



MAERB REPORT

FALL 2009

Welcome to www.maerb.org

On Tuesday, October 27, the new MAERB website went live! This was a major and the final step in the changing identity of the Medical Assisting Education Review Board (MAERB). For the next few months, all of the documents you are used to finding at www.aama-ntl.org/endowment will remain available there, but we hope you will bookmark this new site so you will keep informed on what is happening in accreditation, MAERB and CAAHEP.

If you want to take a walk through www.maerb.org, here is where you will find what:

On the **Home Page** you will find:

- Contact information for the Accreditation Department
- Current members of MAERB
- A description of the Medical Assisting Education Review Board and their functions
- Pictures of students in the act of learning to become Certified Medical Assistants®

On the **Educator Page** the following will be found:

- An accreditation packet which explains the process of accreditation and provides links to key documents. *This packet is particularly designed to assist programs seeking initial accreditation and those undergoing a comprehensive review for continuing accreditation.*
- Forms used in the accreditation process:
 - Self-Study Report (SSR) – *for initial and continuing accreditation and transfer of sponsorship (See Policy 3.5 and contact the Accreditation Department before starting this document for transfer of sponsorship)*
 - Self-Study Report for adding a new program – *Contact the Accreditation Department before starting on this document (See Policy 1.4)*
 - Multiple Campus Approval Application (not currently available) – *Contact Accreditation Department before starting on this document (See Policy 1.10)*
 - Curriculum Change Workbook – *See Policy 3.1*
 - Program Director Change Workbook – *See Policy 3.3*
 - Practicum Coordinator Change Workbook – *See Policy 3.2 (change includes addition or replacement)*
 - Faculty Workbook – *For reporting additional/new faculty*
 - Master Competency Check Sheet – *not a required form, but one that can be used to meet Policy 2.7 Record Retention*
 - Link to CAAHEP website for Request for Accreditation Services – *Application for initial or continuing accreditation, or transfer of sponsorship*

- Program Assessment/Outcomes Forms
 - Resource Assessment Matrix (F-5)
 - Graduate Survey – *Questions are required, may use your own format*
 - Employer Survey – *Must collect all of the information, may use your own format*
 - Practicum Site Evaluation – *Sample form*
 - Practicum Student Evaluation – *Sample form*
 - Student Resource Assessment – *Sample form*
 - Threshold Grid

MAERB News Page

- Current issue of the MAERB Report
- Past Issues of MAERB Report

General Reference Page

- Link to 2008 Standards and Guidelines for Educational Programs in Medical Assisting
- Educational Competencies for the Medical Assistant (2008 Standards)
- MAERB Program Policy Manual
- FAQs on Accreditation Topics

News and Events Page

- Copies of blast emails that are sent to all programs
- Announcements of upcoming workshops
- Special Announcements

Annual Report Form Page

This page is only available to program directors and designates. They will need to sign in on the website, using the User ID and Password received as a program director to access this page. The User ID and Password are specific to their program with the data from their 2008 report is available for update and entering of the 2008 cohorts for the 2009 Annual Report. All program directors on file with the Accreditation Department as of October 22, 2009 were sent this information in an email, along with the detailed instructions for completing and submitting the 2009 Annual Report.

Program Record Retention for Medical Assisting Programs

Program record retention, an issue for educators and for CAAHEP surveyors of medical assisting programs, has become less tedious and cumbersome than in the past. Using the CAAHEP 2008 Standards and Guidelines for Medical Assisting programs, MAERB has revised Operational Policy 2.7 to clarify the requirements for record retention in accredited programs.

The purpose of medical assisting program record retention is to maintain evidence needed to prove accreditation standards have and are being followed. Record keeping often becomes a vicious cycle of keeping every students' documentation forever versus keeping the required documentation for the specified length of time. Storage capacity often is exceeded, files become closets, and closets become rooms of evidence.

To streamline and decrease the amount of records kept, the amount and kinds of documentation have changed. For cognitive domain, general information (grading policy, grading scale with passing score, blank exam) related to each area is kept in addition to class rosters and grade book or transcript for each student. To document psychomotor and affective domains, general information (grading policy, grading scale with passing score, blank competency check sheet) related to each area is kept in addition to class rosters, grade book, and master competency check sheet, grade book, or transcript for each student.

Documentation evidence is required for the most recently assessed cohort to complete the objectives in each area. To maintain consistency, raw data used for the annual reports (including graduate surveys, employer surveys, placement data, exam statistics) is kept for the same five years. For example, if the last annual report included years 2010, 2009, 2008, 2007, and 2006, the medical assisting program would need to keep raw data for the same years.

In an effort to alleviate the burden of mailing cumbersome amounts of materials, a significant change is the encouraged use of electronic record keeping using Microsoft office or PDF files for all documentation. For more details, it is important for educators and for surveyors to access this policy through the Endowment link of the AAMA website.

How to Improve Response Rates on Survey's

We all know that collecting data from surveys is necessary but frustrating when we do not receive a response on the survey. Response rates are an important outcomes means and if we are unable to collect sufficient responses we will not be able to obtain substantial information.

To better understand how to improve responses we need to understand why we do not receive the responses we desire. Some of the reasons we find that surveys are not completed include:

- Mistrust of the organization
- Personal unwillingness
- Lack of understanding of the survey
- Fear of providing information that might not be accurate
- Inadequate instruction of the survey

Since we know the reasons surveys are not completed, how do we improve response rates? There needs to be some kind of worthwhile incentive for taking the survey. That incentive must be something that a person wants. Incentives might include money (consider how much is appropriate). Tickets to some function in a specific geographic location, something tangible (DVD players, thumb drives, books) and gift certificates (should be for accessible stores or restaurants) are good ideas for increasing incentive to complete the survey.

Inform the respondents of the what, why, who, and how of the survey when trying to maximize survey responses. Address confidentiality and anonymity when appropriate. Keep the survey brief and set a deadline. If needed, send reminders and follow up.

Remember – a survey must have a good response rate in order to obtain an accurate, useful, and meaningful result.

For more information you can find a PowerPoint presentation from a CAAHEP workshop that will provide some additional helpful hints. You can find this at www.maerb.org under General Reference.

Policy 1.1 Accreditation Fee Schedule

Changes in personnel must be reported immediately. These include program directors, practicum coordinators, deans, chief executive officers. According to policy:

- a. The Medical Assisting Education Review Board (MAERB) Accreditation Department must be notified in writing or via email of a vacancy or change of program director and practicum coordinator within 14 calendar days of the vacancy or change. A qualified replacement must be approved within 12 months of the vacancy.
- b. Changes in administration must be reported when they occur as MAERB and CAAHEP must have current information on file for these individuals. Appendix A.3.a of the 2008 CAAHEP Standards and Guidelines for Educational Programs in Medical Assisting identifies the following as requiring notification:
 1. Chief executive
 2. Dean of health professions or equivalent position – person to whom program director reports
 3. Required personnel – Program Director and Practicum Coordinator

You need only notify the Accreditation Department and they will notify CAAHEP. Please send the information to accreditation@maerb.org.

- c. An administrative fee of \$300 is required for a change in program director. The administrative fee for addition and/or replacement of Practicum Coordinator is \$50/individual.
- d. The fine for failure to notify the Accreditation Department of changes in the program director and practicum coordinator positions within the specified time (14 calendar days from date of vacancy) is \$200 with an additional \$200 if the Excel workbook and supporting documentation are not received by the Accreditation Department within the specified time frame (30 days from date of vacancy).
- e. Faculty updates are required at the start of each academic term. If there are no changes, you don't need to submit anything. If faculty are no longer teaching in your program, please email us their names. If you have new faculty, please submit a faculty workbook, only including entries for the new faculty.

- f. Forms for submitting program director, practicum coordinator and faculty changes are located on the MAERB website. Email notification of administrative changes are sufficient as long as they include, name, credentials, addresses (land and email), and phone number.

Meet the Newest MAERB Member

Mary Frances Hash graduated from Concord University (formerly Concord College) in Athens, West Virginia in 1969 with BS in Business Education Comprehensive (includes medical, legal, executive training). In 1989, she earned her MA in Business Education Comprehensive with a concentration in Adult, Vocational, and Technical Education from Marshall University, Huntington, West Virginia.

She taught for 25 years in public schools and at various colleges and universities in North Carolina and West Virginia, before she was hired by Mountain State University in Beckley, West Virginia in 1991. In 1995 she was appointed as Director of the Medical Assisting program. MSU's Medical Assisting program has been through two accreditations and offers the program via three modalities: traditional, paper-based individualized study, and online.

Mary Frances has been a CMA (AAMA) since 1997 and holds a permanent West Virginia teaching license. She currently teaches in all three modalities including a traditional graduate nursing course in Medical Coding/Reimbursement for Education Administrators and Family Nurse Practitioners. Mary is a member of the American Association of Medical Assistants (AAMA); American Health Information Management Association (AHIMA); West Virginia Health Information Management Association (WVHIMA); Alumni Association of Concord College; Alumni Association of Marshall University.

Mary and her husband, Willis, live in Ghent, West Virginia. They have two children, two granddaughters and a black lab/golden retriever. Her favorite pastimes include traveling, visiting with friends and family, playing with her grandchildren, reading, photography, and spending time in the mountains.

A CAAHEP
Committee on
Accreditation