

CTE Annual Assessment Report Template

The purpose of CTE program-level assessment at PCC is to look at student achievement of degree and certificate-level outcomes and to help faculty focus on how to improve student learning based on assessment.

Please choose **one** of the degree and/or certificate outcomes that was part of this year's Summary Data Report, and provide a more in-depth explanation of your assessment process, results and how this might be used to enhance teaching and learning.

This form to be used for both assessments (first time the outcome is assessed) and for re-assessments (a follow-up for the initial assessment of the same outcome).

On completing the form, please e-mail it to learningassessment@pcc.edu.

SAC Assessment Contact(s):

<i>Name</i>	<i>e-mail</i>
Stephen Date	Stephen.date@pcc.edu
Virginia Chambers	Virginia.chambers@pcc.edu

1. Which SAC do you represent?

MA- Medical Assisting

2. Which outcome is reported here? (Please provide the text of the outcome, and the degrees/certificates to which it applies).

Professional Competence- Integrates principles of mathematics & scientific knowledge with administrative and clinical medical assisting practices.

3. Please share **how** this outcome was assessed to help us understand your process for assessment. Please attach a rubric, sample score sheet, or other assessment tool.

One method our program uses to measure our graduates' professional competence is to track pass rates for the AAMA (American Association of Medical Assistants) national exam, which all graduates are required to upon completion of the program. Data on individuals' exam scores are made available to our program, including scores in general, administrative and clinical categories, as well as overall test score, and result: pass or fail. This data is also tracked by the AAMA, and compared to other CAAHEP- and ABHES-accredited programs whose students sit for the exam. While not primarily used in this year's assessment, it is notable to report our program's students continue to achieve above average scores nationally, with an average score of 599 vs. 475 nationally* (data from 2018 only, highest possible score is left unknown by the AAMA organization).

Our focus for improving AAMA pass rates for our program's students, and therefore improving professional competence as a medical assistant, will be more targeted on addressing potential deficiencies in our more recent model of the way our exam preparation course, MA132 Seminar III, supports our students in studying for the exam.

After meticulous review of pass rates and individual exam scores from 2017's cohorts- Spring 2017 (abbreviated to as S17) & Fall 2017 (F17), data was presented to our SAC, which discussed and agreed that-

1. Our exam scores, while high, had dipped- most notably in administrative scores, and,
2. Our students were reporting that the use of the text Lipponcott Williams & Wilkin's Medical Assisting Exam Review 2017, was not as helpful a tool to study from, and experiences in taking the exam and reviewing the text afterwards were reported similarly.

Our SAC made a significant change to our MA132 curriculum for the Spring 2018 (S18) cohort, who, during Fall 2018, completed the new MA132 curriculum by completing mandatory assignments using web-based interactive software PrepU, which uses intuitive and fully-customizable quiz-development programming linked to our program's textbook LWW's Comprehensive Medical Assisting, 5e. This allowed faculty to custom-built assignments targeting specific areas of administrative, clinical and general subject matter, only using questions derived from CAAHEP-based objectives. Students were required to purchase PrepU software, and these assignments were built into the courses' curriculum, which benchmarks set directly tied to points needed for letter-grade academic grading system. Students were provided computers during 110-minute class in a lab environment, as well as could openly access and complete assignments outside of class. Spring 2018 and Fall 2018 (F18) cohorts have completed MA132 with PrepU assignments, and while data for Fall 2018's cohort AAMA pass rates continues to come in, there is enough data to review benchmarks and determine if our change in curriculum has positively impacted our student's pass rates and professional competences.

4. Please include information about your benchmark (the score that indicates successful attainment of the outcome), and how it was determined.

At April 2018's SAC meeting, AAMA exam scores from S17, as well as the experiences of F17's MA132 curriculum in preparation to take their exam, were reviewed. Pass rates, as previously mentioned, had dipped from previous years. These scores have been reviewed for multiple years, which were addressed in a similar but different curriculum change for 2017-18's CTE Annual Assessment Report. Benchmarks from previous changes are dissimilar both in nature and in height of achievement. There are outlined as followed, but can be viewed in data for in appendices outlined below in data collection assessment.

S17 & F17:

Total students who took AAMA exam at time of data collection: 46 students

Students who passed: 40

Students who failed: 6

Pass rate: 86.95%

Averages of General , Administrative, Clinical and Overall Scores:

Average General %-vs. Score: 65.18

Average Administrative %-vs. Score: 72.11

Average Clinical %-vs. Score: 63.25

Average Overall Exam Score: 568.15

It is important to note at this time two factors to better understand our methodology:

1. The highest scores attainable in each category, as well as overall exam score, is not disclosed.
2. Category %-vs. values reported are not points out of a maximum amount of points, but rather a percentage of performance against the average performance of all other candidates taking the exam. Said a different way, our program's average general score of 65.18 means that our student's during this time period performed better in general category subject matter than 65.18% of all other exam-takers.

In reviewing our program's previous exam pass rates, as well average overall scores when compared to national averages, our scores are lower than they have been previously. While still reaching accreditation benchmarks, it was clear new benchmarks and a plan to achieve these improved outcomes was required. Enter PrepU. This was our attempted solution, and

the data will show our findings. In determining benchmarks for improved overall scores, we developed benchmarks for modest-but-attainable improvements in categories across the board.

Average **General** Score: 65.18 → New benchmark for S18 & F18 cohorts → 70.18.

Average **Admin.** Score: 72.11 → New benchmark for S18 & F18 cohorts → 77.11.

Average **Clinical** Score: 63.25 → New benchmark for S18 & F18 cohorts → 68.25.

Average **Overall** Score: 568.18 → New benchmark for S18 & F18 cohorts → 583.18.

With Prepu instituted into our curriculum, our SAC felt 5 point bumps in each category, as well as an overall 15-point bump in overall exam performance, was very reasonable.

5. Please provide data collected in the assessment of this outcome (including score distribution and percent of students meeting benchmark). Summarize your findings in the box below. Attach supplemental information or appendices. For this report, **please do not include student identifying information**, but you can assign an arbitrary identifier, especially if you wish to reference individual scores in your discussion.

Please see attached appendices i-iii, which are:

i: De-identified AAMA-reported exam results from 06/17/17-09-01-18, a timeline most accurately capturing exam scores from S17 & F17 cohorts (student rosters used to accurate cohort lists, reported in appendix iii.)

ii: De-identified AAMA-reported exam results from 09/01/18-06/14/19, see above description re: timeline, report in appendix iii.

iii: De-identified Report of S17 & F17 exam scores, with administrative, clinical, general, overall, and pass/fail breakdowns, side-by-side with S18 & F18 exam score breakdowns.

iv: Summary data report of AAMA exam data findings from 2017 & 2018 cohorts compared.

Note: I apologize for hand-written appendices iii & iv. Many technological and environmental circumstances lead to my inability to put this into an excel document before this LAC report was due. This data will be moved to an electronic report in the near future for easier tracking, but is accurate and reportable for this purpose.

BEFORE PREPU CHANGE: S17 & F17:

Total students who took AAMA exam at time of data collection: 46 students

Students who passed: 40

Students who failed: 6

Pass rate: 86.95%

Averages of General, Administrative, Clinical and Overall Scores:

Average General %-vs. Score: 65.18
Average Administrative %-vs. Score: 72.11
Average Clinical %-vs. Score: 63.25
Average Overall Exam Score: 568.15

AFTER PREPU CHANGE: S18 & F18:

Total students who took the AAMA exam at time of data collection: 28 students
Students who passed: 26
Students who failed: 2
Pass rate: 92%

Averages of General , Administrative, Clinical and Overall Scores:

Average General %-vs. Score: 78.14 (Average student enjoyed increase of **12.96!**)
Average Administrative %-vs. Score: 76.92 (Average student enjoyed increase of **4.81!**)
Average Clinical %-vs. Score: 82.42 (Average student enjoyed increase of **19.17!**)
Average Overall Exam Score: 644.21 (Average student enjoyed increase of **76.06!**)

At a summarized glance, we achieved 3 of our 4 benchmarks, and overall student outcomes appear to have improved. However, as with all data, there are factors which must be incorporated in a comprehensive assessment and before any changes are considered.

This data, while gains appearing impressive, is misleading. While all of S18's cohort exam scores have been accounted for, and are improved, only 9 of 32 graduates of F18's cohort have completed the exam thus far, in time for data to be incorporated into these numbers. Many students who take the exam early, either within the 30-day pre-graduation date, around graduation or just post-graduation, are typically more confident in their ability to perform well on the test, for a multitude of reasons. As seen in previous cohorts, students who fail the AAMA exam are students who have waited until after graduating, and in some cases, even longer. This realization during review calls for a data dig:

STUDENTS WHO FAILED EXAM:

S17 & F17:

Student 1: Graduated 06/17, took AAMA 07/17
Student 2: Graduated 06/17, took AAMA 08/17
Student 3: Graduated 06/17, took AAMA 09/17
Student 4: Graduated 12/17, took AAMA 01/18

S18 & F18:

Student 1: Graduated 12/18, took AAMA 12/18
Student 2: Graduated 12/18, took AAMA 02/19

Overall, significant gains were made in %-vs. scores, as well as a very positive jump in overall exam scores. While the gains are present, the data is incomplete, and will need a new review once F18 cohort's graduates have all completed their exam. That said, while teaching these classes with PrepU, it is notable that student's report an overall more positive and helpful when studying for the national exam. All signs point to moving towards an e-based study prep tool with on-the-go quiz capability seems to be the best direction to take to improve professional competence outcomes, so the data suggests.

6. Please discuss your overall findings regarding student learning. (What did you learn from this assessment? Were there any surprises? Do the data make sense? How do the data relate to student learning?)

While taking MA132 with PrepU assignments, students benefit from this program- or, at least a comprehensive, intuitive, flexible, portable, e-based system that can quiz them on categories specifically designed to help them succeed in passing the exam.

The data, while incomplete, supports this our goal of reaching notable improvements in AAMA scores, exam pass rates and professional competence.

7. Please reflect on the entire project and share how your CTE SAC will use the results to improve student mastery of this outcome. Are there changes that need to be made to improve teaching and/or learning?

This information, once more complete with updated data, will be shared at our October CTE SAC Meeting. While the ongoing use of an e-based exam prep system will most certainly be a target for future curriculum, PrepU specifically will not be incorporated into Fall 2019's MA132 course due to discontinuation of LWW's Comp MA Textbook. A search is already underway for a replacement text, and incorporating an e-based practice exam system is part of that search.

8. What changes do you plan to make to your assessment of this outcome in the future?

AAMA exam pass rates will be on ongoing program- whether or not a focus of our CTE Annual Assessment Report. Our national numbers, while impressive and above-average, can be better. As this is tied to professional competence and our graduate's sense of success and accomplishment, we will continue to be diligent in reviewing exam scores, and addressing deficiencies where they are and press for continuous improvement.

Has the outcome been assessed before? (If not, skip this question).

9. Were any modifications to instruction implemented between the prior assessment and this one? How did the assessment methods and results compare with the prior assessment?

No, no modifications were needed.

To help us understand your SAC's overall processes, please complete these additional questions.

1. Was the SAC able to include Part-Time (PT) and Full-Time (FT) faculty for this assessment? If PT faculty did not participate, please explain any barriers that might account for this fact.

At April 2018 SAC meeting, AAMA exam pass rates were reviewed, and input from FT, PT faculty were taken in regards to moving PrepU to a mandatory, required purchase for students. Agreement was reached and implemented for S18 cohort, first utilized in MA132's Fall 2018 course.

2. How do you plan to share this information with all members of your SAC?

October 2019 MA CTE-SAC Meeting will cover this assessment in a review which includes more data, leading to a more accurate assessment of Pre-PrepU vs. Post-PrepU curriculum changes.

3. Are there any areas that you might want help with from your CTE coach? Please let us N
4. Is there anything else you would like to share with us? Please let us know.

Not at this time, thank you!

Thank you for completing this report!

We hope this has been a useful project to help your CTE SAC assist your students!