Spring 2009 MAERB Report

"Administrative Competencies – The Piece that Makes the Puzzle Complete"

When you visit or phone your physician's office, the first person you encounter is the medical assistant. He or she sets the tone for your visit and that particular practice. You want to be treated with respect, empathy, dignity, and confidentiality by someone that you perceive to be not only knowledgeable but friendly, caring, and compassionate. If this first encounter doesn't go as you would like, then the rest of your clinical visit will be over shadowed by this one item, and your physician's practice will forever bear that blemish in your mind.

In addition, after you have been seen and treated by your physician, then you expect your insurance to be properly coded and filed for reimbursement. No one wants to have to deal with making unnecessary phone calls to the office staff to get the appropriate actions necessary for your account to be paid; however, should you have to speak with the staff you want them to be pleasant and demonstrate sensitivity to your needs and requests. You also expect them to have the administrative skills necessary to take care of your problem quickly and efficiently.

In today's economic world it is even more important to the physician that his medical assistants be trained in the administrative competencies, not only to display the type of caring practice that he aspires to, but also to have the staff that can get him the reimbursement that he is entitled to for his services whether that be from third party reimbursement or self pay patients. The versatility of a well prepared medical assistant is what the physician practices are looking for and need to stay afloat in today's global market.

The *2008 Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* state in Standard II.C. Minimum Expectations "The program must have the following goal defining minimum expectations: "To prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains." Don't sell your medical assisting students short by ill preparing them for the real world setting that they will be placed in upon graduation. Prepare them in the administrative competencies equally as well as the clinical skills that they will need to assist their patients. The affective (behavior) skills found in the *2008 Standards* are critical for the medical assisting student. After all, they will not be working in a "virtual" world upon graduation but rather the "real" one. Make sure you prepare them for that environment. Your program will shine and achieve greater marketability, and your students will be forever appreciative.

Credit for Experiential Learning

Mention the subject of experiential credit, then engaging discussion and questions follow. Two of the most frequent questions about experiential credit relate to quality of educational experience and quantity of credits. The CAAHEP *2008 Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* require disclosure of certain policies to school applicants and students, including "…policies on advanced placement, transfer of credits, and credits for experiential learning…."

MAERB (Medical Assisting Education Review Board), as a Committee on Accreditation of CAAHEP, only requires accredited medical assisting programs to apply the current Standards and Guidelines. CAAHEP or MAERB do not dictate the requirements of institutional policies such as experiential credit; however, post-secondary institutions as sponsors of educational

programs must consider how policies affect many things including learning, outcomes of the program, and employment potential of graduates. Program directors, in discussion with institutional administration utilize institutional policies to develop procedures for the administration of experiential credit.

What does all this jargon mean for program directors and their institutions? Students may or may not receive experiential credit for medical assistant courses as determined by institutional policies. If a school grants experiential credit, it is advisable to develop procedures to apply policy fairly and to assure standards for knowledge and competence of graduates. One element present in many institutional policies is an established maximum number of credits that can be granted by experiential credit. Some institutions also stipulate experiential credit is considered for experience prior to college and/or program admission. Regarding the quality of the educational experience, an institution may or may not grant experiential credit for practicum. To decide whether experiential credit should be granted for any course including practicum, each institution and program director must utilize the 2008 or most current Standards and Guidelines to answer the following questions:

1. In granting experiential credit, does our institution 'ensure that the provisions of these Standards and Guidelines are met'?
2. Does the process for each course evaluated demonstrate that experiential credit is 'maintained in sufficient detail to document learning progress and achievements'?
3. Will program thresholds continue to be met?

Each program and sponsoring institution will have additional questions specific to its own situation. In summary, institutional policies must address granting or not granting experiential credit. The details of any developed policy or procedure regarding experiential credit is determined by each institution and must also ensure the most current CAAHEP Standards and Guidelines are met for continued accreditation of the medical assisting program.

Communication, Communication, Communication!

Communication between the Program Director (PD) and the Team Coordinator (TC) on a site visit is essential. The TC should initiate the contact with the PD as soon as possible after being officially assigned to the institution. This contact may set the tone for working effectively with the PD.

The PD can assist the TC by locating the best reasonable hotel with a restaurant on property or walking distance with close proximity to the school.

The TC should contact the PD to discuss travel arrangements and confirm hotel selection for the team. This will allow the PD to plan the agenda more effectively. The PD should prepare a tentative agenda and submit to the TC so that any possible changes can be made. Names of participants of the opening and exit interviews should be listed on the agenda. This will assist the team in the interview process and completion of the OSSR. Transportation for the team should be arranged by the PD. The TC should discuss any questions about the Self Study Report (SSR) so that the PD can locate any information prior to the visit.
Materials of documentation of the Standards should be organized and prepared by the PD prior to the visit. Create folders for each of the cognitive domain objectives (content) and each of the

psychomotor and affective domain objectives (competencies), making sure that if the documentation is used for more than one area that it is highlighted to determine what particular area it pertains. Some evaluation tools may be documentation for more than one area. If this is the case, be sure to copy and place in the appropriate folder/file.

The PD should arrange times for interviews by the team with administration, faculty, medical advisor, students, support staff, advisory committee, and graduates. If there are any working lunches, check with the team to determine if there are any dietary restrictions.

A room on campus with privacy should be provided for working throughout the visit. The containers (boxes with hanging files) and/or easy access to electronic files providing documentation should be in this room. The PD should also check with the TC verifying whether a computer and/or printer will be needed in this room.

If communication is started immediately, the PD and TC will have a valuable working relationship develop. This will help to ensure a less stressful site visit by all!

Incorporating Psychology (Affective Domain) into the Curriculum

In reviewing the most frequently cited curriculum areas, concepts related to psychology have remained number one for several years. With the Core Curriculum for Medical Assisting, which accompanies the *2008 Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, the topic is incorporated into all of the ten (10) sections via the affective domain objectives. In the following paragraphs, the MAERB would like to share some meaningful ways this can be accomplished, in addition to or in place of a course in psychology. The examples are not all inclusive, but are intended to provide some direction until such time as the revised Educational Competencies for Medical Assistants (ECMA or Blue Book) is available later this year.

Concepts of Effective Communication

The concepts of effective communication have their roots in psychology, particularly interpersonal relationships. Cognitive domain objectives 1-6 and 12-15, incorporate basic principles of basic psychology and are closely aligned with all of the affective domain objectives, which can be incorporated into the psychomotor domain objectives and verified as the students are checked on the psychomotor. For example, how does the student approach the patient and/or family; prepare them for the report the doctor is going to be discussing with them; validate the patient's and/or family's understanding of the information conveyed to them; and avoid allowing personal feelings to interfere with the professional performance of these psychomotor skills?

Anatomy and Physiology

Looking at one of the less obvious areas for incorporation of psychology, the affective domain objectives for Anatomy and Physiology are:

1. Apply critical thinking skills in performing patient assessment and care.
2. Use language/verbal skills that enable patients' understanding.

3. Demonstrate respect for physical and cultural boundaries in approaching patients and families.

Content to support the graduates' ability to perform critical thinking can be incorporated by presenting a critical thinking model and assisting students to practice using the model as they are studying the cognitive domain objectives such as:

7. Analyze pathology as it relates to the interaction of body systems.
8. Discuss implications for disease and disability when homeostasis is not maintained.
9. Describe implications for treatment related to pathology.
10. Compare body structure and function of the human body across the life span.

The affective domain objectives can then be incorporated into the check sheets for assessing student competency on the psychomotor domain objectives. For example, in objectives 1-9 and 11, you can include steps related to explaining what procedure is about to be performed and checking with the patient to be sure he/she understands what the medical assistant is going to do, how and perhaps why. (Critical thinking, verbal skills and respect for patient boundaries) Critical thinking can also be incorporated into screening test results and how the medical assistant informs the physician of those results to facilitate a plan of action for the patient.

Managed Care/Insurance

For a final example, Managed Care/Insurance provides an administrative option.

The affective domain objectives for this section of the Core Curriculum are:

1. Properly direct assertive communication with managed care and insurance providers.
2. Demonstrate sensitivity in communicating with providers and patients.
3. Communicate in language the patient can understand regarding managed care and insurance plans.

In order to communicate with providers, the medical assistant would need to have knowledge of types of plans and the guidelines for working with each. This would also be a critical factor in communicating effective with both patients and providers, at a level appropriate to each.

In assessing the psychomotor domain objective of applying third party or managed care guidelines, a psychomotor domain objective, use of direct communication and sensitivity can be incorporated into the check off. Verifying eligibility of the managed care/insurance services for the patient would provide the opportunity to assess communicating in a language the patient understands.

These are some examples of how to incorporate psychology and the affective domain into your curriculum. The revised ECMA/Blue Book will provide further assistance and should be available by Fall 2009.

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ARF Goes On-Line in 2009

The 2009 Annual Report will be going live on-line in 2009! This means you will not be receiving the traditional Excel Workbook, but a notice that your ARF is available for completion with a due date and password for accessing your program's ARF. It is anticipated that those of you who complete the ARF in the fall will be receiving this notice about the first of October. Those programs whose ARFs are completed in January/February will be notified of availability and your password in mid-January or early February.

While the format may look different, the previous four years of data will still be on the posted document for each program, allowing you to update data if there have been changes since you submitted the 2008 ARF. You will need to add the data for the 2008 cohorts.
Exam data for the CMA (AAMA) certification will be added for the fifth year, as the Certifying Board has made this information available to the MAERB for this purpose. You will need to update the previous years, if additional graduates have achieved success on the exam. In order to accommodate the calculations, an additional tab to breakdown the current year's graduates has been added.

Also, the MAERB is conducting some research to determine if the method of program delivery and/or experiential credit has a direct impact on outcomes, specifically exam success. The new form for identifying graduates and the exam tab have been modified to collect this data. You are only required to complete this additional data for the most recent graduates. **This data will not be used for accreditation decisions.** (See below for the format)

Graduation Breakdown Tab

Enter the number of individuals who graduated between January 1, 2008 and December 31, 2008.

Enrollment Year of Graduates	Number of Graduates	Number of Graduates with Distance Education (DE)	Number of Graduates with Experiential Credit (EC)	Number of Graduates with DE & EC
2004				
2005				
2006				
2007				
2008				
Total Number Graduates	**0**	**0**	**0**	**0**

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Changes in Exam Data

CMA (AAMA) Exam Results Grads with Exp Credit		CMA (AAMA) Exam Results Grads with Distance Education		CMA (AAMA) Exam Results Grads with both Exp Credit and Distance	
# Passing	CMA (AAMA) Pass Rate Grads with EC	# Passing	CMA (AAMA) Pass Rate Grads with DE	# Passing	CMA (AAMA) Pass Rate Grads with EC & DE
	0.00%		0.00%		0.00%
	0.00%		0.00%		0.00%
	0.00%		0.00%		0.00%
	0.00%		0.00%		0.00%
	0.00%		0.00%		0.00%
0	0.00%	0	0.00%	0	0.00%

RMA (AMT) Exam Results Grads with EC		RMA (AMT) Exam Results Grads with Distance Education		RMA (AMT) Exam Results Grads with both Exp Credit and Distance	
# Passing	RMA (AMT) Pass Rate Grads with EC	# Passing	RMA (AMT) Pass Rate Grads with DE	# Passing	RMA Pass Rate Grads with DE and EC
	0.00%		0.00%		0.00%
	0.00%		0.00%		0.00%
	0.00%		0.00%		0.00%
	0.00%		0.00%		0.00%
	0.00%		0.00%		0.00%
0	0.00%	0	0.00%	0	0.00%

2008 Annual Report Summary

The 2008 Annual Reports have been received and reviewed. The MAERB thanks all of you program directors for your cooperation in this project!

Staff has completed some interesting analysis of the results for the various thresholds and would like to share this with you. The results below are based on 613 programs:

	Retention	Placement	Exam Success	Grad Success	Grad Participation	Employer Success	Employer Participation
Average Outcome	71.70%	82.25%	75.17%	95.77%	54.66%	94.06%	56.28%
Threshold	**70.00%**	**70.00%**	**50.00%**	**80.00%**	**30.00%**	**80.00%**	**30.00%**
# programs meeting threshold	403	552	554	592	534	581	548
% programs meeting threshold	66.39%	90.94%	91.27%	97.53%	87.97%	95.72%	90.28%

This table is a summary all the years' data included on the 2008 ARF, not just the most currently reported year, as the MAERB looks at the aggregate data for five years in making accreditation decisions. Exam, Grad and Employer success/satisfaction are based on the number taking the exam or responding to the survey, respectively. Retention and placement are based on the total number of graduates.

Ivy Reade Relkin Surveyor Training Fund

The Ivy Reade Relkin Surveyor Training Fund provides financial assistance for maintaining a pool of qualified surveyors available for reviewing programs to ensure quality education for medical assistants. Donations can be made to the Society of Past Presidents at the AAMA Annual Conference or sent to MAERB, 20 N. Wacker Drive, Suite 1575, Chicago, IL 60606.

Important Reminders

- The Medical Assisting Education Review Board (MAERB), a Committee on Accreditation of CAAHEP, functions as an autonomous body within the AAMA Endowment. AAMA is in no way involved with the accreditation of medical assisting programs, including having any standards for accreditation.

- All programs are expected to come into compliance with the *2008 Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* by December 31, 2009.

- Be sure to update all of your advertising documents, changing Curriculum Review Board of the American Association of Medical Assistants Endowment (CRB-AAMAE) to Medical Assisting Education Review Board (MAERB).

  This change should also be made in any other documents you have where the CAAHEP Committee on Accreditation representing medical assisting is identified.

- Required Reporting for Personnel Changes

    - Policy 3.2 Practicum Coordinator

If a vacancy occurs, the sponsor appoints a temporary, acting, or permanent practicum coordinator and notifies the Accreditation Department by completing the appropriate sections of the Practicum Coordinator Excel workbook within 30 calendar days of the vacancy.

    - Policy 3.3 Program Director

If a vacancy occurs, the sponsor (institution) appoints an Acting, Interim, or permanent program director and notifies the Accreditation Department by completing the appropriate sections of the Program Director Excel workbook, available on the website, within 30 calendar days of the vacancy.

a. Acting: A program may have an acting program director for no more than a total of six (6) months from the date of the vacancy. “Acting” is when the individual’s qualifications do not meet the *Standards.*

b. Interim: A program may have an initial approval of an interim program director for up to twelve (12) months from the date of the vacancy. “Interim” is when an individual’s qualifications meet the *Standards,* but the individual has not been permanently appointed to the position.

If the interim program director continues due to a prolonged absence of the permanent person (i.e., illness, educational leave, other approved leave of absence), the program may request a subsequent approval for an additional twelve (12) months.
No interim program director approval can be extended beyond 24 months.

    - Policy 3.6 Faculty

At the start of each term, the program director or other designated institutional authority will submit, via email to personnelchange@aama-ntl.org, a list of the current faculty:

a. Noting faculty who are no longer employed by the program
b. Attaching a completed F-8 form for all new medical assisting faculty (available on website)

- If there is a change in the institutional administration, the name and credentials should be sent to personnelchange@aama-ntl.org immediately. Accreditation Department staff will notify CAAHEP of all changes.

- Accreditation staff will be contacting programs for an annual update of program status starting early in fall 2009. You will receive an email informing you of what information to have available for the call prior to the start of the process.

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- The Policy Manual, resource assessment documents and self-study have all been updated on the website (currently www.aama-ntl.org/endowment). There is also a sample Master Competency Checklist that programs may want to implement in full or in concept available in the documents for download under Educators. Also, the Accreditation Packet of information has been updated for the *2008 Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* and is available under Educators/What is Accreditation.