

Instructional Program Review – Annual Update 2021-2022

	☐ Justification for Resource Requests (if needed)					
•	□ 2-year scheduling plan					
Attachments (* as needed):	☐ 6-year assessment plan – All programs, when applicable					
•	•					
Submitted By:	Jill Cralley RN BSN					
review:						
Date of last comprehensive	2014-2015					
this review:	11001001 5111110 1 10010111					
Additional programs included in						
CTE Program?	P ⊠ Yes □ No					
Program and Department:						
Date.	Date: May 12,2022					

II. Student Success, Program Accessibility and Program Capacity

*NO data analysis required this year.

a. Describe how the program works to promote student success (completions job placement, transfer). Include teaching innovations and use of academic and student support.

Class enrollment was limited to 24 students accepted into the program due to the ongoing COVID-19 Pandemic. This year after the application process only 18 students were enrolled. The pass rate for all 18 students was 100%.

Students completed 26.5 units of lecture, skills check off and a 5 week externship. They also practiced and prepared to take the American Medical Technologist exam (AMT) to receive a title of Registered Medical Assistant.

The Medical Assisting/Billing Coordinator documented at least 5 to 6 physician clinics per semester asking to refer medical assisting or billing students to their clinic.

b. List any notable accomplishments of the program (student awards, honors, or scholarships can be listed here also)

All enrolled students in the Medical Assisting/ Billing Program have received passing grades.

III. Quality and Innovation in the Program and Curriculum Review

a. Are you on track in your assessment plan for course and program SLOs? If not, please explain why.

Yes. Currently working on the 6 year program review

b. Have you shared your assessments or improvement plans with your department, program or advisory committee? If so, what actions resulted? If not, how do you plan to do so in the future?

Yes. Currently working on the 6 year program review

c. Did any of section, course or program improvement plans indicate that your program would benefit from specific resources in order to support student learning and/or faculty development? If so, please explain.

Updating medical equipment in the class room will always be a necessity with continuous improvements in technology. However, there are the basic skills of physical assessment that will not change.

d. In reviewing your outcomes and assessments have you identified any and all that indicate a modification should be made to the course outline, the student learning outcomes or the program outcomes? Please state what modifications you will be making.

No change. Working on the 6 year program review.

e. Have all course outlines been reviewed within the last 5 years? If not, please explain the plan to bring course outlines up to date and include timelines for the review and submission to AP&P.

No change. Working on the 6 year program review.

f. For CTE courses/programs only, as per §55003, have prerequisites, corequisites and advisories (PCAs) for courses and/or programs been reviewed within the last 2 years?

Yes.

IV. Focus and Engagement of the Program

a. Summarize major trends and opportunities as well as challenges that have emerged in the program

Due to COVID 19 the class size was reduced from 30 students a year to 24 a year. Students were required to be screened daily at the college for COVID-19. Students had to wear masks on campus. Student's had to follow college protocol if they had symptoms or had exposure to someone with COVID-19.

b. List any (internal or external) conditions that have influenced the program in the past year.

COVID 19 pandemic has required a reduced number of students accepted in the program in the last 2 years. Usually the program accepts 30 students but the number was reduced to 24 students. COVID-19 protocols at the college may have been a factor to a student not applying for the medical assisting/billing programs.

Data for Program with Vocational TOP Codes (CTE):

http://www.hancockcollege.edu/institutional_effectiveness/reports.php

Please review the data and comment on any trends.

c. Current industry employment and wage data (please cite sources)

Shortages of Medical Assistants in the workplace. I have received at least 4 to 5 calls a semester requesting recruitment for a medical assistant at local medical offices. Wages remain stable. No decrease in wages if anything maybe an increase in hourly wages.

d. Industry employment and wage trends

Many vacancies in local physician offices for Medical Assistants.

e. TOP code employment CORE indicator report

No change.

f. Advisory committee recommendations

Integrate more Immunization and Chief Complaint documentation in skills lab.

Annual Advisory Meeting scheduled for June 2, 2022 from 4 to 5 at Allan Hancock College. Unable to have Advisory Meeting last year due to COVID 19 Pandemic.

V. Continuous Improvement of the Program

Status of Final Plan of Action – Post Validation
 Summarize the progress made on the recommendations from your last comprehensive program review plan of action

PLAN OF ACTION	ACTION TAKEN/RESULT AND STATUS		
No change.	No change.		

b. List any new resources that the program received in the past year and the results

Source	Specific Resource	Est. Amount \$	Impact on program or course outcomes
СТЕ	Toddler Mannequin		Utilized for pediatric physical assessments & injections for students.
СТЕ	Wall mount Otoscope, B/P, Temp devices		Reinforced a simulated physician's exam room for the students.
СТЕ	Audiometer		Unable to use. Need to return to vendor for repair. Was damaged during shipment.

c. List any new or modified recommendations below, including rationale for these in the table.

Program Improvement Plan (Program ,Priority Number, year)	Anticipated Outcome (Goal)	Program Goal Status (Indicate if this goal is ongoing from a previous Annual Or Comprehensive Program Review or new this year).	Alignment to Strategic Directions and planning goals (see " Alignment to Strategic Directions" Attached	Activities	Justification (Evidence of need)	Resource Request (From table Below)	Anticipated Completion Date or On-going
No change.	No change.	No change.	No change.	No change.	No change.	No change.	No change.

d. Summary of request for resources. Please list the type of request (facility, technology, staffing, equipment, other) and rank their priority.

Resource	Item	Program	Type	One-	On-going	Anticipated
Requests		Goal		time	cost (per	Completion
(Program, RRX				cost	fiscal year)	Date or On-
year)						going
No change.	No	No	No	No	No change.	No change.
	change.	change.	change.	change.		