

*Subject Area Committee Name:* Medical Assisting Program

*Focal Outcome Being Assessed:* Professional Competency

*Contact Person:*

<i>Name</i>	<i>e-mail</i>
Virginia Chambers	virginia.chambers@pcc.edu

This form is for the initial assessment of a focal outcome.

- Refer to the help document for guidance in filling out this report. If this document does not address your question/concern, contact [Wayne Hooke](#) to arrange for coaching assistance.
- Please attach all rubrics/assignments/etc. to your report submissions.
- **Subject Line of Email:** Assessment Report Form (or ARF) for <your SAC name> (Example: ARF for NRS)
- **File name:** SACInitials\_ARF\_2016 (Example: NRS\_ARF\_2016)
- SACs are encouraged to share this report with their LAC coach for feedback before submitting.
- Make all submissions to [learningassessment@pcc.edu](mailto:learningassessment@pcc.edu).

**Due Dates:**

- **Planning Sections of LAC Assessment or Reassessment Reports: November 28<sup>th</sup>, 2016**
- **Completed LAC Assessment or Reassessment Reports: June 16<sup>th</sup>, 2017**

Please Verify This Before Beginning this Report:

This project is not the second stage of the assess/reassess process (if this is a follow-up, re-assessment project, use the LAC Re-assessment Report Form CTE. Available [here](#)).

### 1. Outcome Chosen for Focal Analysis

1A. How does your field interpret the outcome you are assessing?

Demonstrates the ability to meet patient's needs as a mature, adaptable person and member of the medical assisting profession.

1B. If the assessment project relates to any of the following, check all that apply:

- Degree/Certificate Outcome – if yes, include here: Professionalism Competence: Demonstrates the ability to meet patient's needs as a mature, adaptable person and member of the medical assisting profession.
- PCC Core Outcome – if yes, which one:
- Course Outcome – if yes, which one:
- Exploratory Outcome – if yes, briefly describe:

### 2. Project Description

2A. Assessment Context

Check all the applicable items:

**Course-based assessment.**

Course names and number(s): MA 270 Clinical Practicum

Type of assessment (e.g., essay, exam, speech, project, etc.): Professional softskills evaluation form.

Are there course outcomes that align with this aspect of the outcome being investigated?  Yes  No

If yes, include the course outcome(s) from the relevant CCOG(s):

**Common/embedded assignment in all relevant course sections.** An embedded assignment is one that is already included as an element in the course as usually taught. Please attach the activity in an appendix. If the activity cannot be shared, indicate the type of assignment (e.g., essay, exam, speech, project, etc.):

**Common – but not embedded - assignment used in all relevant course sections.** Please attach the activity in an appendix. If the activity cannot be shared, indicate the type of assignment (e.g., essay, exam, speech, project, etc.):

**Practicum/Clinical work.** Please attach the activity/checklist/etc. in an appendix. If this cannot be shared, indicate the type of assessment (e.g., supervisor checklist, interview, essay, exam, speech, project, etc.): **Professional softskills evaluation by direct clinic supervisor. Please see the attached evaluation sheet with scoring of students performance and areas assessed.**

**External certification exam.** Please attach sample questions for the relevant portions of the exam in an appendix (provided that publically revealing this information will not compromise test security). Also, briefly describe how the results of this exam are broken down in a way that leads to nuanced information about the aspect of the core outcome that is being investigated.

**SAC-created, non-course assessment.** Please attach the assessment in an appendix. If the assessment cannot be shared, indicate the type of assignment (e.g., essay, exam, speech, project, etc.):

**Portfolio.** Please attach sample instructions/activities/etc. for the relevant portions of the portfolio submission in an appendix. Briefly describe how the results of this assessment are broken down in a way that leads to nuanced information about the aspect of the core outcome that is being investigated:

**TSA.** Please attach the relevant portions of the assessment in an appendix. If the assessment cannot be shared, indicate the type of assignment (e.g., essay, exam, speech, project, etc.):

**Survey**

**Interview**

**Other.** Please attach the activity/assessment in an appendix. If the activity cannot be shared, please briefly describe it:

In the event publicly sharing your assessment documents will compromise future assessments or uses of the assignment, do not attach the actual assignment/document. Instead, please give as much detail about the activity as possible in an appendix.

*2B. How will you score/measure/quantify student performance?*

**Rubric** (used when student performance is on a continuum - if available, attach as an appendix – if in development, attach to the completed report that is submitted in June)

- Checklist** (used when presence/absence rather than quality is being evaluated - if available, attach as an appendix – if in development, attach to the completed report that is submitted in June)
- Trend Analysis** (often used to understand the ways in which students are, and are not, meeting expectations; trend analysis can complement rubrics and checklist)
- Objective Scoring** (e.g., Scantron-scored examinations)
- Other** – briefly describe: Softskills performance evaluation form. The SAC created a "classroom behavioral assessment form" to provide guidance to students on softskills and support their growth throughout the program. At the end of each term the clinical coordinator uses the classroom behavioral assessment as a tool for student growth. The clinical coordinator and core instructor meet with students one on one to provide support. The "softskills performance evaluation form" used for this project was developed using portions of the classroom behavioral assessment form. We collaborated with our clinical partners to establish the use of the softskills performance evaluation form during clinical practicum (MA 270 = 192 clinic hours). The purpose of the softskills performance evaluation is to provide continuity between classroom assessment of softskills and professional assessment of the same softskills. The softskills performance evaluation form is completed by the clinical supervisor who is working directly with the student in clinic. Please see the attached forms.

*2C. Type of assessment (select one per column)*

- |                                                                                                        |                                                                                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> <b>Quantitative</b><br><input type="checkbox"/> <b>Qualitative</b> | <input checked="" type="checkbox"/> <b>Direct Assessment</b><br><input type="checkbox"/> <b>Indirect Assessment</b> |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

If you selected 'Indirect Assessment', please share your rationale:

Qualitative Measures: projects that analyze in-depth, non-numerical data via observer impression rather than via quantitative analysis. Generally, qualitative measures are used in exploratory, pilot projects rather than in true assessments of student attainment. Note that the **use of a numerical rubric is considered quantitative analysis**, even if the artifacts under consideration are not based on quantitative calculations (e.g. an essay scored by a rubric counts as quantitative in the context of assessment).

Indirect assessments (e.g., surveys, focus groups, etc.) do not use measures of direct student work output. These types of assessments are also not able to truly document student attainment.

*2D. Check any of the following that were used by your SAC to create or select the assessment/scoring criteria/instruments used in this project:*

- Committee or subcommittee of the SAC collaborated in its creation
- Standardized assessment
- Collaboration with external stakeholders (e.g., advisory board, transfer institution/program)

- Theoretical Model (e.g., Bloom's Taxonomy)
- Aligned the assessment with standards from a professional body (for example, The American Psychological Association Undergraduate Guidelines, etc.)
- Aligned the benchmark with the Associate's Degree level expectations of the Degree Qualifications Profile
- Aligned the benchmark to within-discipline post-requisite course(s)
- Aligned the benchmark to out-of-discipline post-requisite course(s)
- Other (briefly explain: )

2E. In which quarter will student artifacts (samples of student work) be collected? If student artifacts will be collected in more than one term, check all that apply.

- Fall**     **Winter**     **Spring**     **Other** (e.g., if work is collected between terms)

2F. What student group do you want to generalize the results of your assessment to? For example, if you are assessing performance in a course, the student group you want to generalize to is 'all students taking this course.'

All students taking this course (MA 270) will be used for this assessment project. These assessment forms are completed twice during the 192 clinical hours (2 weeks and 8 weeks). The purpose is to provide the students with the opportunity to demonstrate growth in areas employers value. Faculty provide guided feedback to students and coach them in areas that need improvement.

2G. There is no single, recommended assessment strategy. Each SAC is tasked with choosing appropriate methods for their purposes. Which best describes the purpose of this project?

- To measure established outcomes and/or drive programmatic change**
- To participate in the Multi-State Collaborative for Learning Outcomes Assessment**
- Preliminary/Exploratory investigation**

If you selected 'Preliminary/Exploratory' (most often a 'pilot study'), briefly describe why you opted to do a pilot study, along with your rationale for selecting your sampling method:

We hope to strengthen our assessment process for evaluating professional competence. Hopefully this project will provide us with information regarding student growth over an 8 week period in clinical practicum. Questions we are looking to answer include: during the first two weeks are students meeting the minimum expectation of the clinic? After eight weeks, are the students demonstrating growth in all areas assessed? Are we properly preparing the students to meet the softskills and professional standards of the ambulatory care setting? As a SAC do we need to revisit our coursework for preparing students?

*2H. Which will you measure?*

- the population** (all relevant students – e.g., all students enrolled in all currently-offered sections of the course)  
 **a sample** (a subset of students)

If you are using a sample, select all of the following that describe your sample/sampling strategy (refer to the Help Guide for assistance):

- Random Sample** (student work selected completely randomly from all relevant students)  
 **Systematic Sample** (student work selected through an arbitrary pattern, e.g., ‘start at student 7 on the roster and then select every 5<sup>th</sup> student following’; repeating this in all relevant course sections)  
 **Stratified Sample** (more complex, consult with an LAC coach if you need assistance)  
 **Cluster Sample** (students are selected randomly from meaningful, naturally-occurring groupings (e.g., SES, placement exam scores, etc.)  
 **Voluntary Response Sample** (students submit their work/responses through voluntary submission – e.g., via a survey)  
 **Opportunity/Convenience Sample** (only a few instructors are participating in a project taught via multiple sections, so, only those instructors’ students are included)

The last three options in bolded red have a high risk of introducing bias. If your SAC is using one or more of these sample/sampling strategies, please share your rationale:

*2I. Briefly describe the procedure you will use to select your sample (including a description of the procedures used to ensure student and instructor anonymity.)*

All individual students will be assessed utilizing the softskills performance evaluation forms. These forms will be collected from each clinic at 2 weeks and again at 8 weeks of clinical practicum. The individual scoring data will be entered into an excel spreadsheet and students will be given a number from 1 - 22. (ST 1 - ST 22).

*2J. Follow this link to determine how many artifacts (samples of student work) you should include in your assessment: <http://www.raosoft.com/samplesize.html> (see screen shot below).*

Start with the number of students you estimate will be enrolled in the course(s) from which you will draw the sample – that is your “population.” Enter the other numbers as indicated in the screenshot. The sample size calculator will tell you how many artifacts you need to collect. Enter that number below:

N/A

**Sample size calculator**

What margin of error can you accept?  
5% is a common choice

What confidence level do you need?  
Typical choices are 90%, 95%, or 99%

What is the population size?  
If you don't know, use 20000

What is the response distribution?  
Leave this as 50%

Your recommended sample size is

**10** %

**90** %

**105**

**50** %

**42**

The margin of error is the amount of error that you can tolerate. If 90% of respondents answer yes, while 10% answer no, you may be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. Lower margin of error requires a larger sample size. **Use 10% and 90% in these boxes.**

The confidence level is the amount of uncertainty you can tolerate. Suppose that you have 20 yes-no questions in your survey. With a confidence level of 95%, you would expect that for one of the questions (1 in 20), the percentage of people who answer yes would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you exhaustively interviewed everyone. Higher confidence level requires a larger sample size. **Enter the total number of students currently enrolled in all sections of the courses you are assessing here**

How many people are there to choose your random sample from? The sample size doesn't change for populations larger than 20,000.

For each question, what do you expect the results will be? If the sample is skewed highly one way or the other, the population probably is, too. If you don't know, use 50%, which gives the largest sample size. See below under **More information** if this is confusing. **Measure this many students.**

This is the minimum recommended size of your survey. If you create a sample of this many people and get responses from everyone, you're more likely to get a correct answer than you would from a large sample where only a small percentage of the sample responds to your survey.

### 3. Project Mechanics

3A. Does your project utilize a rubric for scoring?  Yes  No

If 'No', proceed to section B. If 'Yes', complete the following:

Which method of ensuring consistent scoring (inter-rater reliability) will your SAC use for this project?

**Agreement** – the percentage of raters giving each artifact the same/similar score in a norming session; ideally, that will be 75% agreement or greater.

If you are using agreement, describe your plan for plan for conducting the “norming” or “calibrating” session:

**Consensus** - all raters score all artifacts and reach agreement on each score

**Consistency\*** – raters’ scores are correlated: this captures relative standing of the performance ratings - but not precise agreement. Briefly describe your plan: The students are assessed and evaluated by the same clinic supervisor during their eight week clinic rotation. The benchmark score is a "3" which means students have met the clinics expectations. Students are aware of each area assessed and they are provided a copy of the form prior to the evaluation.

**Notes:** the agreement method is the most frequently used for assessment, but the **calculation of inter-rater reliability is also among the more challenging issues** within assessment as a whole. If your SAC is unfamiliar with norming procedures, contact your assessment coach, or if you don’t know who your coach is, contact LAC Vice Chair [Chris Brooks](#) to arrange for coaching help for your SAC’s norming session.

The consistency method is not generally recommended; see the help guide for details.

*3B. Have performance benchmarks been specified?*

The fundamental measure in educational assessment is the number of students who complete the work at the expected/required level. We are calling this SAC-determined performance expectation the ‘benchmark.’

- Yes**  
 **No**

If yes, briefly describe your performance benchmarks, being as specific as possible (if needed, attach as an appendix):

During the first softskills evaluation, we expect or anticipate all 22 students will meet the clinic expectations (benchmark score of 3). The softskills evaluation will be completed by the clinic supervisor during week 2 and week 8 of the students 192 required clinical practicum hours. We expect or anticipate all 22 students will meet the clinic expectations - a benchmark score of 3 during the first



evaluation. During the second evaluation we expect all 22 students demonstrate growth - score of 4. Please see attached appendix for the scoring of the students' performance and the areas assessed.

If no, what is the purpose of this assessment? (For example, this assessment will provide information that will lead to developing benchmarks in the future; or, this assessment will lead to areas for more detailed study; etc.)

3C. The purpose of this assessment is to have SAC-wide evaluation of student work, not to evaluate a particular instructor or student. Before evaluation, remove student-identifying information (and, when possible remove instructor-identifying information). **Please share your process for ensuring that all identifying information has been removed.**

The individual scoring data will be entered into an Excel spreadsheet and students are assigned a number from 1 - 22. (ST 1 - ST 22). Even though the assessment is given during MA 270 Clinical Practicum, and we only have one faculty designated for the clinical coordinator position at the college through MAERB, the assessment focuses on the overall professional performance of the student in clinic. This is a SAC wide collaboration to prepare the student and therefore, we feel it may be a good reflection of the entire SAC. The evaluation is provided by the clinic supervisor and not faculty. However, there will be no identifiable information regarding the name of the clinic evaluator.

3D. Will you be coding your data/artifacts in order to compare student sub-groups?  Yes  No

If yes, select one of the boxes below:

student's total earned hours  previous coursework completed  ethnicity  other

Briefly describe your coding plan and rationale (and if you selected 'other', identify the sub-groups you will be coding for):

3E. Ideally, student work is **evaluated** by both full-time and adjunct faculty, even if students being assessed are taught by only full-time and/or adjunct faculty. Further, more than one rater is needed to ensure inter-rater reliability. If you feel only one rater is feasible for your SAC, please explain why: *The "rater" is a clinic supervisor who will be evaluating the student on their professional competency in a clinical setting. We as faculty feel they are the experts and their evaluations of student performance also serve as clinic experience for employment. We are a CTE program focused on training students for the specific areas being assessed by the employer.*

Who will be assessing student work for this project? Check all that apply.

- PCC Adjunct Faculty within the program/discipline
- PCC FT Faculty within the program/discipline
- PCC Faculty outside the program/discipline
- Program Advisory Board Members
- Non-PCC Faculty
- External Supervisors
- Other:

***End of Planning Section – Complete the remainder of this report after your assessment project is complete.***

***Beginning of End-of-Year Reporting Section – complete the following sections after your assessment project is complete.***

4. *Changes to the Assessment Plan*

*Have there been changes to your project since you submitted the planning section of this report?*  **Yes**

**No**

If so, summarize those changes below:

5. *Narrative*

*Broadly, what did your SAC learn from the assessment of the focal outcome under consideration this year?*

*We focused on Professional Competence for our focal outcome this year and 19 of the 22 students enrolled in MA 270: Clinical Practicum were measured.*

## 6. Results of the Analysis of Assessment Project Data

### 6A. Quantitative Summary of Sample/Population

How many students were enrolled in all sections of the course(s) you assessed this year? 22

If you did not assess in a course, report the number of students that are in the group you intend to generalize your results to.

How many students did you actually assess in this project? 19

Did you use a recommended sample size (see the Sample Size Calculator linked to in section 2J)?  Yes

No

If you did not use a recommended sample size in your assessment, briefly explain why:

6B. Did your project utilize a rubric for scoring?  Yes  No

If 'No', proceed to section C. If 'Yes', complete the following:

How was inter-rater reliability assured? (Contact your LAC Coach if you would like help calculating this.)

**Agreement** – the percentage of raters giving each artifact the same/similar score in a norming session

**Consensus** - all raters score all artifacts and reach agreement on each score

**Consistency** – raters' scores are correlated: this captures relative standing of the performance ratings - but not precise agreement

**Inter-rater reliability was not assured.**

If you utilized agreement or consistency measures of inter-rater reliability, report the level here:

### 6C. Brief Summary of Your Results

1. *If you used frequencies of benchmark achievement, report those here. For example, “46 students attained or exceeded the benchmark level in written communication and 15 did not.” If necessary, provide detailed results in an appendix.*

The softskills evaluation form includes 14 areas of assessment. All 19 of the students assessed during the first two weeks of clinical practicum met the benchmark score of "3" in all areas assessed - except one student in one area, "quickly analyzes situations and takes definitive action to solve problems and move towards achieving goals or tasks". The student met the benchmark of "3" in the other 13 areas assessed. There were 4 students who did not receive a reassessment at week 8 and therefore we could not determine if growth was demonstrated. Of the 15 students who were reassessed at week 8 - all showed growth or strong skills in each of the 14 softskills areas of assessment. Please see attached copy of results.

2. *If you used percentages of the total to identify the degree of benchmark attainment in this project, report those here. For example, “75% of 61 students attained or exceeded the benchmark level.”*

6D. *Attach a more detailed description or analysis of your results (e.g., rubric scores, trend analyses, etc.) as an appendix to this document. Appendix attached?  Yes  No*

6E. *Do the results of this project suggest that academic changes might be beneficial to your students (changes in curriculum, content, materials, instruction, pedagogy etc.)?  Yes  No*

*If you answered ‘Yes,’ briefly describe the changes to improve student learning below. If you answered ‘No,’ detail why no changes are called for.*

Even though we are reviewing how to improve our assessment technique of professional competency - we feel the results demonstrated our SAC is preparing students to meet the clinic expectations and show individual student growth with softskills. We plan to continue our collaborative efforts with our clinical community partners to incorporate realistic student reviews of performance. At this time we feel no significant changes are needed.

*If you are planning changes, when will these changes be fully implemented?*

6F. Has all identifying information been removed from your documents? (Information includes student/instructor/supervisor names/identification numbers, names of external placement sites, etc.)  Yes  No

## 7. SAC Response to the Assessment Project Results

7A. Assessment Tools & Processes: Indicate how well each of the following worked for your assessment:

Tools (rubrics, test items, questionnaires, etc.):

very well  some small problems/limitations to fix  notable problems/limitations to fix  completely inadequate/failure

Please comment briefly on any changes to assessment tools that would lead to more meaningful results if this assessment were to be repeated (or adapted to another outcome).

We did not receive the second performance evaluation (8 week) on 4 of our students. This made it difficult to measure whether or not students were meeting the professional competency outcome and whether or not those students demonstrate growth. We may need to look at electronic means of submitting the evaluations - which may make it easier on our clinical partners.

Processes (faculty involvement, sampling, norming, inter-rater reliability, etc.):

very well  some small problems/limitations to fix  notable problems/limitations to fix  tools completely inadequate/failure

Please comment briefly on any changes to assessment process that would lead to more meaningful results if this assessment were to be repeated (or adapted to another outcome):

We did not receive the second performance evaluation (8 week) on 4 of our students. This made it difficult to measure whether or not students were meeting the professional competency outcome and whether or not those students demonstrate growth. We may need to look at electronic means of submitting the evaluations - which may make it easier on our clinical partners.

## 8. Follow-Up Plan

8A. How will the changes detailed in this report be shared with all FT/PT faculty in your SAC? *(select all that apply)*

- |                                              |                                                          |                                   |
|----------------------------------------------|----------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> email               | <input type="checkbox"/> phone call                      | <input type="checkbox"/> workshop |
| <input type="checkbox"/> campus mail         | <input checked="" type="checkbox"/> face-to-face meeting | <input type="checkbox"/> other    |
| <input type="checkbox"/> no changes to share |                                                          |                                   |

If 'other,' please describe briefly below.

8B. Is further collaboration/training required to properly implement the identified changes?  Yes  No

If 'Yes,' briefly detail your plan/schedule below.

8C. Re-assessment is a critical part of the overall assessment process. This is especially important if academic changes have been implemented. How will you assess the effectiveness of the changes you plan to make?

- |                                                                         |                                                       |
|-------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> follow-up project in next year's annual report | <input type="checkbox"/> on-going informal assessment |
| <input checked="" type="checkbox"/> in a future assessment project      | <input type="checkbox"/> other                        |

If 'other,' please describe briefly below.

8D. SACs are learning how to create and manage meaningful assessments in their courses. This development may require SAC discussion to support the assessment process (e.g., awareness, buy-in, communication, etc.). Please briefly describe any successful developments within your SAC that support the quality assessment of student learning. If challenges remain, these can also be shared.

The SAC consists of one full-time faculty who has been with PCC for eight years, one full-time faculty who has been teaching for one year with PCC and one part-time faculty who has been with PCC for six months. Needless to say the SAC is always learning something new and more often learning together. We have learned to make things simple - don't try and tackle big assessment

projectics if you do not have the time to ensure it is properly designed. We have learned to keep things simple and the difference between a focal outcome assessment and a programatic assessment. Teaching in a CTE program - the language used by the learning assessment council is often unfamiliar. We have seen the value and benefit of participating in trainings and how important assessing outcomes are to overall student success.