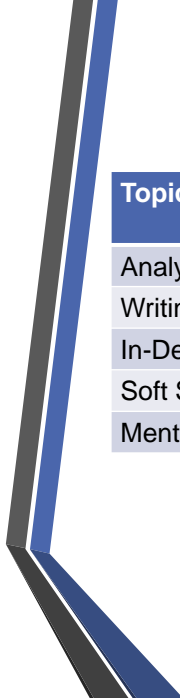


**Medical Assisting
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Get Current: Self-Study Analysis

May 2015 Training

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Feedback from November Webinar Evaluations

Topic	Number of respondents	Percentage
Analyzing Self-Study Reports	13	39%
Writing Rationales, Adv. Version	5	15%
In-Depth Analysis of the OSSR	4	12%
Soft Skills on the Site visit	3	9%
Mentoring New Team Coordinators	3	9%

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Goals of Presentation

- General reminders and updates
- Quick Overview of “updated” OSSR form
- Analyzing Self-Studies

PEER REVIEW MATTERS


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2015 Standards and Guidelines

- 2015 *Standards and Guidelines* approved and posted on MAERB Site
 - Tracked version available on website
 - Implementation Chart
 - New PD, PC and Faculty Workbooks.
 - New MAERB resources developed by fall 2015
 - ECMA published late fall 2015
 - New curriculum in place by fall 2016
- Site Visits conducted under the new *Standards* in 2017

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New Resources for Surveyors

What do you need?
What can we do?

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Surveyor Training & Resources, 2015 Standards

- Surveyor Handbook, fall 2015!!
- Webinar, Policies and Procedures, fall 2015
- Webinars and Training, 2015 Standards, 2016

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Peer and Program Evaluation, Surveyors

Chart A: Site Surveyor Peer & Program Evaluation: Surveyor Knowledge

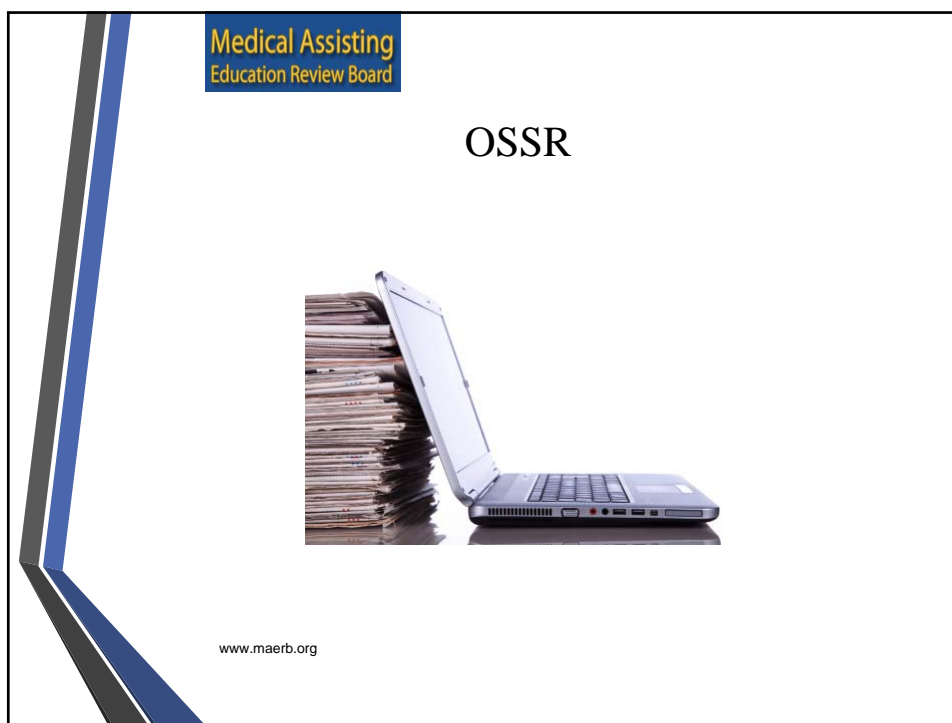
Surveyors are asked to rate each other on their knowledge of the Standards and medical assisting during a site visit, and the results are found in the column labeled "Peer Rating Average." Programs are asked to rate the surveyors in the same areas, and the results are in "Program Rating Average."	Peer Rating Average 120 Responses	Program Rating Average, 139 Responses
	Grading Scale A--94-100 A--90-93 B+-88-89 B-84-87 B--80-83	Likert Scale 5=Strongly Agree 4=Mostly Strongly Agree 3=Agree 2=Sometimes Disagree 1=Strongly Disagree
Knowledgeable of the Standards, guidelines, and CAAHEP/MAERB policies.	A (4.73)	A- (4.59)
Appropriate expertise in the areas of medical assisting education/practice.	A (4.77)	A (4.74)
Effectively evaluate the documentation that the program provided.	A (4.75)	A- (4.55)
Asked appropriate questions, tailoring them for the specific groups.	A (4.8)	B (4.38)
Demonstrated an understanding of the site survey process.	A (4.75)	A- (4.58)

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Site Visit Schedule Change

- MAERB found that there was a great deal of unevenness in the number of site visits
 - 2019: 21 sites were scheduled
 - 2024: 116 site visits
- Site visits will be scheduled from 7 ½ - 9 years from the visit in order to have about 65-70 visits per year
- Programs visited in 2015-2016 will be receiving a projected visit date 7 ½ to 8 ½ years from their visit.

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New Process: OSSR Review

- OSSR is reviewed by MAERB Office: Sarah Marino or Jim Hardman
- Team Coordinator is sent a Review Form: comments, questions, edits
- Team Coordinator responds to questions and modifications
- OSSR is then modified

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This slide features a logo in the top left corner with the text "Medical Assisting Education Review Board". The main title "New Process: OSSR Review" is centered in a bold, black, sans-serif font. Below the title is a bulleted list of four steps in the review process. The slide has a decorative blue and grey border on the left side.

Updated OSSR

- Clarity in language
- Clarity in formatting
- Added an instruction page
- Removed some of the Excel links
- Clarified the Participants page

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Rationales for Objectives and Competencies

Note: The rationale in this box highlights the central reason(s) why there are citations for "Not Taught" or "Achievement Not Measured." The reasons frequently include the following:

- if the objective or competency is simply not included in the program curriculum.
- if the surveyors were not able to find the material because the important elements were not highlighted.
- if the surveyors were not able to find the material because the folders were not appropriately organized.
- if the content and/or assessment tool were not suitable for the specific objective or competency.

The details in this rationale box are designed to help the Program Director in resolving the citation.

Rationale for cognitive objectives not met.

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Significant Language Change: Standard III.C.2

30				
31	III.C.2	Practicum must		Rationale:
32		• be supervised	Met	
33		• be unpaid	Met	
34		• be at least 160 hours	Met	
35		• be in an ambulatory health care setting	Met	
36		• have students performing psychomotor and affective competencies	Met	
37		• be completed prior to graduation	Met	
38				

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Change in placement of Citation

		<ul style="list-style-type: none"> • Outcomes Assessments include raw data for the following (two years matching the ASEP): <ul style="list-style-type: none"> • retention • positive job placement • credentialing exam results • graduate satisfaction survey • employer satisfaction survey • Programmatic summative measures include: <ul style="list-style-type: none"> • competencies • practicum evaluation of students (most recently assessed cohort) 		Rationale:
			Met	
			Met	
			Met	
			Met	
			Met	
			Met	
			Met	
			Met	

STANDARDLY FAIR PRACTICES

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Self-Study



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Program Director Resources for Self-Study

- Self Study Report Template
- Self-Study Checklist
- Self-Study Dividers, Explanation

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How the Self-Study is Reviewed


- Case Managers review it for completion
 - Obvious missing parts
- MAERB Liaison reviews for substance
 - Initial review—not complete
 - Guidance to Surveyors
- Surveyor
 - In-depth, analytical review
 - Prepare questions/focus for site visit

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Central Goal for Analyzing Self Study



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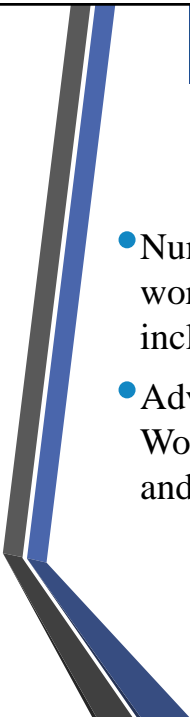


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Initial Review

- Paper review
- Process of generating questions
- Making checklists

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Inconsistent Statements/Material

- Number of Faculty listed in the SSR Excel workbook versus number of faculty workbooks included
- Advisory Committee Members in the SSR Excel Workbook versus Advisory Committee Roster and/or minutes

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Items Omitted or need to be updated

- Institutional accreditation
- Advisory Committee Minutes
- Transfer of credit policy
- Complete faculty workbooks (documentation of instruction in educational theory and techniques)
- Organizational chart
- Specific Syllabi

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Need for Verification

- Verification of practicum hours
- Complete job descriptions
- Qualifications of faculty
- Program budget (internal inconsistency)

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Incorrect Material

- Graduate/Employer Survey Tool
- Statement about Accreditation Status
- Public member on the Advisory Committee

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Form F-5 Resource Assessment

- Most recent resource assessment
 - Check the previous years on site
- Difficult to understand another program's assessment

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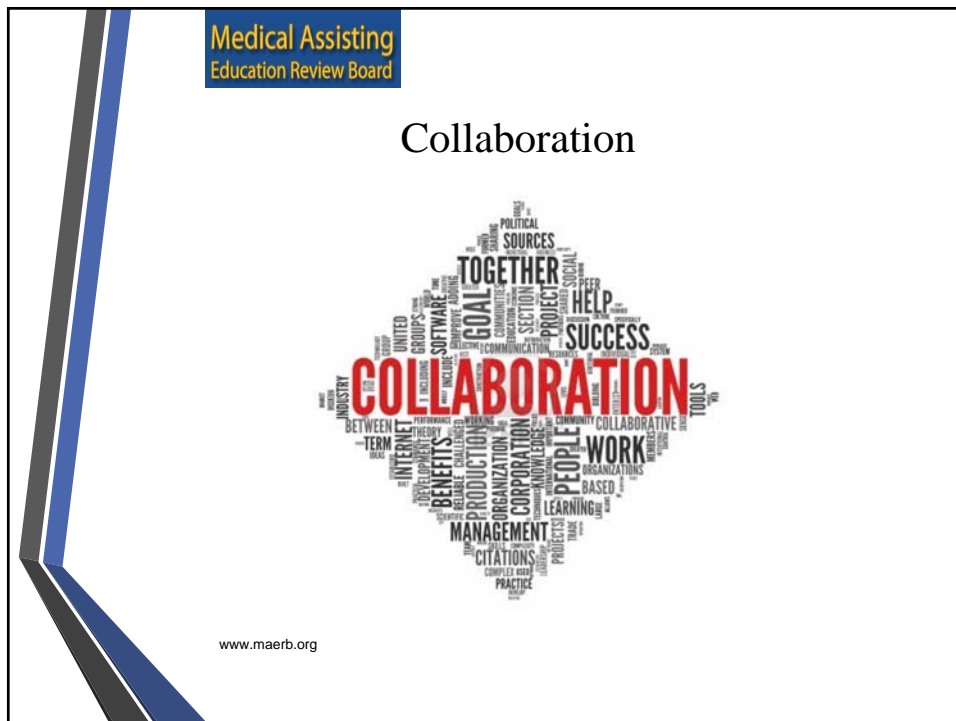
**Medical Assisting
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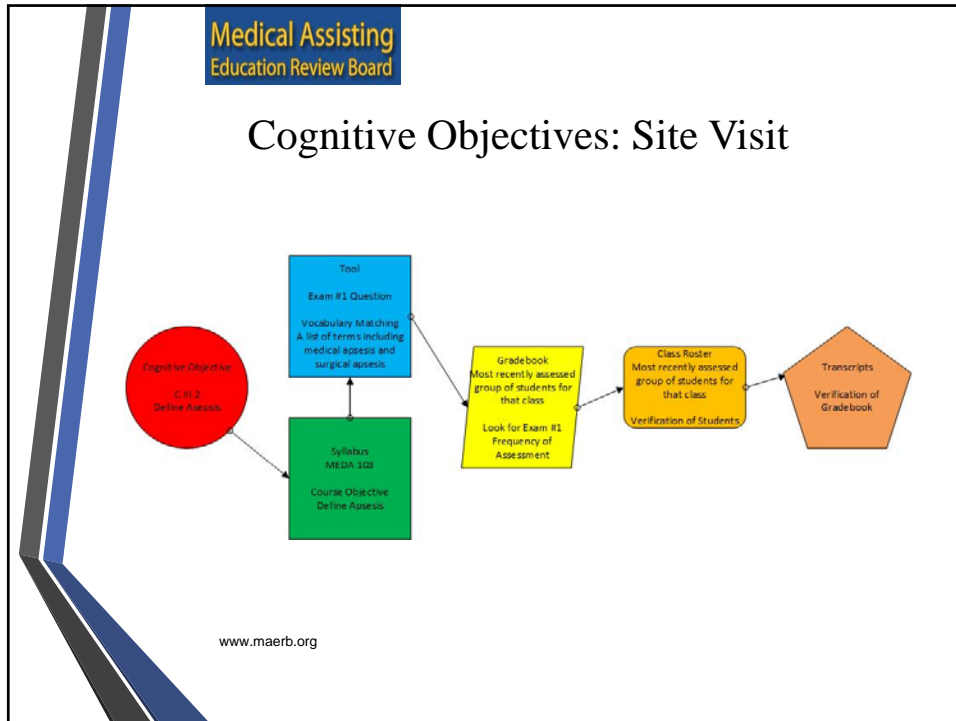
Course Syllabi

Curriculum

- Is there a syllabus for each Medical Assisting course? <==Drop down 'Yes or No'
- Does each syllabus contain:
 - a. learning goals <==Drop down 'Yes or No'
 - b. course objectives <==Drop down 'Yes or No'
 - c. competencies required for completion of course <==Drop down 'Yes or No'(Complete the Form 2 Course List TAB in this workbook.)
- Are all cognitive domain areas included in the curriculum? <==Drop down 'Yes or No'
- (Complete the Form F-3 Cognitive TAB in this workbook.)
- Are all psychomotor domain areas included in the curriculum? <==Drop down 'Yes or No'
- (Complete the Forms F-4 Psychomotor Domain TAB in this
- Are all affective domain areas included in the curriculum? <==Drop down 'Yes or No'
- (Complete the Form F-4a Affective domain TAB in this

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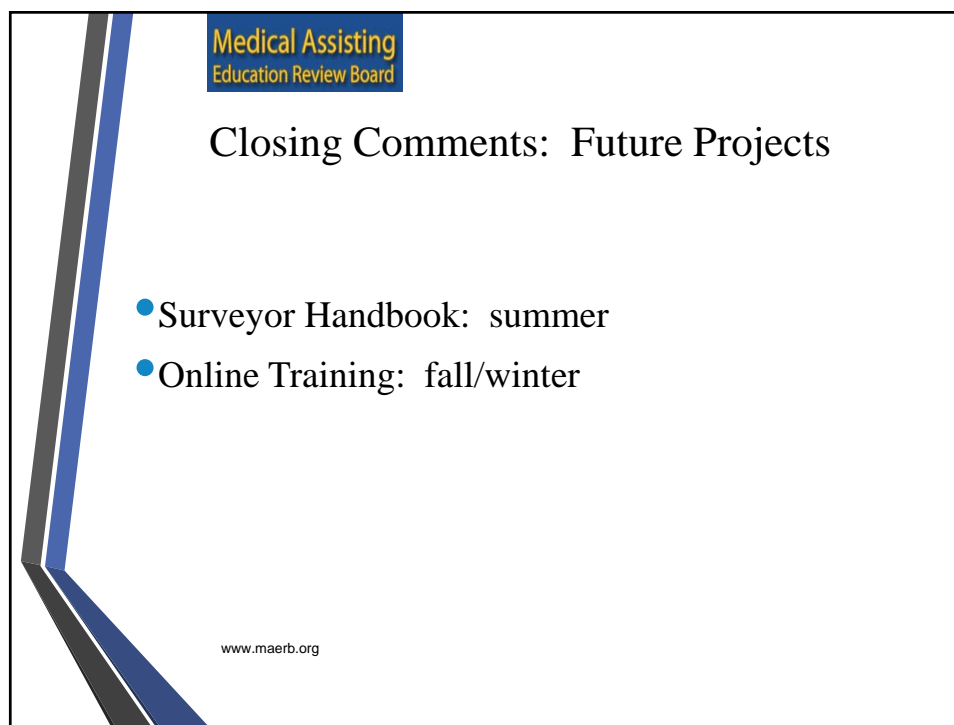
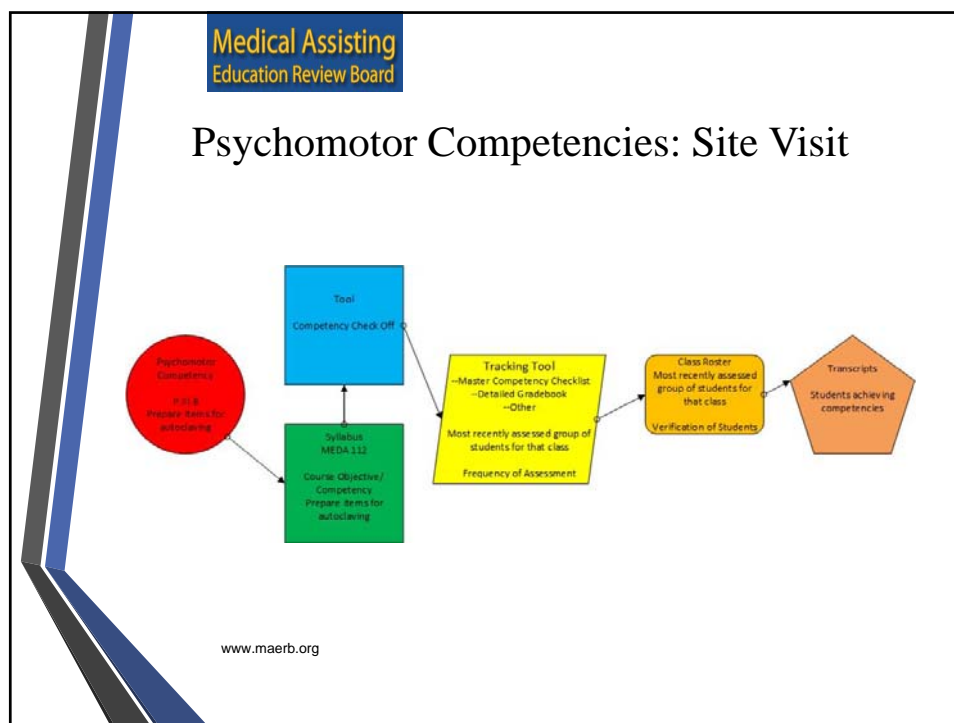


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Form F-4 Psychomotor

Psychomotor Domain	Course Number(s) in which the corresponding psychomotor objective is taught (e.g. MED101, MED107)	Student Achievement Measurement Method	Frequency of Student Assessment	Where Evaluation Records Maintained	Is this objective available via distance
Foundations for Clinical Practice					
I. Anatomy & Physiology					
1. Obtain vital signs					
2. Perform venipuncture					
3. Perform capillary puncture					
4. Perform pulmonary function testing					
5. Perform electrocardiography					
6. Perform patient screening using established protocols					
7. Select proper sites for administering parenteral medication					
8. Administer oral medications					
9. Administer parenteral (excluding IV) medications					
10. Assist physician with patient care					
11. Perform quality control measures					
12. Perform hematology testing					
13. Perform chemistry testing					
14. Perform urinalysis					
15. Perform immunology testing					
16. Screen test results					

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Thank you!!!

