KAPIʻOLANI COMMUNITY COLLEGE

**COMPREHENSIVE INSTRUCTIONAL
PROGRAM REVIEW**
2013-2016

Medical Assisting Program - Associate in Science Degree

Kapi'olani Community College

**Mission Statement
2015-2021**

Mission Statement: Kapiʻolani Community College provides students from Hawaiʻi's diverse communities open access to higher education opportunities in pursuit of academic, career, and lifelong learning goals. The College, guided by shared vision and values, and commitment to engagement, learning, and achievement, offers high quality certificate, associate degree, and transfer programs that prepare students for productive futures.

Part I. Executive Summary of CPR and Response to previous ARPD recommendations
The Medical Assisting Program has remained "healthy" over the last three ARPDs. In addition, the program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The Medical Assisting Education Review Board (MAERB) is a Committee on Accreditation (CoA) of the CAAHEP. MAERB makes accreditation recommendations for the status of accreditation of medical assisting programs. On March 16, 2012, the Commission awarded the program continuing accreditation for 10 years. Prior to the 2012 approval, the program was reviewed in 2009 and can be viewed at:

http://ofie.kapiolani.hawaii.edu/wp-content/uploads/2013/01/cpr2013MedicalAssisting.pdf

Part II. Program Description

Description and History

The Medical Assisting Program is one of seven programs in the Health Sciences Department. The program includes two full-time positions, with one designated as program director, and lecturers as needed. The program is competency-based and offers both a Certificate of Achievement and an Associate in Science degree.

Medical assistants are multi-skilled health professionals specifically educated to work in ambulatory settings performing administrative and clinical duties. The practice of medical assisting directly influences the public's health and well-being, and requires mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession.

The Medical Assisting Program was established in 1969 at the Pensacola campus, moved to quarters at Lēʻahi Hospital in 1980, and since 1984 has been housed at the Diamond Head campus in Kauila Building along with all of the other Health Science programs.
The program was accredited with qualifications in 1975; deficiencies were corrected and full accreditation granted in 1976. The self-study for reaccreditation was submitted in 1987; the site visit took place in 1988, and reaccreditation granted in 1989 for the maximum term of seven years.

In the fall of 1985 the program was modified to form a career ladder with two Certificate of Achievement options in addition to the Associate in Science degree. The Certificate programs were not eligible for accreditation, concentrating either on administrative or on clinical medical assisting. In response to a request from Maui Community College, the CA in clinical medical assisting was extended to Maui in 1991; five students completed the program. In 1992, the program was completely redesigned with a Certificate of Achievement option encompassing both administrative and clinical medical assisting, career laddered with the Associate in Science degree program. This new program received accreditation and the degree program reaccreditation with the site visit in spring 1994 for the maximum term of seven years.
The self-study for reaccreditation was submitted in spring 2001; the site visit was in fall 2001.

Reaccreditation was granted for both the Certificate in Achievement and Associate in Science degree programs with a progress report submitted in April 2003. The next self-study for reaccreditation was submitted in spring 2011; the site visit was in fall 2011. Reaccreditation was granted for both the Certificate of Achievement and Associate in Science degree programs with a progress report submitted in April 2013. Reaccreditation was granted for the new maximum term of 10 years. Due to purely administrative reasons by the Medical Assisting Education Review Board, the next comprehensive review (formerly called site visit) for the program will now occur in fall 2018 instead of fall 2021. The self-study for reaccreditation is to be submitted in spring 2018 according to the new 2015 standards and guidelines that will be implemented in fall 2016.

Program Goals/Occupational Preparation
The Medical Assisting curriculum is designed to prepare students to assist physicians, in private medical offices and clinics and hospital outpatient clinics, with patient care as well as with routine office laboratory and diagnostic tests (clinical medical assisting). In addition, students are prepared to perform administrative medical office and business practices and procedures (administrative medical assisting).

Program Student Learning Outcomes (PLO's)
MEDA Certificate of Achievement PLO's

Upon successful completion of the Certificate of Achievement in Medical Assisting, the student should be able to:

1. Perform administrative and clinical skills expected of a beginning practicing medical assistant in an entry-level position.
2. Maintain professional and ethical behavior as a health care provider.

3. Communicate, interact and work appropriately and effectively with patients, patients' family, peers, staff and supervisors.
4. Discuss the value of lifelong learning and being an active member of a professional society.
5. Identify and use multicultural perspectives to meet the needs of diverse populations

MEDA Associate of Science Degree in PLO's:

Upon successful completion of the Associate in Science degree in Medical Assisting, the student should be able to:

1. Perform administrative and clinical skills expected of a beginning practicing medical assistant in an entry-level position.
2. Maintain professional and ethical behavior as a health care provider.
3. Communicate, interact and work appropriately and effectively with patients, patients' family, peers, staff and supervisors.
4. Discuss the value of lifelong learning and being an active member of a professional society.
5. Identify and use multicultural perspectives to meet the needs of diverse populations.
6. Use general education knowledge and advanced administrative and clinical medical assisting skills in the delivery of quality patient care.

Admission Requirements

Acceptance into the Medical Assisting program is based on a best qualified, first accepted rating system for (1) qualification for ENG 100; (2) qualification for MATH 32 or higher-level mathematics course; (3) grades of completed program support courses; (4) a typing test score; and (5) volunteer or work experience. Successful completion of the Certificate of Achievement in Medical Assisting or program director approval is required for entry into the AS degree program. Other requirements for admission are attendance at program information and orientation sessions; a completed health form showing results of a complete physical examination including tuberculosis clearance and status of immunity to measles, chickenpox and rubella and payment of a fee for liability insurance coverage.

There are no prerequisite courses that must be completed prior to program entry; however, First Aid and CPR certifications are required before the tenth week of the first semester of the program.

Credentials/Certification

The Certificate of Achievement and Associate in Science degree programs are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), on recommendation of the Medical Assisting Education Review Board (MAERB). Certificate and Associate degree graduates are qualified to write the national certification examination of the American Association of Medical Assistants, Inc. The Certified Medical Assistant© or CMA (AAMA) credential is awarded to candidates who pass the American Association of Medical Assistants CMA Certification Examination. The credential must be kept current by

recertification every five years by continuing education or reexamination. All Certified Medical Assistants must have current status in order to use the CMA credential in connection with any employment.

In the state of Hawaii there is currently no requirement of certification for medical assistants.

Faculty and Staff

Regular Faculty   Lynn Hamada, RN, CMA (AAMA), MPH, Associate Professor
                       Program Director, tenured 1995

                       Mae Dorado, CMA (AAMA), CPC, BA, Assistant Professor, tenured 2013

Lecturers   Amy Tousman, RD
                      Sandy Gresham, RN
                      Michelle Zippay, RN

Other lecturers/instructors to teach support HLTH courses

Resources

The following are program resources projected to need maintenance, upgrading, replacing or acquiring in the next 2-5 years.

- 3 Electrocardiography machines
- 4 vision machines
- 4 audiometers
- 1 autoclave
- 1 otoscope/ophthalmoscope set
- 2 adult mannequins
- 2 pediatric mannequins
- 2 ELMOs
- 2 faculty desktop computers
- Lab tables for skills lab
- Electronic Medical Health Records Software

A $250.00 Program Fee is assessed each program student. Students pursuing a Certificate of Achievement will be limited to 2 program fee assessments and students pursuing the Associate in Science Degree will be assessed a total of 4 program fee assessments.

Articulation Agreements

Currently there are no agreements for affiliation in place with any other institutions.

Community Connections/Advisory Committees/Externships

Adjunct Faculty

Erin Asuncion-Ceria, CMA; Neal Atebara, MD; Benton Chun, MD; Jennifer Au Hoy, CMA; Kevin Dawson, MD; Nathan Fujita, MD; Carisa Fukuchi, CMA; Jaime Gagnon, CMA; Werner Grebe, MD; Keichi Kobayashi, MD; Sharon Lawler, MD; Janet Nakagawa, CMA; Randall Nitta, MD; John Olkowski, MD; Angela Pratt, MD: Ramona Sergent, CMA; Mona Suzuki, MD; Shigemi Sugiki, MD; Brent Tamamoto, MD; Yayoi Tokuhara, CMA; Chalei Wong, CMA Alan Terada, MD

Advisory Committee (as of Fall 2015)

The program advisory committee meets regularly to discuss and advise on curriculum, recruitment, and other matters. In between, because most of the members are adjunct faculty, there is frequent contact with individual members.

Franklin Young, MD
Medical Advisor
Private Practice

Joan Young, RN, CMA
MEDA Program Director, Retired

Tercia Ku, BS
Papa Ola Lokahi
Community Member

Alan Terada, RN
Clinic Manager, The Queen Emma Clinics

Erin Asuncion-Ceria, CMA
Employed by a Physician in Private Practice

Lisa Muranaka
Clinic Manager
Kapiolani Medical Specialists

Latanya Edwards, CMA
MEDA Student (2nd year)

Brittney Mamaclay
MEDA Student (1st year)

Externship Sites

All students complete 225 hours externship during the summer. Affiliation agreements include both private physician offices and clinics in a wide range of specialty practices. The majority of

sites are on Oahu with several sites on Maui and Hawaii. There are over 25 active private physician office sites and agreements with larger organizations and their satellite clinics that include Hawaii Pacific Health, The Queen's Medical Center, the Veteran's Affairs Pacific Islands Health Care System, and Island Urgent Care.

Distance Delivered/Off Campus Programs

Currently there are no distance delivered/off campus programs.

Grant Funded Program

In early spring 2009, the Health Science department received a $1.7 million grant from the Department of Labor/Employment Training Agency (Ulu Pono) for workforce training partnered with community agencies, primarily the Department of Education Adult Community Schools, which concluded February 2012. One of the programs delivered through the grant was Medical Assisting.

Part III. Curriculum Revision and Review

Courses Reviewed 2012-2015

The MEDA curriculum has not changed for both the CA and AS degree programs. All program courses underwent the 5 year review with updates and are now on Curriculum Central and approved. All course changes are reflected in the 2016-2017 General Catalog. All course SLOs have been assessed in the CLRs for all 19 MEDA courses. CLRs for the remaining 6 courses (HLTH 110, 125, 160, 250 and 252, and PHRM 110) are scheduled for assessment at the end of Spring 2016.

Part IV. Survey results

See attached reports for both Certificate of Achievement and Associate Degree 2015 Annual Reports for MAERB. All of the following information is addressed in the report.

1. Student satisfaction, including student support services
2. Occupational placement in jobs (for CTE programs)
3. Employer satisfaction (for CTE programs)
4. Graduate/Leaver

Part V. Quantitative Indicators for Program Review

See 2015 ARPD data for demand, efficiency and effectiveness.

Part VI. Analysis of the Program based on prior three years

1. **Alignment with mission**

- Strives to provide the highest quality education and training for Hawai'i's people.

The ARPD data indicates that the program is meeting the demand, efficiency and effectiveness indicators. Students are graduating and entering the health care workforce.

- Delivers high quality 21st century career programs that prepare students for rigorous employment standards and to meet critical workforce immediate and long-term needs and contribute to a diversifying state economy.

Graduate survey data on the MAERB ARFs indicate that students are satisfied with their learning experience in the MEDA program at KCC and survey data from employers of graduates are also satisfied with the performance of program graduates.

2. **Current Situation. (Internal: Strengths and weaknesses in terms of demand, efficiency, and effectiveness based on an analysis of the ARPD data in Part III.**
   a. **CTE programs must include analysis of the Perkins Core indicators for which the program has not met the performance level.**
   The program did not meet two of the six Perkins Core Indicators, student placement and nontraditional participation. Regarding nontraditional Perkins IV indicators, the field continues to attract female students. However, the fall 2014 cohort included 4 male students. All 4 graduated with their CAs and 3 passed the national certification examination. 2 are pursuing 4 year degrees in health related fields, 1 is employed as a medical assistant, and 1 is enrolled in the AS degree program and is scheduled to retake the national certification examination. The fall 2015 cohort included 4 male students.
   b. **External: Review relevant section of the College's Strategic Plan (http://ofie.kapiolani.hawaii.edu/kapiolani-community-college-strategic-plan-2015-2021/). Identify specific external factors influencing program planning.**

      1. Improve Student Achievement
         a. Increase CA and Degree completion

      2. Prepare Students for Productive Futures input from Community Stakeholders
         a. Increase engagement in: i. internship, practicum, clinical practicums
      3. Creating 21st Century 3rd Decade Facilities
         a. Eliminate deferred maintenance
         g. Improve digital infrastructure
         h. Replace capital equipment (>$5,000)
      4. High Performance, Mission-Driven Campus
         a. Increase staff and faculty development funding for student success

3. **Assessment Results for Program Learning Outcomes (PLO's). The program shall develop a schedule for PLO assessment such that within the three-year review period, all PLOs will have been assessed and the following will be reported:**
- **List of the Program Learning Outcomes and the dates assessed**
- **Assessment results**
- **Changes that have been made based on evaluation of the assessment results**
One-third of the PLOs will be assessed each year resulting in all of the PLOs assessed within the three-year review period.

Part VII. Tactical Action Plan (projections for the next three years)

 The action plan outlines the steps the program will take to improve the results of assessment and or the health indicators, aligned with the College's Strategic Plan.

For each strategy used, identify:

1. Strategy for Improving Program Outcome/Indicator and related Strategic Outcome

Creating a mentoring program connecting students with community stakeholders will provide greater opportunities for student engagement in the workplace and with their curriculum.

2. Performance measure to assess program strategy and related Strategic Performance Measure

A performance measure would be increased graduation completion rates (both CA and AS) and positive placement rates.

3. Data to be gathered to determine success of the strategy: (e.g. ARPD, IEMs, CCSSE, program-specific data)

Data from the ARPD and the MAERB ARFs will be gathered to determine success of the strategy

4. Position(s) Responsible

Program Director and Program Instructors

5. Synergies with other programs, units, emphases and initiatives

Not at this time.

6. Key Community Partners (if any)

Hawaii Pacific Health – Straub, Kapiolani Medical Specialists

UCERA (JABSOM)

Part VIII. Resource and Budget Implications*

1. Identify the human, physical and fiscal resources required to implement strategies and indicate the appropriate funding sources: existing appropriated funds, tuition and other special fees, grants, etc.

The current facilities need updating to simulate the work environment. Remodeling the lab to create an administrative station with exam rooms is needed. This would include updating the cabinets, furniture, lab tables, sink and ceiling.

A third office needs to be created for the anticipated 3rd program instructor.

More storage will be needed for the student files required for accreditation purposes and the equipment that will be displaced with the remodeling of the lab.

Funding for faculty training and development in instructional best practices is needed to maintain currency in this field. Funding for students to attend national conferences related to their profession is also needed to encourage student success and lifelong learning.

2. Identify the technology resources required to implement strategies and indicate the appropriate funding sources: existing appropriated funds, tuition and other special fees, grants, etc.

All three classrooms need to be updated with current technology in keeping with best practices for content delivery. Reliable internet connectivity is a top priority.

Software to simulate a comprehensive electronic medical record system is needed to provide the training currently required in physician offices and for the anticipated new AS curriculum concentrating on practice management.

Test taking software needs to be installed in the MEDA computer lab to meet the newly implemented policy regarding the limited availability of the testing center for in class testing.

For both 1. and 2., potential funding sources are grants, community stakeholders participating in externships or the mentoring initiative, and appropriated funds.

*Dollar amounts not necessary. Amounts can be specified in the subsequent Allocation Request Forms (ARFs).