



Cycle: 2018-2021

DIPLOMA IN APPLIED SCIENCE WITH A MAJOR IN MEDICAL ASSISTING

Program Mission Statement:

The FDTC Medical Assisting Program provides a high-quality educational experiences that preparing graduates for entry-level medical assisting positions in physicians' offices, clinics, and other medical settings.

Division: Health and Human Services

AVP: Dan Averette

Department Chair: Dawn Nelson

Director: Dawn Nelson

SACSCOC Standard: 8.2A

Accrediting Agency: Yes No

Name: NA

Certification Exam(s): Yes No

Agency Name:

American Medical Technologist (AMT)

Credential:

RMA -Registered Medical Assistants

Program Student Learning Outcome	Monitoring Year
Knowledge: Unify skills, knowledge and attitudes necessary for success within the medical assisting profession body of knowledge	2018-2019
Communication: Communicate information and ideas effectively	2019-2020
Professionalism: Demonstrate respect for the rights of the patients, colleagues, and other health professionals and perform duties in a manner that is within the constraints of legal, moral, and ethical conduct.	2019-2020
Critical Thinking: Interpret objective patient data by correlating it with subjective and pathological findings	2020-2021

STUDENT LEARNING OUTCOMES FOR DAS.MEDC -- 2018-2019

A. Student Learning Outcomes	B. What courses are SLOs Assessed	C. Methods for Outcomes Assessment	D. Expected Level of Program Performance	E. Data Collection	F. Results	G. Plan For Improvement
What should the graduates of your program be able to do?	Where do you see evidence that the student can do these things?	How does your program evaluate student/graduate skills/abilities?	What is the expected level of student performance <u>for the program</u> ?	How and when will you collect the data needed to evaluate the performance of the program?	What are the results of the evaluation? NOTE: include student ratio with all results.	How will you use this information to improve the program.
Unify skills, knowledge and attitudes necessary for success within the medical assisting profession body of knowledge.	MED 113 Basic Medical Lab Techniques	Artifacts used for this SLO are a combination of didactic and psychomotor testing events. This module is on infection control and safety. Student averages were used for the following assessments: Module written exam; Bloodborne Pathogen Quiz and Personal Protective Equipment (PPE) check-off.	85% of the students will receive 77% or higher.	Spring 2018	11 out of the 12 students received a 77% or higher on the artifacts chosen for this assessment (91.2%). The lowest score for this artifact was 74.2% and the highest was 98.2%. The cohort average for this event was 84.7%	The expected level of learning was met. Will continue to use performance.

STUDENT LEARNING OUTCOMES FOR DAS.MEDC -- 2018-2019

A. Student Learning Outcomes	B. What courses are SLOs Assessed	C. Methods for Outcomes Assessment	D. Expected Level of Program Performance	E. Data Collection	F. Results	G. Plan For Improvement
What should the graduates of your program be able to do?	Where do you see evidence that the student can do these things?	How does your program evaluate student/graduate skills/abilities?	What is the expected level of student performance <u>for the program</u> ?	How and when will you collect the data needed to evaluate the performance of the program?	What are the results of the evaluation? NOTE: include student ratio with all results.	How will you use this information to improve the program
Knowledge: Unify skills, knowledge and attitudes necessary for success within the medical assisting profession body of knowledge.	AHS 121 Basic Pharmacology	Artifacts used for this SLO are the average of the four module exams.	85% of the students will receive 77% or higher.	Spring 2018	11 out of the 12 students received a 77% or higher on the artifacts chosen for this assessment (85.6%). The lowest score for this artifact was 71.8% and the highest was 98.2%. The cohort average for this event was 85.6%.	The expected level of learning was met. Will continue to use performance.

STUDENT LEARNING OUTCOMES FOR DAS.MEDC – 2019-2020

A. Student Learning Outcomes	B. What courses are SLOs Assessed	C. Methods for Outcomes Assessment	D. Expected Level of Program Performance	E. Data Collection	F. Results	G. Plan For Improvement
What should the graduates of your program be able to do?	Where do you see evidence that the student can do these things?	How does your program evaluate student/graduate skills/abilities?	What is the expected level of student performance <u>for the program</u> ?	How and when will you collect the data needed to evaluate the performance of the program?	What are the results of the evaluation? NOTE: include student ratio with all results.	How will you use this information to improve the program
Communication: Communicate information and ideas effectively.	MED 158 Medical Assisting Clinical Experience	Artifacts used for this SLO are the communication components of the MED Clinical Evaluation Tool.	85% of the students will receive 77% or higher.	Fall 2019	8 out of the 8 students received a 77% or higher on the artifacts chosen for this assessment (88.5%).	The expected level of learning was met. However, this was the first time this clinical evaluation tool was used. The communication component of the tool has five key categories with several subcategories. Clinical preceptors left several subcategories ungraded. We have revised this component by eliminating most of the subcategories. Faculty feel this will lead to more meaningful grading.
	HIM 135 Medical Pathology – This is a shared class with the Health Information Management Program.	Artifact used for this SLO is the Rare Disease PowerPoint presentation project. This assignment has a rubric embedded into the Learning Management System. Students are required to provide voice over PP.	85% of the students will receive 77% or higher.	Fall 2020	12 out of the 14 students received a 77% or higher on the artifact chosen for this assessment (85.7%)	The expected level of learning was met. However, out of the 11 criterion evaluated only two were recorded as a low score. The first is rehearsal; 4/12 (33.3%). The second is grammar 3/12 (25%). Faculty plan to use a peer review process to improve criterion scores.

STUDENT LEARNING OUTCOMES FOR DAS.MEDC – 2020-2021

A. Student Learning Outcomes	B. What courses are SLOs Assessed	C. Methods for Outcomes Assessment	D. Expected Level of Program Performance	E. Data Collection	F. Results	G. Plan For Improvement
What should the graduates of your program be able to do?	Where do you see evidence that the student can do these things?	How does your program evaluate student/graduate skills/abilities?	What is the expected level of student performance <u>for the program</u> ?	How and when will you collect the data needed to evaluate the performance of the program?	What are the results of the evaluation? NOTE: include student ratio with all results.	How will you use this information to improve the program
Critical Thinking: Demonstrate respect for the rights of the patients, colleagues, and other health professionals and perform duties in a manner that is within the constraints of legal, moral, and ethical conduct.	MED 131 Administrative Skills of the Medical Office	Artifacts used for this SLO are the cohort average of Module I exam, and three topic specific SIM Chart Exercises.	85% of the students will receive 77% or higher.	Fall 2020	14 out of 14 students received a 77% or higher on the chosen artifacts for this assignment (86.9%)	The expected level of learning was met. However, the SIM Chart application is a new software implemented this semester. There was a considerable learning curve for students and faculty. The SIM Chart simulation offers an Electronic Medical Record and Office Management System providing a powerful learning tool for students. Faculty plan to deploy it across the MED curriculum.

STUDENT LEARNING OUTCOMES FOR DAS.MEDC – 2020-2021

A. Student Learning Outcomes	B. What courses are SLOs Assessed	C. Methods for Outcomes Assessment	D. Expected Level of Program Performance	E. Data Collection	F. Results	G. Plan For Improvement
What should the graduates of your program be able to do?	Where do you see evidence that the student can do these things?	How does your program evaluate student/graduate skills/abilities?	What is the expected level of student performance <u>for the program</u> ?	How and when will you collect the data needed to evaluate the performance of the program?	What are the results of the evaluation? NOTE: include student ratio with all results.	How will you use this information to improve the program
<p>Critical Thinking: Interpret objective patient data by correlating it with subjective and pathological findings.</p>	<p>MED 141 – Medical Office Clinical Skills I</p> <p>MED 114- Medical Assisting Clinical Procedures</p>	<p>Artifacts used for this SLO are the cohort average of Module I- III exams and the cumulative final exam.</p> <p>Artifact used for this PSLO is the Module III exam and lab quiz on Medication Administration.</p>	<p>85% of the students will receive 77% or higher.</p> <p>85% of the students will receive 77% or higher.</p>	<p>Fall 2020</p> <p>Spring 2021</p>	<p>9 out of 14 students received a 77% or higher on the chosen artifacts for this assignment. The cohort average was (79.8%)</p> <p>10 out of 13 students received 77% or higher on Module III exam (77%), and 10 out of 13 students received 77% or higher on Lab Quiz. The cohort average was 84.7%</p>	<p>The expected level of learning was not met. This course was greatly affected by a COVID quarantine. The clinical instructor for the lab portion of the course was out for 28 days during the last seven weeks of the term. This was a major disruption of learning. We had a substitute instructor but it was not the same and students got behind on psychomotor skills. Faculty were not pleased with the artifacts and want to bring in case study analysis for this course for fall of 2021.</p> <p>The expected level of learning was met. Will continue to use performance.</p>

CONTINUOUS STUDENT IMPROVEMENT

This Cycle's Results and Comparison to Last Cycle's and Recommended Actions:

The Medical Assisting Programs PSLOs were assessed last cycle—the significant recommendation was moving forward with taking the Medical Assisting Program to a diploma status. The transition to a diploma identified two weaknesses. One, the clinical skills class, MED 114 (3-3-4), was very heavy in didactic and psychomotor requirements, and students had difficulty with mastering all required skills in a single semester. Two, the curriculum had no way for the students to experience an electronic Office Management System. Most of our service area practitioners are paperless utilize an electronic medical record (EMR). Faculty believed improving these two weaknesses would lead to better prepared graduates and stronger certification pass rates. The clinical skills class was the most critical of the two and we began revising the curriculum to address this problem.

The MED certificate program was already at 38 credit hours which was almost the maximum for a certificate. The only way to meet the needs of our clinical affiliates was to move to a Diploma program. In the fall of 2017 paperwork was submitted to State Technical College System for the approval of a Diploma program. We also required approval for the diploma from the Department of Education for financial aid awards. We had all approvals by November of 2018. The new curriculum had two new classes: MED 141- Medical Office Clinical Skills I (1-3-2) and MED 131 Administrative Skills of the Medical Office (2-0-2). This expanded our clinical skill class time from 3 hours of instruction and 3 hours of lab to 4 hours of instruction and 6 hours of clinical lab skills practice. We started the first cohort of Diploma program in Spring of 2019.

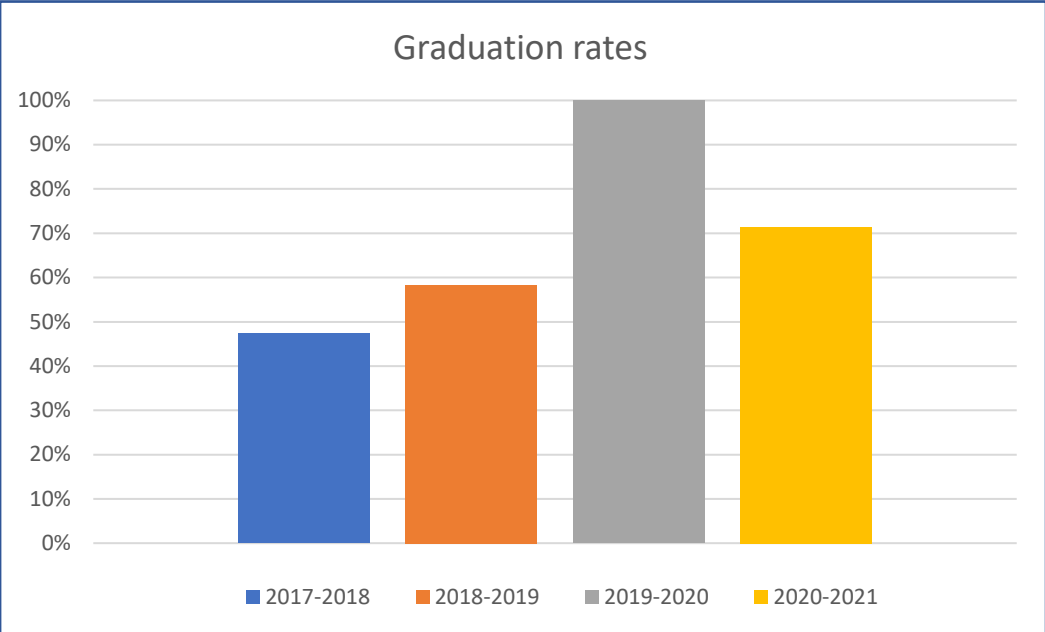
Faculty reviewed previous program persistence data and determined the anatomy & physiology course BIO 112 failures was a barrier to student success. To accommodate the newly expanded curriculum and minimize the effect of the A&P failures we made BIO 112 and AHS 102 (Medical terminology) prerequisites for the program. The use of prerequisites has improved the fall to spring persistence numbers. We implemented the use of a simulated Medical Office Management system in Fall of 2020 using a product called SIM Chart in the new MED 131 class.

The first diploma cohort was very successful all eight graduates are employed. Seven of the eight have taken the Registered Medical Assistant (RMA) certification exam and all have passed (100%). One graduate elected to not take the RMA exam. However, this student is working in medical office at the front desk and RMA certification is not required. Because of the diploma program delay, we only had two complete cohorts graduate in the current 2018-2021 cycle. The last cohort of the certificate program started in Fall of 2017 and graduated in summer of 2018. The first Diploma cohort started in Spring of 2019 and graduated in Fall of 2019. Our current cohort started in Fall of 2020 and will graduate in Summer of 2021.

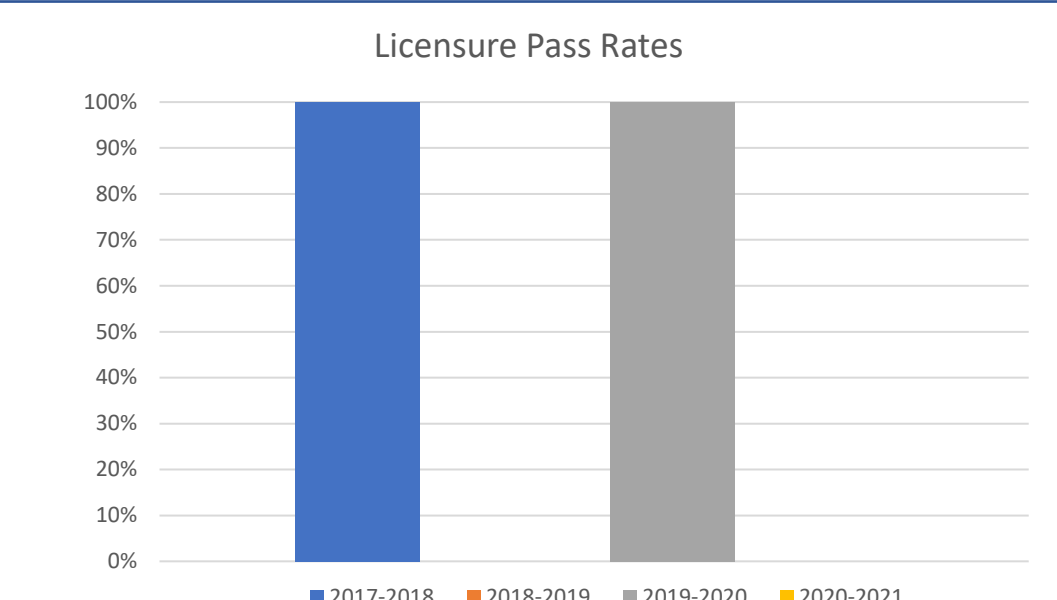
PROGRAM VITAL STATISTICS

Indicator	Trend Analysis	Action Plans										
<p>Program enrollment</p> <table border="1" style="margin-top: 10px;"> <caption>Program Enrollment Data</caption> <thead> <tr> <th>Year</th> <th>Enrollment</th> </tr> </thead> <tbody> <tr> <td>2017-2018</td> <td>19</td> </tr> <tr> <td>2018-2019</td> <td>0</td> </tr> <tr> <td>2019-2020</td> <td>8</td> </tr> <tr> <td>2020-2021</td> <td>14</td> </tr> </tbody> </table>	Year	Enrollment	2017-2018	19	2018-2019	0	2019-2020	8	2020-2021	14	<p>Transition from Certificate to Diploma program occurred in Spring of 2019. The waiting for Diploma status and DOE approval for financial aid greatly impacted enrollment. Fall of 2018 no cohort. Spring 2019 – first diploma class with low enrollment.</p> <p>Note: 2019-2020 data cohort started in spring of 2019 and completed in Fall of 2019.</p>	<p>Fall 2020 increased by 57%. We anticipate that fall 2021 enrollment will be similar or meet the enrollment cap of 16.</p>
Year	Enrollment											
2017-2018	19											
2018-2019	0											
2019-2020	8											
2020-2021	14											

Indicator	Trend Analysis	Action Plans										
<p style="text-align: center;">Fall to Spring Persistence</p> <table border="1" style="margin-top: 10px;"> <caption>Fall to Spring Persistence Data</caption> <thead> <tr> <th>Academic Year</th> <th>Persistence Percentage</th> </tr> </thead> <tbody> <tr> <td>2017-2018</td> <td>63%</td> </tr> <tr> <td>2018-2019</td> <td>0%</td> </tr> <tr> <td>2019-2020</td> <td>100%</td> </tr> <tr> <td>2020-2021</td> <td>100%</td> </tr> </tbody> </table>	Academic Year	Persistence Percentage	2017-2018	63%	2018-2019	0%	2019-2020	100%	2020-2021	100%	<p>Fall to spring persistence was impacted greatly by BIO 112 failures in fall of 2017. Four students failed BIO 112 and or MED 114 in the fall of 2017. Two students failed MED 114 and one student passed fall 2017 but financial reasons would not allow her to return to school in spring 2018. The program lost total of 7 students. This was higher than normal. Usually, it was 2-3 students and could be attributed to BIO 112 and MED 114 in the same semester.</p>	<p>The use of prerequisites (BIO 112 and AHS 102) was very successful in improving fall to spring persistence.</p>
Academic Year	Persistence Percentage											
2017-2018	63%											
2018-2019	0%											
2019-2020	100%											
2020-2021	100%											

Indicator	Trend Analysis	Action Plans										
<p style="text-align: center;">Graduation rates</p>  <table border="1" data-bbox="121 159 1159 787"> <caption>Graduation Rates Data</caption> <thead> <tr> <th>Semester</th> <th>Graduation Rate</th> </tr> </thead> <tbody> <tr> <td>2017-2018</td> <td>~48%</td> </tr> <tr> <td>2018-2019</td> <td>~58%</td> </tr> <tr> <td>2019-2020</td> <td>100%</td> </tr> <tr> <td>2020-2021</td> <td>~71%</td> </tr> </tbody> </table>	Semester	Graduation Rate	2017-2018	~48%	2018-2019	~58%	2019-2020	100%	2020-2021	~71%	<p>Fall to spring persistence had an effect on the graduation rate of 2018 for reasons noted above. The use of prerequisites has led to greater student success.</p> <p>2021 Graduation rate 10/14 (71.4%) was impacted by the pandemic. The MED cohort was fortunate being able to hold face-to-face course work more frequently than some of the other programs. However, the pandemic did impact student success.</p> <p>One out of the four students decided that MED was not what she wanted to do and withdrew in spring of 2021. The remaining three had a heavy course load as a result of the pandemic. We allowed these students to carry general education courses into the next semester if they were unsuccessful. These students were not successful managing the course load and online formats. Two of the three plan to return.</p>	<p>This first cohort was a close-knit group. They were able to develop a strong collaborative learning environment. The faculty hope to facilitate this same collaborative relationship with future cohorts.</p> <p>Pandemic did impact this cohort, but not as seriously as other programs. MED 141 skills class was the one most impacted by a 28 -ay quarantine of the instructor.</p> <p>We are looking forward to fall of 2021 and a new cohort of students.</p>
Semester	Graduation Rate											
2017-2018	~48%											
2018-2019	~58%											
2019-2020	100%											
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Indicator	Trend Analysis	Action Plans										
<p style="text-align: center;">Job Placement Rates</p> <table border="1"> <caption>Job Placement Rates Data</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2017-2018</td> <td>83%</td> </tr> <tr> <td>2018-2019</td> <td>-</td> </tr> <tr> <td>2019-2020</td> <td>100%</td> </tr> <tr> <td>2020-2021</td> <td>-</td> </tr> </tbody> </table>	Year	Rate	2017-2018	83%	2018-2019	-	2019-2020	100%	2020-2021	-	<p>Note: 2018-2019 -no cohort due to transition from certificate to diploma.</p> <p>The Medical Assisting Program historically has strong job placement rates. All graduates that seek RMA certification are successful finding work.</p>	<p>Faculty will continue to foster strong relationships with our clinical affiliates.</p> <p>2021- job placement data pending.</p>
Year	Rate											
2017-2018	83%											
2018-2019	-											
2019-2020	100%											
2020-2021	-											

Indicator	Trend Analysis	Action Plans
<p style="text-align: center;">Licensure Pass Rates</p>  <p>*First time pass rates</p>	<p>Note: 2018-2019 -no cohort due to transition from certificate to diploma.</p> <p>The MED program historically has a strong licensure pass rate. Not all students who graduate take the exam. Some students use the MED program as a place holder for other programs.</p>	<p>Faculty will continue to encourage all graduates to take the RMA exam.</p> <p>The 2020-2021 cohort will be eligible to take the RMA exam once final transcripts are available in August 2021.</p> <p>Summer 2021 we implemented HESI practice tests and Exit exam for MED students. We have never used this application before—but faculty feels this class was weak due to disruptions of the pandemic. The cohort had 3 versions of a practice test. One was done together in computer lab and two more assigned for graded events. The HESI Exit is scheduled for July 26, 2021.</p>