

*Subject Area Committee Name:* Medical Assisting (MA)

*Focal Outcome Being Assessed:* Professional Competence

*Contact Person:*

<i>Name</i>	<i>e-mail</i>
Stephen Date	stephen.date@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 [Nora Stevens](#) 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\_2018 (Example: NRS\_ARF\_2018)
- 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 27<sup>th</sup>, 2017**
- **Completed LAC Assessment or Reassessment Reports: June 16<sup>th</sup>, 2018**

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?

Possessing the credential of Certified Medical Assistant (CMA) through the American Association of Medical Assisting (AAMA), obtained by passing the CMA(AAMA) National Certification Exam.

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

- Degree/Certificate Outcome – if yes, include here: Professional Competence
- PCC Core Outcome – if yes, which one: Professional Competence- Integrates the principles of mathematics and scientific knowledge with administrative and clinical medical assisting practice.
- Course Outcome – if yes, which one: Identify and apply different study tools to be better prepared to take the national certification exam..
- 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):

Type of assessment (e.g., essay, exam, speech, project, etc.):

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.):

**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.

The CMA(AAMA) National Certification Exam is proctored at a independent testing facility. While questions directly from the exam are not publically available, the AAMA website does offer sample questions. A few are as follows:

1. Which of the following is the most appropriate reference source for locating a code for chronic bronchitis for the purpose of scheduling a chest x-ray?

- A. Current Procedural Terminology (CPT)
- B. International Classification of Diseases, Clinical Modification (ICD-CM)
- C. Diagnosis Related Groups (DRGs)
- D. Health Care Financing Common Procedure Coding System (HCPCS)
- E. Relative Value Scale (RVS)

2. Which of the following is the vein that returns the blood to the heart from parts of the body below the diaphragm?

- A. Inferior vena cava
- B. Brachiocephalic vein
- C. Superior vena cava
- D. Axillary vein
- E. Subclavian vein

It is relevant to note that these sample questions, while provided by the AAMA to study for this exam, are not questions which measure the intended focal outcome of this study, as they do not cover administrative subject matter.

Students who graduate from PCC's CAAHEP-accredited Medical Assisting Program are eligible to sit for the AAMA National Certification Exam. Upon completion of the exam, student results are reported to the AAMA, and made available to the Medical Assisting Program Director. Results reported include the student's name, graduation date, exam date, pass/fail status, overall score, and a percentage of ranking in each subject matter category: administrative, clinical, and general. Results in each subject matter category are reported in percentiles of ranking against others taking the same test. For example, if a result is in a particular subject is 71, this student would have scored 71 percent higher than other students in this same category. A minimum pass score for the overall exam is given, but a minimum percentile pass score for each subject category is not disclosed.

DIRECT DATA: Student results from the most recently graduated cohort (Fall 2016) were reviewed, and findings from these results have lead to this study. Relevant results are as follows:

1. Of 23 students who completed the exam, 19 passed, for a cohort pass rate of 82%. Pass rates for previous cohorts in reverse chronological order were 95%, 100%, and 100%.
2. Of 23 students who completed the exam, 7 were ranked under the 30<sup>th</sup> percentile in administrative knowledge. While these percentiles do not reflect pass/fail standards, it is notable that of students who failed the exam, their average percentile scores across all three categories was below 30. Using this percentile mark as a measuring stick to performance, patterns in success and failure can be identified in each category. When examined further, more students ranked lower in administrative knowledge in varying percentile ranges than in other subjects.
3. Of the 4 students who failed the exam, administrative knowledge percentile outliers were 41 and 2.

ADDITIONAL DATA: Fall 2016 cohort students were provided a survey to rate their confidence level in each subject matter category. Many students participating in the survey reported administrative concepts as a potential weakness or area of improvement.

Demonstration of administrative knowledge is required for professional competence as a Medical Assistant. PCC's MA Program has identified this area as an opportunity for improvement, and is the focus of this study.

Assessment of demonstrated knowledge in administrative subject matter on the AAMA exam will be conducted on PCC's Spring 2017 Cohort's test results.

Both Fall 2016 and Spring 2017 Cohorts will/have completed MA 132: Seminar III, which is a study preparation class for the AAMA National Certification Exam. The following changes have been made:

1. Course content (studying material, concept review, practice exams) have been organized to have administrative concepts being reviewed and covered near the end of the term, closer to when students take the AAMA exam.
2. Additional administrative study materials and resources are provided to the students, including quizzes and exams from MA117 Medical Office Administrative Procedures course taken during 1<sup>st</sup> term.
3. Students have option to use PrepU software, an online adaptive-learning practice exam tool provided by a course textbook. MA132's course instructor uses this software to create and administer additional practice tests on all relevant subjects (including administrative concepts) which students may voluntarily use.

The purpose of these resource additions and MA132 curriculum changes is to give PCC's Medical Assisting students assistance with greater focus to improve test scores on administrative subject matter, improving the likelihood of passing the AAMA national exam.

**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: AAMA Exam test results are reported to PCC's MA Program Director Virginia Chambers. Results from the exam are broken down into three subject matter categories: Administrative, Clinical & General concepts. Results in each subject matter category are reported in a percentile ranking system. For this study, we are focusing on percentile ranks of administrative subject matter, in congruency with overall AAMA exam pass/fail rates.

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

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

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:

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.)*

Overall exam performance, with focus on administrative knowledge demonstrated, will be assessed in entire student population. All students are required to take the CMA(AAMA) National Certification Exam, with each individual choosing their exam date during the final weeks of the program, or post-graduation. At this time, 21 students are anticipated to graduate in Dec 2017, and sit for the exam between Nov 2017-March 2018. Exam results for PCC's MA students/graduates are reported to the program director Virginia Chambers. Results for each individual is reported in a spreadsheet, which has all student identifiers removed.

*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:*



**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.**

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 matter 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:

**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):

Benchmark: All students in Spring 2017 cohort perform at 30<sup>th</sup> percentile rank or better in administrative subject matter category on the AAMA National Certification Exam.

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.**

Test scores from the AAMA website are downloaded into a Microsoft Excel document. Full names of students are provided, but will be removed entirely from documents used in this study.

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:

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

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?

*Focal Outcome was to increase amount of graduates achieving Professional Competence by way of increasing pass rates for CMA(AAMA) National Certification exam through providing greater assistance and focus on administrative subject matter during MA132 Study Prep Course. After reviewing data from the past two MA cohorts' AAMA exam test scores, we learned that the methods we used to increase focus on administrative subject matter increased scores in this area, but corresponded with lower scores in clinical and general subject matter, as well as an overall lower average exam score and lower AAMA exam pass rate percentage. See further sections and appendix for further analysis.*

## 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? 45

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? 45

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:

All students take the same national certification exam, so all students can be assessed.

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.*

Fall 2016 Cohort graduates data: 19 of 23 students passed the AAMA exam; 4 did not. Of these 23 students, 7 students did not achieve above 30<sup>th</sup> percentile in administrative subject matter performance. For the next cohort, the benchmark level was to have all students taking the exam achieve above 30<sup>th</sup> percentile in administrative subject matter. Spring 2017 graduates data: 17 of 22 students passed the AAMA exam; 5 did not. Of these 22 students, 4 students did not achieve above 30<sup>th</sup> percentile in administrative subject matter.

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.”*

Fall 2016 Cohort graduates: 69% of the 23 students achieved above 30<sup>th</sup> percentile in administrative subject matter.  
 Spring 2017 Cohort graduates: 81% of the 22 students achieved above 30<sup>th</sup> percentile in administrative subject matter.

While we saw a 12% increase in achieving benchmark, we also saw declines in average scores for the other two subject matters, clinical and general categories, as well as overall AAMA performance scores and pass rates.

Please see attached appendix for further analysis of data.

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.*

Changes are needed to improve overall AAMA performance, and it is not necessarily as simple as increasing focus on one subject matter category. Since this study has been concluded, our program has since made it requirement for students to purchase Lippincott's PrepU software (previously discussed) to utilize during MA132 Seminar III AAMA Study Prep Course. Students are required to take PrepU Medical Assisting certification exam practice quizzes as graded assignments. Originally, this was the intention of the use of PrepU- but an ordering

error prevented our program from requiring PrepU, so this became an option for use, instead of a requirement. Students are required to focus equally on material inside three subject matters, as well as demonstrate the ability to achieve 3<sup>rd</sup> level mastery of content in each category. We strongly feel PrepU is a very effective studying tool, and have received very positive feedback from students currently using the software in that it helps them study better, along with prepare more efficiently for taking the AAMA exam. We are seeing positive results in pass rates thus far in our Fall 2017 Cohort, and hope the upward trend continues.

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

Current Fall 2017 Cohort (graduating 6/13/2018) has been required to use PrepU software and complete assignments. Three students have taken the AAMA exam so far, and all have passed. The remaining 21 students will take their AAMA exam over the next several months, when we will revisit overall performance and pass rates and determine if mandatory PrepU assignments are aiding in student's ability to pass and achieve Professional Competence.

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).*

No changes to AAMA-provided exam score reports.

*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):

None.

### 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.

Details from this LAC report will be discussed at our Medical Assisting program Advisory Board meeting, which includes community healthcare partners, previous and current program students, and program faculty members.

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 checked="" type="checkbox"/> on-going informal assessment |
| <input 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.*

Learning Assessment objectives and goals are discussed amongst MA faculty and lab assistants at each of our program's SAC meetings (twice yearly), along with our program Advisory Board committee members each quarter (which consists of our community partners, PCC faculty and support staff, current and former students, and a member of the public). We strive to share information regarding intended Learning Assessment objectives, updates throughout the year, and reports on how Learning Assessments concluded and what was learned. The interactive and encouraged involvement during these frequent meetings aids our program in having meaningful conversations on how specifically we can design Learning Assessments to help support our students achieve Professional Competence. This has lead us to be very successful, and will continue to serve us as we move forward and are already giivng idea to potentially fantastic Learning Assessments and successes in the future.