

Medical Assisting CTE Annual Assessment/Reassessment Report 2021-22

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** or more of the degree and/or certificate outcomes that were 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 is to be used for both first-round assessments (first time the outcome is assessed) and for re-assessments (a follow-up for the initial assessment of the same outcome). Note that questions marked with an asterisk* indicate that the accompanying [help document](#) includes information relevant to that question.

Submission checklist

Due by June 24, 2022:

- Full report
- Numerical results (disaggregated data or raw data) and data analysis as an appendix.

On completing the full report, please email it and attachments to learningassessment@pcc.edu.

SAC Assessment Contact(s):

<i>Name</i>	<i>e-mail</i>
Stephen Date	stephen.date@pcc.edu

1. Which SAC do you represent?

Medical Assisting

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

Professional Competence, Practice medical assisting within the standards and guidelines of medical assisting program accreditation and medical assistant certification standards. ACERT1-MA: Medical Assisting One-Year Certificate.

3. Please share **how** the outcome(s) were 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.

The AAMA does not provide a rubric or sample score sheet for their national certifying exam. The AAMA exam is 200 multiple-choice questions based on medical assisting knowledge under general, administrative and clinical subject categories. Each question is internally assessed without clear numerical value to the public. Minimum passing score is 415. Maximum score is 800.

Our program tracks each cohort's performance as a population, averaging exam scores and category scores, to track performance in each area and act on any deficiencies found.

4. Please include information about your benchmarks (the scores that indicate successful attainment of the outcome), and how they were determined.*

While our AAMA pass rates have historically been very good (cohort passing average between 84%-91% between 2017-2019), our program and students were significantly impacted in innumerable ways due to COVID-19. This has been previously shared in our assessment in 2020, where our exam pass rates dipped to 68%.

During 2021, our Annual Learning Assessment Focal Outcome Report was not turned in. There was some communication between SAC co-chairs, and our long-time Program Director Virginia Chambers' left PCC for a new role at Clackamas Community College. With communication with our division dean Jason Johnson, we moved forward without submitting a 2021 Report.

Over the past year, since that point, our focus has been much more data-driven. We have organized our data to a much more detailed degree, which has been supplied here as an appendix. We have strong focus not only on pass rates, averaging scores in each subject category, but are now noticing and tracking differences in all scores between graduates who take the exam within 1 month of completing the MA program, comparing against graduates who take the exam AFTER 1 month of their graduation date.

No solid score benchmarks were established, intentionally. While we each had anecdotal evidence that those students who took the exam earlier generally had more success (academic performance,

voiced confidence, less known barriers to the individual), we did not want to go into tracking this performance with predetermined benchmarks, other than “Pass/fail”.

For the Cascade Fall 2020 cohort, due to pandemic-related constraints and barriers on our students, we implemented a much more concerted approach to encouraging students to take the exam “as soon as possible, up to within one month of graduating.” All faculty recommended this to students at a similar time, right before applying. Students were shown data of differences between students who had taken the exam during the recommended time, versus waiting, based on previous cohort data who were not as strongly encouraged. Recommended application date submissions were set. Students were reminded continually. With more focus on exam dates taken, we hoped to have more students taking the exam earlier, thus theoretically improving exam pass rates and scores.

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 and instructor identifying information**, but you can assign an arbitrary identifier, especially if you wish to reference individual scores in your discussion.

Please see appendix

[MA_AAMA Exam Student Data](#)

To find the most recent data, you’ll need to scroll along tabs to our most recent cohorts. This discussion surrounds differences from previous cohorts starting Fall 2018 (tab CA F18-S19) thru our most recent graduates from Cascade Fall 2021- Spring 2022 (tab CA F21-S22).

The last tab, “Running Total”, summarizes these differences well.

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COHORT					<1 month between graduation and taking AAMA exam		>1 month between graduation and taking AAMA exam	
Cohort (campus, start term/yr-end term/yr)	Total	AAMA Exam: PASS	AAMA Exam: FAIL	Cohort Pass	Students took exam <1 month since graduation		Students took exam >1 month since graduation	
Cohort	Grad Nos.	PASS	Exam: FAIL	Cohort Pass	Average	Pass rate %	Average	Pass rate %
WCC S17-F17	22	18	4	81%	537	86%	473	71%
CA F17-S18	23	21	2	91%	618	95%	560	66%
WCC S18-F18	21	19	2	90%	642	95%	358	0%
CA F18-S19	34	29	5	85%	638	100%	491	66%
WCC S19-F19	25	21	4	84%	544	86%	500	66%
CA F19-S20	41	28	13	68%	557	82%	420	50%
WCC S20-F20*	0							
CA F20-S21	20	17	3	85%	673	100%	560	77%
WCC S21-F21	11	9	2	81%	496	80%	694**	100%**
CA F21-S22***	7	7	0	100%	645	100%	-	-
Running Average	204	169	35	82%				
*Cohort canceled due to COVID-19 pandemic								
**This is one student								
*** This is a running total. There are still 12 students to take the exam.								

The cohort totals are on the left, under blue-colored columns.

The average scores and pass rates of cohorts' graduates who took the exam within 1 month of graduating are under the green-colored columns.

The average scores and pass rates of cohort's graduates who took the exam AFTER 1 month of graduating are under the lavender-colored columns.

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

In summary, our critical data backed up our anecdotal evidence. Taking the exam earlier vastly improved student scores overall, increasing pass rates and average exam scores. This makes sense, but it is crucial to have evidence to back-up these recommendations to students, to take the exam as soon as possible, and not to wait for more time to study or get a job first. Students are most prepared to take the exam at the time of graduation, when the knowledge is most fresh in their heads and they have the most designated time to study.

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

This data will continue to be tracked, and given to our SAC upon our bi-annual meetings. We must train our students to be prepared to take the exam at the time of graduation, as well as have a unified voice between faculty and staff to encourage students to take the exam in a timely manner.

We will discuss building into our current teaching modalities tangible structures with the goal to encourage students to apply to take their exam by certain dates, as well as investigate ways our program's protected funds can aid in student cost for taking the exam.

8. What changes do you plan to make to your teaching and/or your assessment of this outcome in the future?*

We will continue to track this data, and as above, build into the curriculum support for timely exam-taking.

Now that we have a lot of new data at our disposal thru our program review data thru Institutional Effectiveness initiative, I'd like to take our data to the next level! This opens up many doors for assessments, which we're excited to dive into.

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 SAC use the information from the initial assessment to inform the reassessment of the outcome (i.e. "closing the loop.")? How did the assessment methods and results compare with the prior assessment?

Negative. This has never been this thoroughly tracked before. Now that we are more formerly tracking data, and with the Program Review Data giving us more detailed information than ever, this will continue to grow to focus on how we can support different populations of students.

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

1a. 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.

Our SAC is very small. We have two full-time faculty members, and at the time of this writing, we had one PT faculty (for 3 months) transitioning into FT faculty. We have recently had a SAC meeting (in April 2022) where this data was incomplete, but shared with intentions on future data sharing and assessing.

1b. How do you plan to share this information with all members of your SAC?

Each SAC meeting, our program review data will be shared, and reviewed for deficiencies in any performance areas in different populations of students.

At the most recent Advisory Board meeting, which includes all MA SAC members, this data is often reviewed. This information has led to more discussions on marginalized students and their barriers in performance, and already leading to ideas for future assessments.

We have long had anecdotal evidence that students where English is a second-language have a more difficult time performing on the AAMA exam. With our Program Review data, we can compare student demographics with performance numbers, and compare these with AAMA category and point total performance to try to identify patterns. The intention would be to look forward to seeing how we can best support the student populations most at-risk of failing the exam proactively while they are still in the program, before taking the exam. We will enter this with no expectations, but will let data direct our evidence-based actions.

2. Are there any areas that you might want help with from your CTE coach? Please let us know.

We always welcome coaching from our CTE coach. Any suggestions or feedback is absolutely encouraged and appreciated. Thank you so much for providing the opportunity to assess our performance to continue to improve.

2b. Identify any barriers to participation in learning assessment within the SAC. Describe any external factors that got in the way of learning assessment this year -- for example, funding, time constraints, cancelled courses, faculty workload, etc.

None, other than continued faculty workload. Our workload is fair and just, but providing exceptional student support takes time, so providing time and energy to this learning assessment took additional effort. But, that's the job, and it's great! And, necessary.

3. Is there anything else you would like to share with us? Please let us know.

Thank you for the continued support. It does not go unnoticed.

Thank you for completing this report!

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