMESTER	METHOD OF DELIVERY	CREDENTIAL AWARDED <i>DO NOT ABBREVIATE</i>
Utah State University Eastern Medical Assistant Program	655	0	655	32-E	30	Blended	Certificate of Completion

Purpose of the Program Effectiveness Plan

Utah State University Health Professions uses the program effectiveness plan as a quality effectiveness tool in assessing each of our health professions programs. Program effectiveness is achieved through asking ourselves the following questions:

1. **Where have we been?** This question is answered by looking at our baseline data and historical outcomes. The USU Eastern Price campus Medical Assistant program is applying for re-accreditation during the reporting cycle 2019-2020. Program data has been collected since our first initial grant. This has allowed the program to watch trends and outcomes for four years which has given us significant information about the efficiency and overall performance of the program. Such data includes retention rates and satisfaction rates as gathered by our preceptors and students.
2. **Where are we now?** By gathering historical data and comparing to our current survey data, we are able to see emerging patterns as it pertains to our programs and the overall satisfaction rates as the program matures. Are we maintaining student engagement and satisfaction? Are we improving or are our scores declining? This information helps us to evaluate what we are doing well and in what areas we may need improvement. Both the historical data (previous reporting year) and current data (current reporting year) are shared with our advisory board and discussed. Advisory Board members are encouraged to look for patterns in program effectiveness and offer suggestions and recommendations that they feel would help deliver a more effective program.
3. **Where do we want to go?** Based on emerging patterns gathered from historical data and current data comparisons, we are able to better determine what our goals should be to bring about improvement in our program. Again, this step involves the Advisory Board and their input and recommendations for quality improvement in our program. The Advisory Board generally meets in the fall to review data, make recommendations and review goals and then the plan, once implemented is presented again in the spring for the Boards review.

Process Used to Ensure Continuous Improvement

USU utilizes the following process in assessing the program effectiveness and ensuring continuing improvement.

1. Surveys are sent out each semester and include the following surveys:

- a. Program resources by student are sent out by the Programs Staff Assistant the 3rd week of October and the 3rd week of February.
 - b. Student survey of practicum sites – these are sent out and collected by the Health Professions Staff Assistant via Qualtrics.
 - c. Employer survey- once the staff assistant hears from the program instructor that the student is employed, she will send out employer surveys once the student has been employed for at least 15 days.
 - d. Student evaluation by practicum site will be sent by the instructor to the practicum site for evaluation of our program. This is to get the practicum sites' perspective on our students' skills, as well as the program strengths and weaknesses and input for improvement.
 - e. Graduate survey is sent out via Qualtrics no earlier than 30 days post- graduation.
 - f. Course/Instructor survey by student is sent out via Qualtrics to each student by the HP Staff Assistant
 - g. Pre-externship survey – this is given to students prior to them entering the clinical portion of the program to assess their readiness for externship and the instructor meets with the student to assess their readiness.
2. Surveys are collected and data tabulated. Patterns are assessed and comments are considered. Patterns include a significant number of students that might have the same concerns including resources, instructors, practicum sites, tutoring, access to services, etc. This could also be seen in retention rates, certification exam pass rates or feeling prepared to enter externships. All student recommendations or comments are taken into consideration and discussed with the faculty, administration and advisory board. Improvements are made where and when possible with an action plan instituted. Implementation and results are then addressed at the following advisory board meeting. Surveys are then sent out again the following semester to see if there is improvement in the satisfaction ratings and the concerns have been alleviated. In this way, we are able to compare previous data with more current data and identify strategies that will improve program effectiveness.
 3. Board meetings are held each spring and fall. If an emergent problem arises, the board is called for an emergency meeting. Data from surveys (past semester and current semester) is distributed to administration and the board before each meeting and then discussed during the board meeting with time for board response and recommendations. Not only are surveys tabulated and discussed, and an action plan instituted if needed, but curriculum is also reviewed once a year for each health professions program advisory board meeting. Past meeting minutes are also voted on and any unfinished business is taken care of at the next board meeting.

Program Objectives

The Utah State University Eastern Price Campus Medical Assistant Program has established program objectives so that students are fully informed about the requirements necessary to complete the Medical Assistant Certificate of Completion. At the completion of the program, the student will be prepared to do the following:

1. Perform administrative duties to include: communication, answering telephone, greeting patients, updating and filing patient medical records, filling out insurance forms, handling correspondence, scheduling appointments, arranging for hospital admissions, laboratory services admissions, and handling billing and bookkeeping.
2. Apply basic knowledge of medical assisting process and concepts of health and illness when implementing medical care.
3. Perform clinical duties to include: taking patient medical history, vital signs, explaining specimens, basic lab testing, disposing of contaminated supplies, sterilizing medical instruments, preparing and administering medications, authorizing drug refills as directed, educating patients for procedures, taking electrocardiograms, removing sutures, and changing dressings.
4. Demonstrate knowledge of the Medical Assisting Code of Ethics and basic skills in applying ethical/legal principles in the delivery of care.
5. Assume responsibility for continued career development as related to expanding knowledge-based on a changing health care system.

The program objectives can be found on the program application, student handbook and the website: healthprofessions.usu.edu.

The program objectives are reviewed with the Medical Assistant Advisory Board yearly and are updated as needed to be consistent with the field of study.

PROGRAM EFFECTIVENESS PLAN CONTENT

The program effectiveness plan is reviewed by the program Advisory Board at least once a year at the same time curriculum is reviewed (usually at the fall meeting). The PEP contains the following information:

- a. Program Retention rate
- b. Credentialing examination participation rate
- c. Credentialing examination pass rate
- d. Job placement rate
- e. Surveys that measure both participation and satisfaction rates for the following
 - Students
 - Clinical extern affiliates
 - Graduates
 - Employers
- f. The delivery method for each course
- g. Curriculum assessment

The last medical assistant advisory board meeting was held October 16, 2020. All information contained in the PEP was presented to the board and discussed.

Surveys are sent out each semester to allow students enough time to respond and for the program to receive and tabulate the results prior to the board meetings in the spring and fall.

The results are then shared with the board members who are encouraged to make recommendations and share their concerns with the faculty and administration.

- a. **Program Retention Rates:** Retention rates are calculated at the end of each program year in preparation for the annual report form required by ABHES. The program instructor tracks retention rates and reports these at the end of each semester to the health professions program director. If a student withdraws from the program, it is the duty of the program director to speak with the student to see if there is anything the program can do to help the student stay in the program and if not, determines if the student plans to take a leave of absence or is permanently withdrawing. These responses are included in the PEP each year. If the student chooses a leave of absence, the program director will continue to be in contact with the student to see if the program can accommodate the student in any way in their return to the program.

Once the retention rates are received by the health professions program director, she and the MA program director calculate the retention rate using the ABHES method of calculation. Retention rates are shared with the board during the spring and fall advisory board meetings.

$$(EE+G) / (BE +NS+RE) = R\%$$

EE = Ending Enrollment as of June 30

G = Graduates

BE = Beginning enrollment as of July 1

NS = New Starts

RE = Re-entries

R% = Retention Percentage

Program Name & Credential	7/1/2017-6/30/2018 (2 years prior)	7/1/2018-6/30/2019 (1 year prior)	7/1/2019-6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
Medical Assistant Certificate of Completion	100%	100%	100%	70%

7/1/2017 – 6/30/2018: Four students were enrolled who continued to be enrolled as of June 30 2018. There was one graduate. (1 + 0 =1). There was one beginning enrollments as of July 1, 2018 and three new starts and no re-entries. (3 + 0 + 0 =3).

$$EE (0) + G (1)/BE (1) +NS (3) + RE (0) = R100\%$$

7/1/2018 – 6/30/2019: During this reporting cycle, retention rate was at 100% according to the ABHES reporting formula below.

$$EE (1) + G (2)/BE (1) + NS (2) + RE (0) = R100\%$$

7/1/2019-6/30/2020: During this reporting period, there was once again 100% retention rate. This was calculated using the ABHES method of calculation as demonstrated below.

$$EE (3) + G (3)/BE (4) + NS (2) + RE (0) = R100\%$$

The future reporting cycle for retention rates is set at 70% for the reporting cycle 7/1/20-6/30/2021.

b. Credentialing Exam Participation Rate: During the reporting period, 2017-2018, the exam participation rate was 100% but continued to decline the following two reporting periods. In reviewing the cause of this decline, it was determined that there are two major factors identified:

1. Students choosing to further their education
2. Depressed economy in the local area. Price is a coal mining town and the mines have recently closed causing a severe economic depression in the area. As a result, the rate of pay in all job markets has declined. This low rate of pay attributes to many students unable to make a living on the current MA wage and retaining previous jobs prior to the MA program or taking higher paying positions in unrelated fields.

Credentialing Exam Participation Rate:

GT/GE = Examination participation rate

Program Name & Credential	7/1/2017-6/30/2018 (2 years prior)	7/1/2018-6/30/2019 (1 year prior)	7/1/2019-6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
Medical Assistant Certificate of Completion	100%	50%	33%	70%

Credentialing exam participation rate:

During the reporting period 2017-2018, the participation rate was 100%. There was only one student enrolled and she did sit for the exam and pass. In 2018-2019, the participation rate had dropped to 50%. There were two students enrolled but only one sat for the exam. The other student was planning on applying for the nursing program but in the end, moved out of state. She has now recently applied to take the AAMA certification exam. She will have until September 2021 to take the exam and plans to take the exam sometime in the summer of 2021. During the 2019-2020 reporting period, three students were enrolled and only one participated in the exam. The one student participating in the exam was successful and passed. One student is the same student in the previous cycle who chose to move on to the nursing program and moved out of state. However, after moving, she could not afford the nursing program and so has

decided to now take the MA certification exam summer of 2021. The final student went on to pursue a Health Management degree.

The program recognizes declining numbers in the participation rate. Although the certification exam is not required in the State of Utah to work as a medical assistant, we recognize that the national certification exam demonstrates a higher standard and helps us to evaluate the effectiveness of our program and place our students. Therefore, the program has initiated a policy requiring students to pay for the national certification exam prior to admittance into the program. We feel that this gives the students a greater incentive for participating in the credentialing exam.

The instructor presently holds pre-program interviews with her students during the application process. We will now implement a student contract that outlines the expectations of the student. This contract stipulates that the student is expected to sit for the national medical assistant certifying exam and a signature is required verifying that they understand this expectation. This contract will be implemented starting fall semester 2021. We expect to see that these contracts outlining expectations of students will help to increase our participation rates.

- c. **Credentialing exam pass rates:** The USUE MA Program has set a credentialing exam pass rate at 70%, even though the State of Utah does not require a credentialing exam to work as a Medical Assistant in the State. USU does not have a regulatory body that requires certification. Rather, USU holds certification as a quality assurance measure of our programs.

USU has instituted a process for tracking credentialing data. Because students are required to pay the certification exam fee prior to admittance into the program, their fees are held until they successfully complete the program and are ready to sit for the certification exam. The program feels that this creates an initiative to complete the certification exam. As the student notifies the instructor that they are ready to take the exam, the instructor submits the application and exam fees are paid for that student and the exam is scheduled by the student. Once the exam has been taken, the instructor verifies certification of the student through either AMT (RMA) or AAMA (CMA).

Once the certification data has been collected for each class of graduates, the participating and credentialing rates are calculated using the ABHES formula. This rate with backup documentation is then given to the Health Professions Program director for inclusion in the Advisory Board meeting packets for review. Advisory Board meetings are held in the spring and fall of each year.

Examination Pass Rate: GP/GT

Program Name and Credential	7/1/2017-6/30/2018 (2 yrs prior)	7/1/2018-6/30/2019 (1 yr prior)	7/1/2019 – 6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
Medical Assistant	100%	100%	100%	70%

Certificate of Completion				
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7/1/2017-6/30/2018: We had one student sit for the exam and one pass the exam giving the program a 100% pass rate. The student obtained her RMA. (GP (1)/GT(1) = 100%

7/1/2018 -6/30/2019: The program has one students sit for and pass the exam (CMA) and one student did not participate as she moved out of state. However, she is now scheduled to take the exam through September 2021. (GP(1)/GT(1) = 100%

7/1/2019-6/30/2020: The program had three eligible students to sit for the exam with only one participating. One student chose to further her education in Health Management and the other moved out of state however she is scheduled to take the exam by September 2021.

The one student that sat for the exam also passed the exam.(CMA)

(GP(1)/GT(1)) =100%

- d. **Job Placement Rate:** USUE MA Program tracks job placement rates of our graduates. The process for tracking placement data is as follows: the staff assistant for the health profession programs sends out a graduate survey 30 days after the student graduates. In this survey, the student is asked if they have secured employment as a medical assistant or in a related field. If they answer affirmatively that they are employed in the field, then an employer survey is sent to their employer. Within two weeks, if we have not received surveys back, the staff assistant will send a second round of surveys imploring the student to respond and reminding them of their agreement at the beginning of the program interview process to participate in program surveys. Once the data is collected and tabulated using the ABHES placement formula, the data is distributed to the advisory board members for review at the next advisory board meeting.

A placement rate of 70% has been set for the USUE MA program graduates.

Placement Rate: (P)/(G-U)

Program Name and Credential	7/1/2017-6/30/2018 (2 yrs prior)	7/1/2018-6/30/2019 (1 yr prior)	7/1/2019 – 6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
Medical Assistant Certificate of Completion	0%	100%	50%	70%

7/1/2017-6/30/2018: One student completed the program and graduated but took a job with Health Equity, Health Spending Accounts remotely. (P(0)/G(1)-U(1) =0%

7/1/2018- 6/30/2019: (P(1)/G(2)-U(1) = 100% There were two graduates. One was placed in the field and one was going to continue her education.

7/1/2019-6/20/2020: (P(1)/G(3)-U(1)=50% One student was placed in the field as a CMA(AAMA), one that went on to further her education in Health Management and one that has until September 21, 2021 to take her exam.

Due to the fact that our job placement rate fell below the minimum threshold required by ABHES of 70%, a response from the program to ABHES was required to explain these numbers. In the narrative, it was explained that the USUE MA Program is located in a coal mining town that has fell on hard times. Recently, the coal mines have been shut down due to environmental concerns. Many, many residents of this community were impacted economically and the loss of supporting businesses were great. This has also had a significant effect on the rate of pay received by graduating students from our program. The placement rate remains the same as listed on our previous report. Out of the three students graduating from the program during this reporting period (2019-2020), one was placed in the field and is currently working as a Medical Assistant in Price, Utah at a rate of \$12/hour, CMA (AAMA) It should be noted the Certified Nursing Assistant's in this area are making \$10/hours presently.

The second student, chose to further her education and is presently enrolled in a Health Administration program at Weber State University in Ogden, Utah and hopes to gain employment in this field when she is done outside of Price, Utah.

The third student had planned to continue her education in Nursing and continued to work as a Behavioral Correctional Officer in Price, Utah so that she could save money to return to her family in West Virginia. Once she returned to West Virginia, she has decided to pursue her career as a Medical Assistant and has registered to sit for her Medical Assistant Certification exam through AAMA (CMA) and has an eligible end date of June 15, 2021. A call was recently placed to the student in West Virginia to verify that she still plans on sitting for the exam and she does.

Price, Utah is located in Carbon County and the entire county is a medically underserved area. The need for all health care workers is great, including medical assistants. Although jobs are available for medical assistants, the low rate of pay offered to medical assistants in the area often causes them to seek higher paying jobs to support their families. This concern has been discussed in our Advisory Board Meetings and USUE MA Program faculty have visited with the local FQHC who are now willing to raise the pay to \$14.45 an hour per the Chief Operating Officer.

The program continues to recruit students to fill the need in the area and we are in discussions to improve the rate of pay for medical assistants in the area. This continues to be a concern and is on the agenda to revisit at our next Advisory Board Meeting. As our Advisory Board members are local industry leaders, we hope to have them help with promoting higher rates of pay in their health care facilities.

Of note, the closest Metropolitan area is Salt Lake City/Provo and the average rate of pay for medical assistants is \$15-17/hour for entry-level medical assistants. Positions are available in the metropolitan areas, but historically, students would like to remain in their hometowns for work rather than relocate.

With the onset of the Covid 19 pandemic, many rural healthcare facilities have been forced to provide health care in unique ways including telehealth and virtual visits. Health care has been delivered in this format for a year now and local facilities are only now allowing students back in for training and opening their doors to face-to-face visits. We expect to see increased opportunities for students and graduates alike in the upcoming months.

In addition to meeting with the Advisory Board at the spring meeting, the Health Professions Program Director intends to mail letters to all local clinics and hospitals in hopes that educating administrators about the diversity of skills sets that medical assistants possess and how they can benefit their facilities will help to increase pay and therefore, placement opportunities for our MA Program graduates. She will follow up her letters with phone calls to ensure that they have received and read the letters and what they intend to do about it.

This semester, we have five potential students for the medical assistant program and after discussions with local health care facilities about increasing the rate of pay, expect to place all students and meet the 70% requirement set forth by ABHES.

- e. **Surveys That Measure Participation and Satisfaction:** Surveys are sent at the end of each semester in November and April. This allows enough time for the participants to respond while still allowing the program to tabulate responses and analyze the results prior to presenting results to the advisory board during their fall and spring meetings as well as the Health Professions program director and faculty.

Surveys are sent to the following groups:

1. Students
2. Clinical Extern Affiliates
3. Graduates
4. Employers

An example of each of the surveys is included in the advisory board packet for their review. This allows the board to suggest changes as they deem necessary. The student survey is sent to gain insight into a student's perspective and overall satisfaction with the program, resources, instruction and clinical experiences. Through the *student survey of health professions program resources* and the *student evaluation of practicum site* surveys, we are able to gain better insight into our programs. We are better able to identify our program strengths and areas that need improvement and through input from the advisory board, create an action plan to improve those areas of deficiency.

A satisfaction rate is based on the ABHES required method of calculation, the reporting period July 1 through June 30 as follows:

1. **Student Surveys**
Satisfaction Rate = SL/SP
SL= Satisfaction Level
SP= Survey Participation
ABHES Reporting Period

Program Name and Credential	7/1/2017 – 6/30/2018 (2 yrs prior)	7/1/2018- 6/30/2019 (1 yr prior)	7/1/2019- 6/30/2020 (Current)	7/1/2020- 6/30/2021 (goal)
USUE Medical Assistant Program	0%	100%	90%	70%

Starting fall 2020, the USUE MA program began a new method of distributing surveys via an online survey system known as Qualtrics. In evaluating previous survey timelines and data gathering, it was ascertained that mailing the surveys resulted in an excessively long turnaround time. Qualtrics has efficiently eliminated the long turnaround time and feedback is now expedient.

In the reporting period: 7/1/2017-6/30/2018: There were two students enrolled. Two student satisfaction surveys were sent out and 2 returned. Out of the two returned, none were above 3 on the Likert scale which means the satisfaction level of our students was not at the level satisfactory to the program. In on survey, the student assigned a “2” on the Likert scale under the category “Distance Education/IVC”. The student comment was that she “would rather have more lab time stating that she could learn classroom material as she was doing lab”. In the other survey, the student assigned a “1” on the Likert scale to “Learning/computer resources”.

Because these surveys had responses below the required satisfaction level for the program, we did have to investigate these concerns. We have seen that question #4 that inquires as to the resources needed for the program from the library confuses students. They do require textbooks and electronic media, but these are purchased at the beginning of their program and not supplied by the library. Therefore the question should be removed or be allowed a Not Applicable response.

In reviewing the survey where the student felt that she should have more lab time and less didactic learning in the classroom, the student felt that she was a hands-on learner and did not do as well learning in the lecture portion of the program. Therefore, after discussing this with the instructor, the instructor verified that the student was a hands-on learner or at least appreciated this form of learning more than lecture. The program is set up to ensure that all of the required national standards are covered in the curriculum as well as the hands-on competencies. Therefore a portion of the program must remain didactic-based followed by lab experiences to ensure hands-on skills are learned. A solution was already being implemented at the time of this concern. The program hired a lab assistant/tutor that could work one-on-one with students that required more tutoring in didactic areas and lab time. Again, USU MA program has an open-door policy for the instructors and program director so that students have full access to voice concerns, ask for help or for general guidance.

SL(0)/SP(2) = 0%

In the reporting period 7/1/2018-6/30/2019 there were two students enrolled. However, one student was enrolled in the first semester and the second students was enrolled in the second semester. We did not begin sending out surveys until the second semester of this reporting cycle. Two surveys were sent out to the second semester student and two surveys were returned. Of the two surveys returned, the student satisfaction ratings on the Likert scale of 3 or above was achieved. (The program goal is to achieve satisfaction ratings on a Likert scale of 3 or above.) $SL(2)/SP(2) = 100\%$

In the reporting period of 7/1/2019-6/30/2020, there were six students enrolled. Twelve surveys were sent out and we received 11 back from students. Of the 11 received, ten surveys were above 3 on the Likert scale. One student survey had responded with a “2” ranking on two of her questions. The student survey reported a rating of “2” in the area of “not used to replace paid employees”. Of course this was a serious infraction of ABHES standards and this was quickly addressed once it was brought to the program’s attention. The student was questioned and she reported that an employee was out ill. Although she had direct supervision in the clinic the entire day, the student felt that she was called upon to do duties that the employee should have done were she at work that day. After discussing this concern with the office manager at the clinical site, it was determined that our student was not replacing the employee, but rather performing clinical duties that would be required of any student in that practice. The student was then informed of this finding and completed her training without any further concerns or questions. Even so, all clinical sites were again contacted and it was reiterated that students were to be supervised at all times, were not to be paid during rotations and were not to be substituted for employees.

The same student also reported a “2” under the “use of electronic media”. The student response was that she did not have to use any electronic media for assignments in the library and therefore this was not applicable. The program became keenly aware that the surveys should also include a “not applicable” option on the Likert scales to avoid low ratings when questions were not applicable.

Because we failed to meet the Likert rating goal set by the program on this particular survey, our satisfaction rate is as follows: $SL(9)/SP(10) = 90\%$

Students are provided with and asked to submit an evaluation of their classroom, lab, clinical and externship experiences. When the surveys are about to be sent out, the staff assistant notifies each instructor to let them know the surveys are being sent. This allows the instructors to let their students know to expect the surveys. Once the surveys have been returned, the instructor will be notified of student participation rates so that extra credit can be given to those participating. We expect that extra credit points given for participation by the instructor will increase our rate of participation. Since our clinical externship sites have been evaluated prior to student engagement, we expect that our student satisfaction rate for externship will be high as well. We have set our student participation and satisfaction rate at 70% for current students, graduates and employers.

Survey data is shared with the USUE MA Advisory Board during their spring and fall meetings twice a year. Typically, a review of all collected data is performed at the fall meeting. The advisory board will make comparisons to previous year data and ensure that the program is meeting stated goal for satisfaction levels.

Overall, the program feels that students are enthusiastic about the program and are satisfied with program resources including classrooms and laboratories being adequate in size, the amount of equipment to meet educational needs, library hours and resources are appropriate, tutorial assistance is available, etc.

The program has set a goal for 70% survey participation and 70% satisfaction rate. We have achieved these goals.

2. Clinical Affiliate Survey

Satisfaction Rate = SL/SP

SL= Satisfaction Level

SP= Survey Participation

ABHES Reporting Period

Program Name and Credential	7/1/2017 – 6/30/2018 (2 yrs prior)	7/1/2018- 6/30/2019 (1 yr prior)	7/1/2019- 6/30/2020 (Current)	7/1/2020- 6/30/2021 (goal)
USUE Medical Assistant Program	100%	100%	100%	70%

The *Clinical Extern Affiliate* survey allows the program to gain valuable information from our clinical extern sites on our student's performance in the surgical setting. Clinical affiliates are requested to give a thoughtful and honest assessment of the strengths and weaknesses of the program as evidenced by the students' skills and preparation for work as a medical assistant. The clinical affiliate is also asked to respond to questions regarding the clinical coordinator and their responsiveness and support to the clinical affiliate, student and clinical site throughout the duration of the students' externship. The clinical affiliation surveys are sent out to each clinical affiliate by the midterm of each semester by the Health Professions staff assistant via Qualtrics. The staff assistant obtains a class roster via Banner (USU's student information system), and a survey is sent to each affiliate for which we have an affiliation agreement and a student placed. The staff assistant contacts the instructor for a list of student placements each semester.

In the past, the clinical extern affiliate survey focused its survey questions more on the individual student's performance rather than the clinical extern affiliates overall satisfaction with the Medical Assistant program. This was noted while reviewing the new ABHES Program Effectiveness Plan Guidebook. As a result, a new survey will be sent out at the end of spring semester 2021. The new survey will focus more on the affiliates' satisfaction with

our program so that we can identify any areas that may require improvement or areas in which we are doing a satisfactory job.

7/1/2017-6/30/2018 We had two students enrolled. Two surveys were sent out and two survey were received. The survey met our criteria of meeting a satisfaction rate of 3 or above on a Likert scale for program satisfaction. (SL(2)/SP(2) = 100%)

7/01/2018- 6/30/2019 We had two students enrolled. Two surveys were sent out and two survey were received. The survey met our criteria of meeting a satisfaction rate of 3 or above on a Likert scale for program satisfaction. (SL(2)/SP(2) = 100%)

07/01/2019-06/30/2020: We had six students enrolled. We had five students participate. Satisfaction rates were 3 and above on a Likert scale for all five students that participated.

(SL(5)/SP(5) = 100%)

3. Graduate Surveys

SL/SP

The program gleans much information from the graduate student. These surveys are another way for the program to assess how well they are doing in student preparation to enter the workforce as entry-level medical assistants. Evaluating the number of graduates placed in jobs also allows us to keep updated on the number of jobs available to our students and community need. Graduate surveys are sent out by the health professions staff assistant 30 days after the student graduates. This allows the student enough time out of the program to think about their training and preparation to enter the workforce as a medical assistant, begin to prepare for the national certification exam and begin to seek out opportunities for employment. This is a time when graduates really begin to assess the value of their education and how prepared they feel to fulfill the role of medical assistant. The survey asks questions with regards to the students' education and training and how prepared they feel for employment. This allows a reflection of the program from the graduate's perspective.

The USUE MA program is a Certificate of Completion program.

Graduate Surveys SL/SP

Program Name and Credential	7/1/2017-6/30/2018 (Two yrs prior)	7/1/2018-6/30/2019 (1 year prior)	7/1/20219-6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
USUE Medical Assistant Program	100%	100%	100%	70%

7/1/2017 – 6/30/2018 There were two students enrolled, two students graduated. Two surveys were sent out and two were returned. Out of the two surveys returned, two met the requirement of “3” or higher on a Likert scale of 5.

SL(2)/SP(2) = 100%

7/1/2018-6/30/2019 There were 2 graduate students. Two surveys were sent out with one return. The satisfaction level met our criteria of above 3 on a Likert scale. Thus, **(SL(1)/SP(1)=100%**

7/1/2019-6/30/2020 There were six students enrolled in the program, six surveys were sent out with five returned. All five met the criteria for satisfaction of “3” or greater on a Likert scale. **(SL(5)/SP(5)=100%**

4. Employer Surveys

Finally, surveys are sent to employers of the program graduates. The *Employer Survey* is sent out to employers no earlier than 15 days after employment. This allows the program once again to see how well they are preparing students to enter the workforce. The survey seeks to evaluate the satisfaction level of the employer with their new graduate employee and asks the employer specifically if, based on the training of this student, they would hire another graduate from the program.

Employer Surveys SL/SP

Program Name and Credential	7/1/2017-6/30/2018 (Two yrs prio)	7/1/2018-6/30/2019 (1 year prior)	7/1/2019-6/30/2020 (Current)	7/1/2020-6/30/2021 (Goal)
USUE Medical Assistant Program	0%	100%	0%	70%

7/1/2017 – 6/30/2018 There were two graduates. Two employer surveys were sent and none (0) returned. Both students went on to continue their education. One student went into Health Management at Weber State University in Ogden, Utah and one student took a year off for maternity leave and then return to the Nursing program. **SL(0)/SP(0) =0%**

7/1/2018-6/30/2019 There were two graduates. Two surveys were sent out and one returned. The one returned is employed as a medical assistant –CMA (AAMA) at Pine Top Medical. She has been employed since August 26, 2019. The employer survey was returned and received all “5” which met the criteria on the Likert scale above 3 for satisfaction. The other student was not placed and so survey could not be sent. This students continued to work as a correctional counselor. She has now registered to take her exam and will have until June 1, 2021 to complete and has decided to pursue her career in medical assisting. **(SL(1)/SP(1) = 100%**

7/1/2019-6/30/2020 We had six students enrolled. Six surveys were sent out, however, no students have been placed from this cohort. One student took her exam and due to Covid has been forced to stay home to care for her children. The other five students chose to pursue further education or have chose not to pursue employment in the MA field. Three are furthering their education, one is sitting for her exam and has until September 2021 to take this and the other is working in a clinic but has not finished the program but will complete on May 12th, 2021. **(SL(0)/SP(0) = 0%**

Because we failed to reach the required 70% placement rate, a written response had to be sent to ABHES to explain why the program had not met this goal. The response and back up documentation is attached for board review.

f. Delivery Method Assessment

The USUE MA Program is delivered via a blended format. The program is based on the Price, Utah campus. During the reporting cycle 7/1/2019 – 6/30/2020, the instructor, Lori Rager in not presently broadcasting any portion of her program to distant sites. Were she to have enrollments at distant sites, she would broadcast via interactive video conferencing (IVC) from Price to Blanding for students enrolled in night classes. Students receive lectures in real time and are able to interact with not only the instructor but with other students face to face. The instructor has been trained in distance education delivery systems and is required to take courses offered by USU throughout the year in the fundamentals of the learning management system (Canvas), distance education, technology updates, and others. The courses are offered through Centers for Innovation and Design Instruction.

Peer reviews are performed yearly as well as teaching reviews from Utah Education Network (UEN) or Center for Innovation Design and Innovation (CIDI) through distance education specialists. Assessments are used to allow instructors to “see” their teaching through another set of eyes in the form of reviewers. Once the reviews have been completed for the year, the Health Professions Program Director meets with each instructor to discuss the results of the teaching review and the instructor is asked for their assessment of the review. This is an opportunity for the instructor to “see” how others view their teaching and respond to this assessment. The instructor is asked to develop a plan based on the review with the HP Director and the plan is placed in the instructors personnel file. This is reviewed again in one year before the next evaluation.

It should be noted that during the evaluation process, the evaluators are encouraged to make suggestions for improvement of delivery method and/or the educational process as they see appropriate.

Lori Rager did receive two reviews this semester. One from Sunshine Brosi and the other from Jan Thornton. Results have been placed in her personnel file.

It has been demonstrated in all the Health Professions programs that we do not have the discrepancy between retention of distance education students versus face-to-face students. Retention rates are equal to both delivery methods.

To determine student satisfaction with their delivery method, student surveys specific to distance education are sent out each semester. This gives the program the opportunity to better assess trends in overall satisfaction of delivery methods.

g. Curriculum Assessment

The curriculum assessment and development process are based on certifying national guidelines (AAMA and AMT), student achievement outcomes, and input from clinical preceptor sites and the advisory board, as well as the faculty's review of resource materials. The program director, faculty and staff work together to identify materials and resources and seek input from our advisory board and Health Professions Program Director regarding student graduation rates, certifying pass rates, current industry and community needs and qualification requirements.

With this input, the program director, faculty and staff are able to determine curriculum effectiveness and revisions are made yearly when necessary. Curriculum review is performed once per year at the Advisory Board meeting in the fall.

Some of the changes to the curriculum include updating textbooks to the newest additions for core curriculum, updated EMR simulation and updated syllabi to include outside hour expectations of students.. Recently, the department was moved from the College of Education to Career Technical Education under the College of Agriculture. This allowed for a significant reduction in tuition and fees for the Health Professions programs. Lori Rager has secured Elsevier training videos for students to watch through EVOLVE.

STUDENT POPULATION

The USUE MA Program Advisory Board is scheduled to meet in the spring 2021 for their bi-annual meeting. The last Advisory Board meeting was on October 16 2020. Currently, student tracking information includes the following:

- ethnicity and location,
- Gender and Age
- Overall Student Population.
- Full-time student vs part-time student
- Employed vs unemployed
- First time college students or prior post-secondary
- High school graduate or GED
- ESL
- Delivery method

Review of student population as it pertains to tracking information/student demographics will be tabulated and reviewed with the board at the next Advisory Board Meeting.