



# **Program Director Handbook**

## **What Every Program Director Needs to Know**

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MEDICAL ASSISTING  
EDUCATION REVIEW BOARD

August 2023

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## Introduction

The Medical Assisting Program Director provides the “glue” that holds the medical assisting program together. Directing a health care program is not an easy job, but it is rewarding, especially when you are the leader of a successful program that is accredited and trains students to enter the work force as competent medical assistants who protect patient safety and support patient health care.

This handbook was created to help Program Directors and other interested parties understand accreditation and maintain their programs. The goal of this handbook is to provide easy reference to common questions that are asked by Program Directors. The handbook is not all-inclusive, but we hope that you will feel free to provide feedback as we strive to improve communication and assistance to those who are on the “front line” in the world of medical assisting education.

Throughout the handbook, you will find references to many resources available to you on the MAERB website ([www.maerb.org](http://www.maerb.org)). Most of the documents there are reviewed and revised at least annually. To ensure that documents are up to date, we do not provide those materials in the handbook, but we encourage you to use this handbook in conjunction with the website to access all the materials that you need.

### The Medical Assisting Education Review Board (MAERB)

The Medical Assisting Education Review Board (MAERB) is a Committee on Accreditation (CoA) for the Commission on the Accreditation of Allied Health Education Programs (CAAHEP). MAERB is not an accrediting agency; it is an entity that reviews medical assisting programs and makes recommendations regarding accreditation issues to CAAHEP.

Within those accreditation processes, the MAERB fulfills the following functions:

- Ongoing review of program compliance and achievement of outcome thresholds
- Development and revision of the MAERB Core Curriculum for Medical Assistants
- Accreditation workshops for medical assisting educators
- Workshops for MAERB/CAAHEP Surveyors to promote consistent review of programs
- Details for medical assisting educators with current information about CAAHEP and MAERB policies and practices for accreditation

Also, MAERB periodically reviews the Standards and curriculum for Medical Assisting programs and makes recommendations regarding the Standards and curriculum to CAAHEP.

MAERB consists of educators, administrators, and practitioners within the field of medical assisting and allied health administration. The members of MAERB represent the approximately 360 CAAHEP-accredited programs. Each member serves as a Liaison to numerous institutions and works with the MAERB staff to review the pertinent materials. The Liaison is not in direct contact with the institutions; instead, the Liaison works directly with the MAERB office. In addition to reviewing programmatic materials and making recommendations to CAAHEP, the MAERB members participate in the development and implementation of MAERB governing documents, strategic plans, committee work, and publications.

## Legal Status

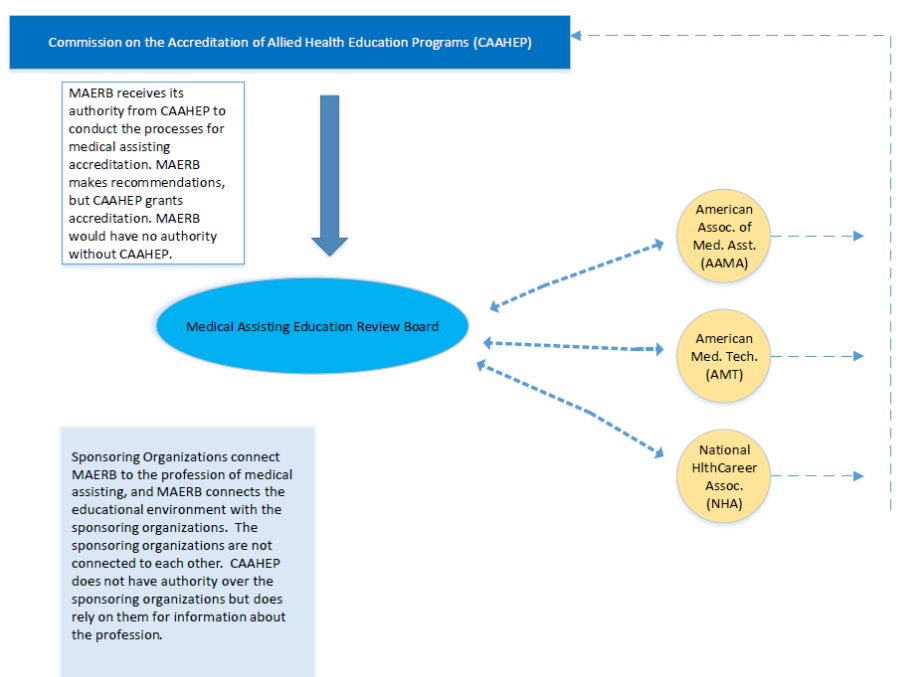
The Medical Assisting Education Review Board (MAERB) is independently incorporated in the state of Illinois and holds 5019(c)(3) status.

## Sponsoring Organizations

Within CAAHEP's structure, CoAs are required to have sponsoring organizations that provide information about the profession. The majority of the CoAs have several sponsors. The goal in establishing sponsoring organizations is to serve as a formal mechanism for acquiring information for those who represent the profession.

The American Association of Medical Assistants (AAMA) is MAERB's founding and primary sponsoring organization, and the relationship between MAERB and AAMA is a close and productive one. In 2018, MAERB acquired two other sponsoring organizations, American Medical Technologists (AMT) and National HealthCareer Association (NHA). Representatives from each sponsoring entity attend the open sessions of the MAERB's Annual Meeting scheduled for the summer to provide input about the MAERB's communities of interest. In addition, there are times in which there are joint committees for special projects.

The diagram below indicates the relationship between all the entities described above.



## The MAERB Office

The MAERB office is located virtually. All programs currently accredited with CAAHEP, as well as those going through the process of initial accreditation, are assigned a MAERB staff member, who serves as the Program Manager for the program and to whom any questions or concerns should be directed. If

you do not know the identity of your Program Manager, please contact the MAERB office. This individual has information readily available regarding the programs and should be the first contact with questions regarding your program. Shortly after a program applies for initial accreditation, the respective Program Manager will contact the Program Director. The Executive Director works closely with the Program Managers to ensure that questions about accreditation are answered promptly and consistently. In addition, the office remains in frequent contact with the MAERB Liaisons to rely on their expertise. The MAERB staff work together to ensure consistency and accuracy in response to the questions that they receive.

## Important Contacts

The MAERB Office is open from 8:00 am – 4:30 pm EASTERN, Monday – Friday.

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## Overview of CAAHEP Programmatic Accreditation

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest programmatic accreditor in the health sciences field. Collaborating with its Committees on Accreditation (CoAs), CAAHEP reviews and accredits over 2100 educational programs in 31 health science occupations. CAAHEP is the accreditor that MAERB reports to on matters of accreditation.

The Medical Assisting Education Review Board (MAERB), one of CAAHEP's CoAs, works with approximately 360 medical assisting programs, conducting all the processes leading up to the accreditation decisions. A CAAHEP-accredited medical assisting program provides its students with an education consistent with CAAHEP's *Standards and Guidelines for Accreditation of Educational Programs in Medical Assisting*. In addition, MAERB provides a Core Curriculum that an accredited program needs to demonstrate it covers. CAAHEP programmatic accreditation requires accredited programs to submit annual reports as to undergo a comprehensive review periodically, along with notifying the CoA of significant program changes. This *Handbook* provides details about the specific requirements in later sections, but this overview offers a brief synopsis of the process.

The medical assisting programs accredited by CAAHEP are all very different. There are different types of program sponsors, with a range of academic models. As is outlined in CAAHEP *Standards and Guidelines*, Standard I states that a program sponsor can be a post-secondary institution, a hospital or medical center, a branch of the United States Armed Forces, or a consortium. It is important to look closely at Standard I, as there are qualifications that program sponsors in different categories must possess.

Some of the programs are in the academic program division, while others are in the continuing education department. Many of the programs offer academic credit, but there are also other programs that are not credit-bearing. As an educational accreditor, CAAHEP requires, as outlined in Standard I.B., that if a program does not offer academic credit, there must be an articulation agreement with an accredited post-secondary institution. MAERB Policy 233 outlines those requirements.

Accredited programs submit information to MAERB on an annual basis through online completion of the Annual Report Form (ARF), focusing specifically on program outcomes. These include retention/graduation, job placement, credentialing participation and passage rate, as well as employer and graduate satisfaction. MAERB has created thresholds to measure success and compliance with the outcomes. Those outcomes are reviewed every year. Programs are required, according to the 2022 *Standards and Guidelines*, to publish the five-year average of either its retention, job placement, or exam passage. This information needs to be updated annually.

In addition, programs are responsible for providing clear, accurate and complete information about the program to MAERB by submitting information about substantive changes (personnel, curriculum, location, modality and so on), so that those can be reviewed to ensure that the changes follow the *Standards and Guidelines*.

For the comprehensive review, every program conducts an in-depth self-study process paired with an onsite visit at least once every ten years, even though MAERB can require a comprehensive review at

any time. Involvement of key faculty and administrators in the review process is essential to gain full benefit of the process.

### CAAHEP Standards and Guidelines

To achieve and maintain CAAHEP accreditation, a program needs to comply with CAAHEP’s *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*. The medical assisting *Standards and Guidelines* were initially adopted in 1969, and there have been several revisions over the years, as the medical assisting profession and educational environment have evolved. MAERB is charged with reviewing and suggesting revisions to the *Standards and Guidelines* to CAAHEP at least every five years. This review and revision process involves the MAERB’s communities of interest: educators from CAAHEP-accredited medical assisting programs and sponsoring organizations (AAMA, AMT, and NHA). The 2022 *Standards and Guidelines* were adopted in March 2022; The 2022 *Standards and Guidelines* were rolled out in April 2022 to the community, and there is an implementation schedule outlined below for accredited programs to come into compliance with the addition to Standards I – V in the 2022 *Standards and Guidelines*. The MAERB office has provided training and templates to help programs come into compliance and will continue to do so.

The changes that are relevant to ongoing continuing accreditation programs are outlined here, with excerpts from the Standards themselves. The addition or modification is highlighted, and there is a deadline for each item. The MAERB office will be reminding the community of this schedule, providing training and templates, and working with each program.

Standard	Implementation Deadline
<p>I.B.2 &amp; 3</p> <p>Award <b>academic credit for the program or have an articulation agreement</b> with an accredited post-secondary institution</p> <p>Have a <b>preparedness plan</b> in place that assures continuity of education services in the event of an unanticipated interruption.</p>	October 1, 2023
<p>II.A</p> <p><b>Program Goals and Minimum Expectations</b></p> <p>Minimum Expectations statement changed: “To prepare medical assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”</p>	March 1, 2023
<p>IV.B.1</p> <p>Graduates pursuing <b>academic education related to progressing in health professions</b> or serving in the military will be counted as placed.</p>	2023 ARF (focused on the 2022 data)



<p>V.A.2.d, e, &amp; f At least the following must be made known to all applicants and students</p> <ul style="list-style-type: none"> <li>• <b>Technical Standards</b></li> <li>• <b>Occupation Risks</b></li> <li>• <b>Articulation Agreements</b></li> </ul> <p>V.A.3.c At least the following must be made known to all students</p> <ul style="list-style-type: none"> <li>• <b>Appeals Process</b></li> </ul>	<p>October 1, 2023</p>
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In addition, the MAERB Core Curriculum in Appendix B was updated in the *2022 Standards and Guidelines*. Because curriculum changes take time, programs with visits scheduled in 2022 and 2023 will be visited with the expectation that they will be demonstrating compliance with the MAERB Core Curriculum in the 2015 *CAAHEP Standards and Guidelines*. Beginning with the January 2024 site visits, programs will need to demonstrate compliance with the MAERB Core Curriculum in the *2022 Standards and Guidelines*.

The *2022 Standards and Guidelines* identify the minimum requirements that a program must meet to become accredited and for the graduates to be prepared to enter the practice of medical assisting. There are five main sections of the *Standards and Guidelines*:

- I. Sponsorship
- II. Program Goals
- II. Resources
- IV. Student and Graduate Evaluation/Assessment
- V. Fair Practices

Appendix A of the *Standards and Guidelines* provides directions for application, maintenance, and administration of accreditation. These include administrative requirements for reporting and payment of fees and provide the basis for Administrative Probation if the requirements are not met. The process for requesting inactive status is also found in Appendix A. Additionally, the responsibilities of CAAHEP and MAERB are set forth in Appendix A.

As is discussed above, Appendix B of the *Standards and Guidelines* is the MAERB Core Curriculum. The cognitive objectives and psychomotor and affective competencies must be taught and assessed in a program for accreditation to be granted and maintained. It is important to note that all the graduates must **successfully** achieve **all** the psychomotor and affective competences.

### MAERB Core Curriculum

The MAERB has developed a Core Curriculum (Appendix B) that works directly with the *Standards and Guidelines*. As is discussed above, there are modifications in the MAERB Core Curriculum in the 2022 *CAAHEP Standards and Guidelines*, with some changes in the overall structure of the MAERB Core Curriculum. The discussion below refers very specifically to the *2022 MAERB Core Curriculum*, which is in Appendix B of the *Standards and Guidelines*. In Standard III.C, it is stated that the “program must

demonstrate that the curriculum meet or exceeds the *MAERB Core Curriculum*.” The *MAERB Core Curriculum* is divided into five specific Academic Subjects:

- Foundations for Clinical Practice
- Applied Communications
- Medical Business Practices
- Medical Law and Ethics
- Safety and Emergency Practices

Within those five specific areas, there are a total of 12 content areas: Anatomy, Physiology, & Pharmacology; Applied Mathematics; Infection Control; Nutrition; Concepts of Effective Communication; Administrative Functions; Basic Practices Finances; Third-Party Reimbursement; Procedural and Diagnostic Coding; Legal Implications; Ethical Considerations; and Protective Practices.

Each of the 12 content areas is divided into two specific learning domains: cognitive and psychomotor. The items listed within the cognitive domain are referred to as “objectives,” while the items listed within the psychomotor are “competencies.” The reason for that distinction is consistent with educational terminology; “objectives” are ideas, concepts, and information that need to be learned and acquired intellectually, while “competencies” are skills that need to be performed.

In addition, the MAERB includes an affective domain with eight specific affective competencies, which have been placed at the end of the MAERB Core Curriculum. These affective competencies are not intended to be measured in isolation, but are designed to be bundled, based upon each program’s unique design, with any of the psychomotor competencies in the MAERB Core Curriculum. There may, however, be times when such affective skills such as “A.1 Demonstrate critical thinking skills” might be a stand-alone assessment. The majority, however, require incorporation with a clinical skill.

MAERB defines the three domains in the following manner:

- **Cognitive:** Knowledge; objectives; mental information; comprehending information, organizing ideas, and evaluating information and actions.
- **Psychomotor:** Manual or physical skills; competencies; use of basic motor skills, coordination, and physical movement.
- **Affective:** Behaviors/competencies related to feelings, attitudes, interest, attention, awareness, and values.

It is required of any CAAHEP-accredited program that **all** the cognitive objectives and the psychomotor and affective competencies be taught and assessed. Traditionally, the cognitive objectives are measured via exams, written work, group projects, video overviews, while the psychomotor and affective competencies are practiced and then evaluated. Programs, however, have successfully provided creative options.

As stated above, students must be taught specific cognitive objectives. The instructor presents the material, reviews it, and then evaluates the students’ understanding of the material by giving a quiz, test, exam, or any other assignment that is evaluated. These evaluation measurements are up to the discretion of the instructor, but they must be made known beforehand to the students in the syllabus or an appropriate addendum.

Psychomotor and affective competencies are treated differently than the cognitive domain, as they involve the performance of a skill which is then evaluated/measured by the instructor. Ideally, the instructor presents the material and then demonstrates the skill (for example, taking an oral temperature). The students should then have an opportunity to practice the skill before being evaluated. To be “checked off” on the skill, the student must demonstrate understanding of each step that is required to do the skill appropriately, such as washing hands prior to the procedure and so on. Oftentimes, if students do not pass the first attempt of achieving the competency, they are given a second or third opportunity to pass the skill, after they have had the opportunity for additional practice. As with the assessment of the objectives, the students need to be informed of the method of evaluation, what constitutes a passing score, and how many attempts they are allowed. In addition, the program needs to keep a written record of the psychomotor and affective competencies that have been achieved.

Any MAERB Core Curriculum psychomotor and affective competencies that a student will perform at the practicum must have been taught and achieved prior to the student performing them at the practicum. Students need to successfully achieve all the psychomotor and affective competencies prior to graduation, and this achievement needs to be documented by the program for each student.

### **Educational Competencies for the Medical Assistant (ECMA)**

MAERB produces *The Educational Competencies for the Medical Assistant (ECMA)* as a resource for the programs, and it can be used in a variety of ways by educators, practitioners, and physicians. The intended purpose of this document is to provide suggested evaluation methods for meeting each of the entry-level psychomotor and affective competencies as found in the current *Standards*. It is not intended to be an exhaustive listing of all the possible methods of evaluation for each competency within MAERB’s Core Curriculum; rather this document provides ideas and evaluation methods that can be used to meet the competencies. The *ECMA* does not provide information about the cognitive objectives.

The current entry-level competencies are clearly identified in a column format. Listed under each entry-level competency are suggested methods of evaluation, which are provided as a curricular guide for educators in developing associated cognitive objectives, performance objectives, evaluation instruments, and teaching materials and methods. The scope and depth to which they are included in a medical assisting program is an individual program’s decision. This decision should be based on periodic feedback from the various communities of interest, such as requirements from the local employers, student and graduate recommendations, and advisory committee suggestions.

The suggested evaluation methods in the *ECMA* serve as a **guide** for medical assisting educators in developing these competencies within a specific program.

In addition, MAERB has created several possible options for bundling the affective competencies with the psychomotor competencies. Rubrics are also included to provide helpful guidelines for instructors to share with students to ensure that the students understand how they are to be evaluated.

## Syllabi

As is outlined in Standard III.C, the Medical Assisting program syllabi, or the appropriate addendum, need to include a course description, course objectives, methods of evaluation, course activities sequence and timeline, and the objectives and competencies required.

It is vitally important to clearly identify on all syllabi the *MAERB Core Curriculum* cognitive objectives and the psychomotor and affective competencies that are being taught and assessed in that given course.

### Relevant Resources:

**Master Competency Checklist:** This optional tool can help with keeping track of the individual student's achievement of the competencies. If you don't use MAERB's template, you must create your own template that includes all the same information.

**MAERB Policy 212:** This policy outlines the requirements for the programmatic summative measures.

**MAERB Policy 220:** This policy outlines the document retention requirements.

**ARF Raw Data and On-Site Documents:** This is a resource that can help a Program Director to understand the documents that need to be retained, as well as to prepare for the actual visit.

**Syllabus Template:** This is a template that outlines all the necessary components that are a part of a medical assisting syllabus, along with some general advice. It is optional but designed in conjunction with Standard III.C.1.

## Curriculum Map

Programs are required to submit a curriculum map with their Self-Study report, and the Self-Study Report Template outlines that requirement and provides the required map that is to be used for the site visit. Even if you are not currently preparing for a site visit, we recommend that you keep an up-to-date curriculum map to ensure that the program is always covering all the cognitive objectives and the psychomotor and affective competencies of the MAERB Core Curriculum.

You will find several resources on the MAERB website to help you develop a curriculum map. Keeping a curriculum map provides you with a big-picture overview of your program's curriculum and allows you to review the sequence and to identify any redundancies, inconsistencies, misalignments, or gaps in your program's curriculum. If you wish, you may include an up-to-date curriculum map in your Student Handbook, and you may also use the map as an addendum to your syllabus, so that you don't have to revise your syllabi every time you want to make a small change to your map.

### Relevant Resources:

**Curriculum Map Template:** There is an Excel Curriculum Map template on the website that you can use to map out the curriculum with your program.

## Practicum

The *MAERB Core Curriculum* is meant to be a central part of your program, and it is to be paired with the practicum experience to provide the students with the opportunity to demonstrate their knowledge of the cognitive objectives and to practice the psychomotor and affective competencies that they have achieved during their coursework. As was stated above, on the practicum, students should be performing skills and demonstrating knowledge that they have acquired through the program.

The *2022 Standards and Guidelines* outline in Standard III.C that the practicum needs to be at least 160 contact hours in a healthcare setting in which the students can demonstrate the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and administrative duties. The student must be supervised by an individual who has knowledge of the medical assisting profession. It is required to be completed by graduation. While the students are in the practicum, they must perform a wide range of clinical and administrative skills.

The Practicum Coordinator must “provide oversight of the practicum experience” and “ensure appropriate and sufficient evaluation of student achievement.” Under the *2022 Standards and Guidelines*, **the focus is on the outcomes**. There are several processes that can support the outcome of ensuring that there is oversight and evaluation of student achievement.

Practicum Coordinators can certainly visit each site if, based upon the feedback of their communities of interest, they determine that it is best to do so. There are, however, other options, such as the ones listed below:

- Set up a system of regular phone calls/video chats/visit with the practicum site supervisors (documentation: schedule of “contact” with site)
- Have site supervisors evaluate the Practicum Coordinator’s support (documentation: surveys from site supervisors)
- Have students evaluate the Practicum Coordinator’s support (documentation: surveys from students)

There are several other creative possibilities. It will be important to demonstrate that the Practicum Coordinator is fulfilling the responsibilities of the position, and the methods listed above are just a few options to demonstrate that.

There are resources available to help you document the system that you determine is best for you, and you will find those under the Resources tab:

- **Student Evaluation of Practicum:** A section was added so that the student can evaluate the Practicum Coordinator oversight of the practicum experience.
- **Student Survey of Program Resources:** A section was added so that the student can evaluate the Practicum Coordinator as a Program Resource.
- **Practicum Evaluation of the Student:** A question was added so that the site supervisor could comment on the Practicum Coordinator’s role.

Program Directors also frequently have questions about the appropriateness of sites for students to have their practicum. Standard III.C describes the practicum as follows:

III.C

A supervised practicum of at least 160 contact hours in a healthcare setting, demonstrating the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and administrative duties, must be completed prior to graduation.

On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession.

The 2022 *Standards and Guidelines* do not specify that the students must be placed in an ambulatory healthcare environment, but the Standard does specify that the students must be placed in a healthcare setting in which they are able to demonstrate the knowledge, skills, and behaviors of the MAERB Core Curriculum.

Outlined below are different types of sites and their potential suitability for student placement. The traditional placement is in an ambulatory healthcare environment, but there are some non-traditional and emerging sites that may be appropriate if the students can demonstrate the range of skills which they have been taught. There may be the opportunity to combine sites. Some specialty sites might be appropriate for short-term practicum use, even though students would also need experience at other sites to get a full, well-rounded experience to prepare for entry-level medical assisting jobs. Below is a list of sites that do not typically allow students to complete a full range of medical assisting tasks.

Please note that, in certain states where PAs or NPs are allowed to evaluate patients, diagnose, order, and interpret diagnostic tests, and initiate and manage treatments (including prescribing medicine), it is appropriate for students to experience their practicum at a site which is directed by a PA or NP.

Examples of non-traditional and emerging practicum sites that may be acceptable if they are able to provide the full ambulatory health care experience.	Examples of non-traditional and emerging practicum sites that can be used, but they might need to be used in conjunction with other sites if they are not able to provide either the full ambulatory healthcare environment OR a mixture of administrative and clinical skills.	Examples of sites that typically would not allow the students to achieve the goal of demonstrating that the students can practice the skills, behaviors and Knowledge of the MAERB Core Curriculum.
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<ul style="list-style-type: none"> <li>• Physician Assistant or Nurse Practitioner offices (in states where they can head their own offices)</li> <li>• Ambulatory Care Clinics based within hospitals</li> <li>• Ambulatory Care military and/or VA facilities</li> <li>• Good Samaritan Clinics (serving low- income population)</li> <li>• Specialty Practitioners (ENT, Cardiologist, OB-Gyn, Plastic Surgery and so on)</li> <li>• Occupational Clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Addiction/Mental Health Clinics</li> <li>• Dialysis Centers</li> <li>• Chiropractic Offices</li> <li>• Laboratories</li> <li>• Dentist Office/Oral Surgery</li> <li>• Rehab facilities</li> <li>• Concierge Services</li> <li>• Child Nutrition Offices</li> <li>• Blood Banks</li> <li>• Pain (management) clinics</li> <li>• Ambulatory Care services in prisons/county jail</li> <li>• Retail Walk-in Clinics</li> <li>• Ambulatory Care School-based Clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Geriatric Day Care</li> <li>• Hospitals</li> <li>• Hospice</li> <li>• Hospitalists Service (Hospital Based)</li> <li>• Emergency Room</li> <li>• Long-term care</li> <li>• Assisted living facilities</li> </ul>
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The 2022 *Standards and Guidelines* removed the restriction on students receiving payment for the practicum, but that removal does not change the nature of the practicum. In Standard V.C, the following statement is a vitally important safeguard: “All activities required in the program must be educational and students must not be substituted for staff and must be readily identifiable as students.”

Essentially, when students are on the practicum, they need to be treated as students, not as staff. To protect the health and safety of patients, the students’ work needs to be observed and always monitored. In addition, the students need to be identified as students with badges or specific uniforms so that there is no misunderstanding on the part of the patients or the staff at the clinic of the students’ status.

If an institution determines that it is appropriate for students to be paid for practicum work, the institution should check with their legal counsel to ensure that they are potentially covered for any liability. At the same time, it is perfectly appropriate to continue with the practice of the unpaid practicum.

### **Workforce Development Grants/Apprenticeships**

As is discussed in the “Practicum” section above, when the students are completing their practicum, they do need to be treated as students rather than as staff. However, there are programs that fund students’ education while the students are simultaneously working as employees, such as workforce development grants and apprenticeship programs.

Many programs have employers use a Workforce Development Grant for current employees to enroll in the medical assisting program, as a tuition assistance program. For the practicum, in general, a good policy is to place the students in a different facility than the one that they are working with as

employees so that they are able to cross-train, but, if that is not possible, it just needs to be made clear to the site that they understand the dual role and that it is important for the students to be treated as students while completing practicum hours. Large facilities, for example, will often help to place the student in a different site or department, which allows for cross-training.

The apprenticeship issue is a little bit more complicated, as all CAAHEP-accredited programs need to ensure that students participate in a practicum. There are several CAAHEP-accrediting medical assisting programs that include an apprenticeship component, but that apprenticeship component does not remove any of the requirements of a CAAHEP-accredited program. In other words, there is no CAAHEP-accredited medical assisting apprenticeship program; rather, there are CAAHEP-accredited medical assisting programs that have an apprenticeship component.

Even if students are participating in an apprenticeship, they still need to fulfill the practicum requirement of the Standards. If you are being asked about the possibility of incorporating an apprenticeship component into your CAAHEP-accredited program, you should contact the MAERB office to speak to the Executive Director. According to MAERB Policy 133, if a program adds an apprenticeship component, it needs to be approved by MAERB prior to implementation.

## Simulation

Even though there is no discussion of simulation tools in the CAAHEP *Standards and Guidelines*, the MAERB frequently receives questions about simulation in education. There are several tools available for the medical assisting classroom, and the COVID-19 pandemic considerably enhanced the accessibility of online simulation. Program Directors frequently use simulation, through role-playing scenarios and online/in-person tools, so that students can achieve certain competencies.

With the use of online simulation, if any of the psychomotor competencies found in the following content areas, “Anatomy, Physiology, & Pharmacology,” “Infection Control,” and “Protective Practices,” of the MAERB Core Curriculum are taught online, program directors need to submit a special report, Teaching Invasive Practices through Distance Education (TIPCDE), to ensure that specific safety standards are being followed. MAERB Policies 132 and 235 provide some guidelines for that submission.

At this time, MAERB does not allow for simulation to be substituted for practicum hours for the following reasons:

- The students are required to achieve the competency in the program prior to the practicum, and simulation tools are frequently used for that achievement.
- The simulation environment is totally controlled, which does not allow for the organized chaos of a working environment.
- Simulation allows for only limited ability to deal with the unexpected and to problem solve.
- Simulation does not allow for negotiation with personalities.

MAERB will revisit this topic in the future, as there is always evolution in practice.

## Policies and Procedures

The MAERB is governed by CAAHEP’s *Policies & Procedures*, a document that is available on the CAAHEP website ([www.caahep.org](http://www.caahep.org)). In order to make those policies more specific to medical assisting educators, MAERB has developed its own MAERB *Policies and Procedures for CAAHEP Accredited*



*Medical Assisting Programs Manual*. In addition to overlapping with CAAHEP's *Policies and Procedures*, the MAERB *Policies and Procedures Manual* provides important fee information, defines key accreditation terminology, expands upon the *Standards and Guidelines*, provides the rationale for specific accreditation decisions, outlines accreditation activities such as progress reports and voluntary withdrawal of accreditation, and includes procedures for reporting program changes. It is vitally important that every Program Director have a good knowledge of MAERB's *Policies and Procedures*.

The MAERB board regularly reviews and revises the MAERB's *Policies and Procedures Manual*, and Program Directors are informed via email when revisions are adopted.

## Initial Accreditation Packet

The Initial Accreditation Packet is designed very specifically for Program Directors whose programs are applying for initial accreditation. The information in that packet works in conjunction with the *Program Director Handbook*.

The *Standards and Guidelines* are your best resource for developing a quality program. Outlined below are some of the key factors in building and maintaining a quality medical assisting program, related specifically to the *Standards and Guidelines*; at the same time, this overview is not a replacement for the complete *Standards and Guidelines*.

- Develop a clear formulation of the program's goals, with specific references to the communities of interest that the educational program serves and a regular assessment of those goals and documented contributions from those communities of interest. See Standard II for further elaboration.
- Ensure an adequate budget to supply sufficient resources, such as equipment and supplies, to students and faculty. Incorporate annual Resource Assessments to assess the appropriateness and effectiveness of the required resources with an action plan to correct deficiencies. See Standard III.A for a complete list of resources and Standard III.D for details about resource assessment.
- Put into place a qualified Program Director, Practicum Coordinator and faculty who provide the students with an education that ensures achievement of the entry-level knowledge, skills, and behaviors for medical assistants. See Standard III.B.1-3 for the details about the specific qualifications for and responsibilities of personnel.
- Provide well-balanced and structured course offerings that include cognitive, psychomotor, and affective domains and the required Core Curriculum objectives and competencies for the entire medical assisting curriculum, presented in a logical sequence. Syllabi should include learning goals, course objectives, and competencies required for graduation. See Standard III.C for further explication.
- Provide practicum experiences that enable students to apply the cognitive objectives and practice the psychomotor and affective competencies that they have learned, to develop clinical proficiency, and to assume responsibility for the performance of clinical and administrative procedures in an ambulatory health care setting under the supervision of qualified, trained, and knowledgeable personnel. See Standard III.C for details about minimum hours.
- Develop methods of evaluation that document the measurement of all cognitive objectives and psychomotor and affective competencies; in addition, there needs to be a tool to record the

achievement of all the psychomotor and affective competencies. See Standard IV.A.1-2 for the definition and guidelines for this process.

- Demonstrate ongoing evaluation of program effectiveness through implementation of outcomes assessment and submission of the Annual Report Form (ARF), with the results of the evaluation reflected in the review and timely revision of the program. The required outcomes include retention, job placement, graduate satisfaction, employer satisfaction, and national credentialing participation and pass rate. See Standard IV.B.1-2 for specific details and definitions.
- Set up a system of transparency in providing information to students and communities of interest about the accreditation status along with the academic and student policies, fees, outcomes, and other relevant information. In addition, there needs to be clearly articulated non-discriminatory practices in accordance with specific legal requirements. The program needs to provide notifications about changes to MAERB in a timely fashion. See Standard V for an overview of the many specifics in this area.

## Preparedness Plan

In the CAAHEP *Standards and Guidelines*, Standard I.B.2, it is clearly stated that program sponsor must have a “preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.” The Guideline associated with that Standard focuses on specific types of interruptions, but the central point is the interruption itself. While the focus is on the institution, MAERB’s policy 227 states explicitly that the medical assisting program also needs to have plan that focuses on the continuity of services for the medical assisting program in the case of loss of key personnel or any other resources that might potentially interrupt educational services.

The preparedness plan, which can also be called a business continuity or an emergency plan, is where the program sponsor outlines what steps will be taken if the traditional method of conducting education is interrupted. For example, how will the program sponsor continue to provide education if the students are not able to access the campus to attend classes due to a natural disaster, a fire, or a flood? What will the program sponsor do if students are not able to access the technology needed for education goals due to cyberhacking or a long-term power failure? Basically, program sponsors need to have that preparedness plan to adequately support their students. This plan is an organizational document.

Policy 227.II focuses specifically on the medical assisting program and may be a separate document or may be part of a larger document. Basically, the program sponsor needs to have a preparedness plan, sometimes referred to as a succession plan, in the case of the loss of any of the program resources. For example, if a Program Director were to leave suddenly due to an emergency, are there mechanisms in place to ensure that documents necessary to the program are retained and accessible? Is the information about the program and its educational and accreditation requirements in a central place for easy access? If the students were not able to access the labs to perform the necessary competencies, what mechanisms are in place to ensure that the students are still able to achieve the competencies? This plan can be developed by the current Program Director and the supervisor.

This material will be submitted by the program at the time of the comprehensive review.

## Myth Busters

MAERB often hears comments from our community that have taken on mythic status. In other words, those ideas and beliefs circulate and become part of the story of CAAHEP accreditation, but, like most myths, those ideas are based far more on fiction than on truth.

With that in mind, the MAERB has collected a number of those myths and is using this forum to “bust” them. If you want to share a myth that you have discovered and would like to learn more details about it, contact Sarah Marino ([smarino@maerb.org](mailto:smarino@maerb.org)).

Below you will find the myths, in no discernable order whatsoever:

### 1. One citation on a site visit means that the program will be recommended for probation.

That is typically not true. Policy 335 in the *MAERB Policy and Procedures Manual* outlines when a program may be considered for probation. A recommendation of probation because of a site visit can result due to the following reasons:

- a) The practicum component is not at least 160 hours and is not based in an ambulatory health care setting.
- b) The program did not demonstrate that it is teaching a significant number, one third or more of the cognitive, psychomotor, and affective domains of the MAERB Core Curriculum.

In addition, when a program is recommended for probation due to a site visit, the program has six to eight months to provide additional documentation to address the deficiencies prior to the recommendation going to CAAHEP.

### 2. Graduate and Employer Surveys are required to be paper surveys sent out by mail.

It is true that Graduate and Employer Surveys need to be sent out, but they do not need to be paper, and they do not need to be sent out by mail. For example, the program can use an online survey mechanism (or some other mechanism) to send out the required questions on the survey forms. In addition, program directors or other staff can call the graduates or employers and get the information over the telephone, filling out the form in proxy. In that instance, the person conducting the telephone survey would fill out the form, indicating on the form that it was a telephone interview. Then, the person conducting it would date and sign it. The information can also be gathered in person, using the same formal documentation process.

### 3. Students need to perform **all** the psychomotor and affective competencies at the practicum.

It is true that, as Standard III.C states, students need to demonstrate the “knowledge, skills, and behaviors of the *MAERB Core Curriculum* in performing clinical and administrative skills,” but it does not dictate that the **entire** MAERB Core Curriculum be covered on the Practicum, as it is unlikely that any site will be able to offer that. Rather, the goal is to ensure that students, during the practicum experience, be given opportunity to do or observe a significant portion of the *MAERB Core Curriculum*.

### 4. If the program director, in completing the annual resource assessment, indicates that a resource needs improvement, that means the program is out of compliance with the Standards.

The Resource Assessment, which is described in Standard III.D, is CAAHEP's quality improvement tool, and it is very important that CAAHEP-accredited medical assisting programs annually review their resources to ensure that they are being used effectively. The fact that something needs to be improved doesn't necessarily indicate a lack of compliance. If the resource is available and is sufficient, the program is in compliance. It might be, however, that the use of that resource can be improved, which is commonly referred to as quality improvement.

**5. The assessment tools in published textbooks that are aligned to the *MAERB Core Curriculum* are always valid.**

It is true that there are several textbooks that claim that their assessment tools are aligned with the *MAERB Core Curriculum*, and they use the verbatim language and numbering system from the *MAERB Core Curriculum*. Nevertheless, it is the program's responsibility to evaluate those tools to make sure that they are fully covering the *MAERB Core Curriculum*. There are times in which the assessment tools in the published textbooks are inaccurate or incomplete. With the affective competencies, sometimes those are listed as being embedded in a psychomotor checkoff list, but it is not quite clear how it is embedded. In other words, the published textbooks can be a good beginning for considering assessment tools for your program, but the tools within those textbooks should be regularly evaluated by the program director.

**6. Advisory Committee Meetings always need to have all the participants in the same room.**

In the perfect world, it would be good to have all participants present for your annual advisory committee meeting. However, participation may be electronic, by phone or videoconference. Knowing how difficult it is to get perfect attendance, Program Directors should follow up with missing members by mail with copies of the minutes and a request for feedback on the topics discussed and the decisions made.

**7. During a site visit, the Site Surveyors' primary objective is to find problems with the program.**

It's important to consider the function and purpose of the site visit. Prior to the site visit, there is a self-study completed, where programs evaluate themselves within the context of the CAAHEP *Standards and Guidelines*. During that entire evaluation process, programs often find areas in which they are not in compliance. The purpose of the self-study process is to correct those omissions so that they can document that they are in compliance.

The site visitors review the submitted self-study, with the objective being to ensure that the program is in compliance and is representing itself accurately within the self-study. As such, the site visitors are looking closely at the self-study and the CAAHEP *Standards and Guidelines*. The Surveyors play an educational role, helping the program to achieve compliance.

**8. Providing honest feedback to the MAERB office regarding the conduct of the Surveyors will result in some form of punishment, such as an extra citation or slower accreditation decisions.**

The evaluations submitted by the program are utterly confidential. The MAERB staff review those evaluations to determine the future use and placement of site visitors, but the MAERB staff make no accreditation decisions whatsoever. The goal of surveyor evaluations is also to learn what type of future training will best help the Surveyors to do their jobs.

It is very important for Program Directors and other staff members to provide honest and straightforward evaluations of the site visitors to ensure the integrity of the accreditation process.

#### **9. MAERB/CAAHEP requires programs to offer transfer of credit.**

MAERB does not dictate regarding an accredited program's *transfer of credit* policy. It is a CAAHEP requirement that each program have a *transfer of credit* policy. There are many CAAHEP-accredited programs that do not allow for transfer of credit. In those situations, the program simply needs to have a policy stating that. Other programs do allow for transfer of credit, and those programs need to explain those policies. CAAHEP will evaluate if a program is applying its transfer of credit consistently. Also, programs will be asked how they can ensure that a student who has transferred into the program has achieved all the psychomotor and affective competencies, so Program Directors need to ensure that they can answer that question.

## **Annual and Ongoing Responsibilities**

### **Annual Responsibilities**

There is a pattern to your year as a Program Director, and, in this section, we outline the annual responsibilities to provide you with an overview of the accreditation duties that occur throughout the year. This schedule will vary, as some of you are on quarters and other semesters. In addition, some programs have advisory committee meetings twice a year, while others have an advisory committee once a year. Then some programs complete their Annual Report Form in the Fall, and others submit their Annual Report Form in the spring. At the same time, there are some commonalities. It is recommended that you create a chart for your activities as a program director, relying on this list, so that you have a calendar that is personalized to the activities of the program.

#### *Yearly*

##### *Advisory Committee*

- Recruit advisory committee members.
- Set advisory committee meeting date.
- Gather information for advisory committee meeting.
- Conduct advisory committee meeting.
- Email advisory committee members with minutes and request for additional feedback, particularly missing members.
- Review responses and start to prepare for the next meeting.

### Annual Resource Assessment

- Collect and analyze the graduates resource evaluation survey.
- Review budget and staffing.
- Analyze student evaluations, practicum evaluations, and any other relevant data.
- Fill out the Annual Resource Assessment Form.
- MAERB has a template, or you can create your own with the same components.

### Annual Report Form (Fall or Spring)

- Regularly review your ARF Tracking Tool for completion and accuracy.
- Gather advisory committee meeting minutes and Resource Assessments for submission.
- Update and doublecheck student exam data.
- Submit your ARF, adding data for the new year and updating previous years.
- After you receive the review letter, post the ARF outcome on the website.

### Practicum Sites

- Recruit new sites, as appropriate.
- Review current sites for
  - Continued appropriateness of the site
  - Currency of the Affiliation Agreement

### Preparedness Plan

- Review the institutional and medical assisting program plan to ensure that it is up to date.

### Policy Update

- Review all the materials that the *Standards and Guidelines* require you publish to ensure that students are informed of the policies of the program.

### *Every Academic Term*

- Review personnel and determine if there is a need to submit a Faculty Attestation Form or Practicum Coordinator workbook for any newly hired personnel.
- Review syllabi and/or addendum to ensure that the MAERB Core Curriculum is covered.
- Update Curriculum Map, if applicable.
- Gather practicum evaluations from students and the sites.
- Review gradebooks and competency tracking mechanism for appropriate completion.
- Gather student evaluations of courses.

### *Monthly/Every Two Months*

- Send out Graduate and Employer Surveyors, following the time frame required in Policy 205.
- Update ARF Tracking Tool with the appropriate status for students and graduates.
- Add items to the advisory committee meeting agenda, as relevant.

## Document Retention and Record Keeping

Medical Assisting student records must be maintained for CAAHEP accreditation purposes, as is detailed in Standard IV.A.1 & 2 and outlined in *MAERB Policy 220*. (There may be other or additional requirements required for your institutional accreditation).

To consider the information that you need to keep, review the *ARF Raw Data Submission and On-Site Electronic Documents* handout, which is found on the MAERB website; in addition, it will be a very good idea to look at the *Continuing Accreditation Self-Study Report Template* to see what programs are required to maintain. Understanding what the Surveyors review will help you to plan and retain the appropriate documentation. The explanation below is a brief overview of document retention and record keeping.

As outlined above in the section about the ARF and discussed in MAERB Policy 205, it is necessary to keep five years of raw data to support the aggregated information reported on your most recent ARF. The raw data must be organized by the year of graduation, except for the Retention data, which is organized by admission cohort. You are also required to keep an updated ARF Tracking Tool.

In terms of documentation to support compliance with the MAERB Core Curriculum, you will need to retain the materials indicating that you taught and assessed the cognitive objectives and the psychomotor and affective competencies for the most recently assessed group of students for each of the courses that include any of those objectives and competencies. For example, if you teach specific cognitive objectives and psychomotor and affective competencies in your MA 101 (hypothetical) course in the fall of 2022, and it will not be taught again until fall 2023, you will need to keep the materials illustrating that you taught and assessed those objectives and competencies.

For the cognitive objectives, the documents that you include to indicate measurement of the objective will be the blank exam with the test question/s that relate to the specific objective highlighted and any other required assessments, if applicable. For the psychomotor and affective competencies, the documents that you include to indicate measurement will be a copy of the blank skills assessment tool used to assess student achievement of each psychomotor and affective competency.

In addition to the blank assessment tool, it is necessary to keep the student records for each of the most recently assessed courses.

Likewise, you will need to retain documentation that the students have achieved all the psychomotor and affective competencies prior to graduating from the program and that the students have completed a practicum of at least 160 hours and during that practicum be able to practice and observe a variety of clinical and administrative skills and affective behaviors.

Program will need to keep documentation that the students have achieved the psychomotor and affective competencies using an electronic or paper tracking mechanisms for the most recent graduate cohort. The competencies need to be listed in their entirety and the students' achievement of each competency needs to be dated and signed off.

Also, programs need to retain the practicum evaluations and practicum timesheets for the most recent graduate cohort.

Outlined below is a chart that explains the timeframes required for certain documentation focused specifically on documentation that needs to be retained for specific time periods.

Number of years retained	Documentation
3 most recent years	Advisory Committee Minutes
Current	Budget
3 most recent years	Annual Resource Assessment
3 most recent years	Raw data (surveys, documents, meeting minutes) to support the Resource Assessment
Five years that matches the current ARF	Raw data for the following: participation and performance on national credentialing exams, program attrition/retention statistics, graduate satisfaction survey, employer satisfaction survey, positive job placement rates.  With the new ARF Form, the programs will be required to keep five years for retention and exam participation/passage. Regarding the graduate and employer surveys and the positive job placement rates, programs are expected to maintain raw data for those who graduated in 2018 and up to the present.
Most recent graduate cohort	Practicum Evaluations Practicum Timesheets
Most recent graduate cohort	Tracking Mechanism for Psychomotor and Affective Competencies.

### Outcomes Assessment: Annual Report Form (ARF)

Submission of an Annual Report Form (ARF) is required of all CAAHEP accredited medical assisting programs, and this requirement is clearly articulated in Standard IV.B and elaborated upon in *MAERB Policy 205*. The ARF is used for reporting the outcomes identified in the *Standards*: retention, job placement, graduate participation and satisfaction, employer surveys sent and satisfaction, and medical assisting credentialing. The data is represented for a five-year period, and, beginning with the 2023 ARF, in which Program Directors will be inputting data for the admission and graduate cohorts of 2022, there will be a full five years represented. Prior to the 2023 ARF, because MAERB switched to a new reporting model and Annual Report Form, there were fewer years of data for certain outcomes. If your program is in the initial accreditation period, there will be fewer than five years visible on your ARF.

You will need to gather and organize your data continually throughout the year to make the process easier, using the required ARF tracking tool (see details below). In addition, you should systematically organize the data so that you are preparing in advance for your comprehensive visit, even if the site visit is several years in the future. In gathering and organizing your data, you need to remember that you will be organizing your data based upon the following chart:

Outcomes/Section of ARF	Method of Organizing and Reporting Material
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Retention		Based on Admission Cohort
<b>Students Graduate from the program, and the Program Directors report on the categories below.</b>		
Job Placement		Based on Graduation Year
Graduate Survey		Based on Graduation Year
Employer Survey		Based on Graduation Year
Graduate Analysis		Based on Graduation Year
Exam Participation and Passage		Based on Graduation Year

In other words, you will organize your retention data by admission cohort. To define the admissions cohort, many medical assisting programs have an official admissions policy, while other programs establish a trigger course in accordance with MAERB Policy 205. If you have a formal admissions process, you must use it to define the admission cohort. The trigger course is used for programs that do not have any formal competitive admission process. The data to support the job placement rates, the graduate and employer surveys, and the exam participation and passage will be organized by year of graduation.

To elaborate on the trigger course, it is the course in which the psychomotor and/or affective competencies are first performed by students and measured by the instructor. For those programs that don't have a formal admissions process, the trigger course is the baseline for collecting and reporting Retention data.

If a program uses a trigger course, once a specific group of students have taken and passed that course, they are then considered to be part of the admission cohort. The student may have already taken other courses in the program (such as an introductory medical assisting course or medical terminology, for example), but, until that specific group of students passes that trigger course, the students are not counted as part of the program's enrollment (for retention purposes) which is reflected on the program's ARF. For those programs that do have a formal competitive admissions process, they must use the formal competitive admissions process to define their admission cohort.

Prior to fall 2019, the material that supported your ARF outcomes was organized and reported differently than it is now.

Each year, the program is expected to update the previous years' data and add the data for the current, designated year. Programs are assigned either a fall or spring date to submit information for the ARF. Determination of when a program's ARF is due is based on the number of admission cycles per year that the program has. To allow the program time to collect data, the program reports on the data of the previous year. Outlined below is a depiction of the year reported on:

Year of ARF Submission	Year of Admission Cohort and Graduate Cohort reported on— previous years need to be updated.	Year of Tracking Tool – The requirement is that the information included in the tracking tool represents the program as of the date of submission.	Year of Advisory Meeting Minutes and Resource Assessment—The requirement is that the materials be completed in the year outlined below and submitted in the following year.
2023 ARF (Submitted in October 2023/February 2024)	2022	Data from 2019 – 2022, preliminary data from 2023	2022
2024 ARF (Submitted in October 2024/February 2025)	2023	Data from 2019 – 2023, preliminary data from 2024	2023
2025 ARF (Submitted in October 2025/February 2026)	2024	Data from 2019 – 2024, preliminary data from 2025	2024
2026 ARF (Submitted in October 2026/February 2027)	2025	Data from 2019 – 2025, preliminary data from 2026	2025
2027 ARF (Submitted in October 2027/February 2028)	2026	Data from 2019 – 2026, preliminary data from 2027	2026
2028 ARF (Submitted in October 2028/February 2029)	2027	Data from 2019 – 2027, preliminary data from 2028	2027

As a courtesy, Program Directors receive an email one month prior to the ARF going “live” within their cycle, reminding them of the upcoming ARF submission and providing the date when the ARF will be available online. There are detailed instructions available on the website. Also, the MAERB staff create video recordings each year to provide a detailed instruction plan for filling out the ARF.

In addition, Program Directors need to submit the following information online with their ARF based on specific MAERB Policies:

- **Policy 205:** Program Directors will be required to submit their ARF Tracking Tool that has been updated to match the top row of data that will be included on the current ARF as well as include preliminary data up to the date of submission.
- **Policy 230:** Program Directors will be required to submit the annual Advisory Committee Meeting Minutes for the calendar or academic year of the data being reported in the current

ARF, with the requirement that the Meeting Minutes were written in the year in which they are dated.

- **Policy 225:** Program Directors will be required to submit their Annual Resource Assessment for the calendar or academic year of the data being reported in current ARF, with the requirement that the Resource Assessment was conducted in the year that it was dated.

Programs are given five weeks to complete the annual ARF and can pause and restart at any time prior to official submission. If you submit it after the deadline, there is an automatic administrative fee. Upon submission, the MAERB staff reviews the ARF for validity, as well as for the thresholds, and, if there are errors, they will need to be corrected and you will need to pay an administrative fee. Again, good data collection and consistent updating of your own records will help to prevent any problems. The Annual Report Form Instructions provide you with illustrative detail as well some typical problem areas.

#### **Relevant Resources:**

**MAERB Policy 205:** MAERB has established thresholds for each of the outcomes which must be achieved for a program to remain in good standing. The thresholds are identified and defined in MAERB Policy 205. In monitoring the data, the MAERB focuses on the data of the most recent three years. In addition, the program is required to submit its tracking tool.

**MAERB Policy 210:** “Reporting ARF Outcome(s)” provides you with information about posting the outcome and what type of outcome should be posted.

**Policy 230:** Program Directors will be required to submit the annual Advisory Committee Meeting Minutes for the calendar or academic year of the data being reported in the current ARF, with the requirement that the Meeting Minutes were written in the year in which they are dated.

**Policy 225:** Program Directors will be required to submit their Annual Resource Assessment for the calendar or academic year of the data being reported in current ARF, with the requirement that the Resource Assessment was conducted in the year that it was dated.

**ARF Tracking Tool & ARF Tracking Tool Video:** This tool was mandated to first be used beginning with the 2019 data. You should have only one ARF Tracking Tool, including multiple years of data on it with only 2 total tabs

**Outcome Thresholds Chart:** This handout provides information about the outcome thresholds that the program is required to meet as well as descriptions about what is appropriate raw data. In addition, it provides a few hypotheticals to understand how the ARF is monitored by the MAERB staff and Board members.

**Annual Report Instructions & Video** (updated annually): This detailed set of instructions covers both the technical aspects of inputting the data into the form, as well as an outline of some of the major problems and issues that arise with the ARF.

## The ARF Tracking Tool

Program Directors are required to submit an updated ARF Tracking Tool when they submit their ARF each year. The MAERB office keeps a copy of each program's annual Tracking Tool submission. It is important to remember that completion of the ARF Tracking Tool is not a substitute for maintaining the raw data itself. You will still need to keep the actual raw data for retention, job placement, graduate surveys, and employer surveys, and credentialing exams. It is important that you keep the raw data that supports the aggregated numbers that you report annually on the ARF, in accordance with MAERB Policy 205.

By keeping your records updated throughout the year on your ARF Tracking Tool, you should be able to complete the online ARF quickly and easily.

You should not start a new ARF Tracking Tool every year. Instead, you should add the data on a regular basis. You will then be able to use that data to fill out your ARF by using the Excel Filter function.

### Relevant Resources:

**MAERB Policy 205:** MAERB has established thresholds for each of the outcomes which must be achieved for a program to remain in good standing. The thresholds are identified and defined in MAERB Policy 205. In monitoring the data, the MAERB focuses on the data from the three years prior to the most recent year.

**ARF Tracking Tool:** If you don't have a copy of your program's ARF Tracking Tool, contact the MAERB office. If this is your first time completing the ARF there is an Excel version of the ARF Tracking Tool on the website.

**Video: ARF Tracking Tool:** MAERB holds webinars twice a year on how to use the ARF Tracking Tool and updates the recording on the webinar.

**ARF Tracking Tool Instructions:** This instruction sheet is updated annually and provides an overview of how to fill out the ARF Tracking Tool and common errors.

## Outcomes Assessment: Publication of an Outcome

You are required on an annual basis to publish on your website either the retention, job placement, or exam passage outcome data from the Annual Report form. The chosen outcome that is published needs to be the five-year cumulative average. If you do not yet have five years of outcomes, then you will post the percentage for the first year or the percentage for the total number (2 – 4) of years that are included on your ARF. The information is required to be posted on the program's website. It is not acceptable to provide this information only on internal documents. In other words, it is not enough to include it ONLY in your advisory meeting minutes.

If your program offers two different CAAHEP-accredited awards, then you will need to report an outcome for each award. Programs with fall ARFs will typically receive an ARF review letter from MAERB in January/February. Programs with spring ARFs will receive an ARF review letter from MAERB in April/May. You will be given instructions about updating the outcomes information in that letter, as you are required to share that location with the MAERB Office. After receiving the letter, the posted outcome(s) should be promptly updated.

In doing so you are conforming to the 2022 *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, Standard V.A.4 that states the following:

The sponsor must maintain **and make accessible to the public on its website** a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the Medical Assisting Education Review Board.

MAERB has put in place *MAERB Policy 210* that outlines the requirement for publishing the ARF outcome. In accordance with this policy, CAAHEP-accredited medical assisting programs are required to annually publish either their retention, job placement or exam passage outcome from their Annual Report, and the outcome needs to be published on the website. The chosen outcome published needs to be the five-year average of the specific outcome. Initial accreditation programs will need to post the first-year outcomes and, after that, the cumulative average of 2 – 4 years.

The data should not be updated until the program receives its official letter from MAERB acknowledging the status of the Annual Report Form. In that letter, the Program Director will be provided a link to an online form in which the outcome will be reported.

The MAERB Office will collect those links in late spring or summer on an annual basis. For specific information about the design of the posting, where it should be posted, and specific phrasing examples please see *MAERB Policy 210*.

#### **Relevant Resources:**

**MAERB Policy 210:** “Reporting ARF Outcome(s)” provides you with information about posting the outcome and what type of outcome should be posted.

### **Resource Assessment**

In Standard III.D, it is explicitly stated that the program must assess the appropriateness and effectiveness of its resources on an annual basis, documenting that in the Resource Assessment Form. This task is typically assigned to the Program Director; at the same time, many Program Directors work collaboratively with other units because programmatic accreditation is an institutional responsibility. MAERB collects the annual Resource Assessment Form from all programs with the submission of the ARF. The goal is to ensure compliance with the Standards. In addition, MAERB will store the Resource Assessment Form so that, if there is any loss of materials or change in leadership, it will be part of the institutional history. MAERB will not review the completed Resource Assessment Form each year, as that is done by the Surveyors at the site visit, but Program Directors can contact the MAERB office if they have any questions about this requirement.

It is left to the discretion of the Program Director precisely when during the academic or calendar year this assessment will take place. In addition, the Program Director can approach the assessment in a variety of ways. MAERB provides several surveys to be used, but programs can use any other tool that they wish to fulfill this required component. The important goal, however, is to ensure that any concerns can be identified immediately and that a specific action plan can then be developed and followed.

MAERB will be putting into place a new required Resource Assessment Form for programs to use and will be adding to its collection of surveys. The new Resource Assessment Form will be rolled out in fall 2023, and there will be a training webinar and other support provided.

You are expected to maintain the three most recent years of a completed Resource Assessment Form, along with the surveys and other information that you used to evaluate the resources, and Surveyors will be looking for that during the comprehensive review.

#### **Relevant Resources:**

**Resource Assessment Form:** This Form outlines the standard resources necessary for a Medical Assisting program and provides an outline to assess those resources. Use of this exact template is optional until January 2024, but the resource assessment that you conduct must reflect all the resources and column in MAERB's template, in conjunction with Standard III.D. [The new Resource Assessment grid will be posted on the MAERB website in fall 2023.](#)

**Student Survey of Program Resources:** MAERB provides a survey template in which the students evaluate the resources within the program.

**Advisory Committee Survey:** This survey is designed for members of your advisory committee in which they evaluate the resources of the program as well as evaluate the advisory committee as a resource.

**Faculty Survey of Program Resources:** This survey is designed for the instructional staff to evaluate the resources of the program.

### **Advisory Committee Meetings**

You will note that there are frequent references to the medical assisting communities of interest, as defined in Standard II.B. The communities of interest include the following: students, graduates, medical assisting faculty, sponsor administration, employers, physicians (MD, PA, DO, NP), and the public. There must be at least one representative from each of those seven groups, and they should be assigned tasks based upon their knowledge, expertise, and interests. Outlined below are some areas of expertise that can be contributed by specific members.

- Students can provide guidance about the achievement of the specific learning goals and domains.
- Graduates can provide input about how the program prepared them for employment as well as suggestions for improvement in that area.
- Medical Assisting faculty can make suggestions about curriculum, based upon their experience teaching the material.
- The Dean, or Chairperson to whom the Program Director directly reports, represents the sponsoring administration, and they can provide guidance on program effectiveness and implementation of changes.
- Employers (including office managers and nurses) can specifically guide the program on how to best prepare graduates for employment, based upon the trends in the field.
- Physicians (i.e., MD, PA, DO, NP) provide input, with an understanding of the medical assisting scope of practice.

- Public members can speak to their experience within the broader healthcare systems.

The public member has traditionally been, for many of the medical assisting programs, the most difficult to find. The public member should be an informed person with a community focus who has never been employed in a healthcare environment. Public members cannot be current or past practitioners within a profession whose educational programs are accredited by CAAHEP (see [www.caahep.org](http://www.caahep.org) for the list). In addition, the public member cannot be affiliated in any capacity (faculty, staff, and administrator) with a school that has a CAAHEP-accredited program.

The role of the advisory committee is to provide guidance and direction in validating and revising the program and program goals, based on the communities of interest's needs and expectations. One of the goals of the advisory committee is to allow you to determine the specific needs and expectations of those communities of interest. While some programs formally survey the advisory committee, other programs conduct that conversation at the meeting and then record it in the minutes. In addition, you will need to solicit their help in the assessment and revision of the program goals and learning domains. Also, it is very important that you seek their input in program changes in response to the external expectations. And, finally, the advisory committee should be informed of the program's performance on the outcomes and should have the opportunity to provide feedback on those outcomes.

While the *Standards* require only one advisory committee meeting per year (whether academic or calendar year), there may be periods in which that is not sufficient. It is vitally important to keep minutes of advisory meetings as well as lists of attendees to document the type of input that you receive.

Along with the items discussed above, here is a list of other agenda items:

- Share the feedback that you receive from the graduate and employer surveys and seek input about methods of addressing any specific areas of concern.
- Share your Annual Report (ARF) and discuss the outcomes.
- Share the Resource Assessment grid and ask for help in creating action plans for any deficiencies.
- Seek input on needed curriculum revisions.

If there are members within your communities of interest who do not attend a specific meeting, you need to send them the meeting minutes and solicit their feedback to those minutes. They may not reply, but you have given them the opportunity to do so. You should document that you have taken this course of action.

MAERB collects the annual Advisory Meeting Minutes from all programs concurrent with the submission of the program's ARF. The goal is to ensure compliance with the Standards. In addition, MAERB will store the resource so if there is any loss of materials or change in leadership, it will be part of the institutional history. MAERB will not review the Advisory Meeting Minutes, as that is done by the Surveyors at the site visit, but Program Directors can contact the MAERB office if they have any questions with the requirement.

When your program prepares its Self-Study Report, which occurs approximately every ten years, you will need to submit three of the most recent years of advisory committee minutes with the report; during the visit, the Surveyors will expect to meet with current members of the advisory committee.

#### **Relevant Resources:**

**MAERRB Policy 230:** This policy outlines the required composition of the advisory committee.

**Advisory Committee Agenda and Checklist Template:** This template provides an outline of items covered during the advisory committee meeting, designed as a guide for the Program Director. It is available on the MAERB website.

## **Ongoing Responsibilities**

Change is necessary, and some of those changes require information to be reported to MAERB so that their files are complete. In addition, other changes are important because both MAERB and CAAHEP's databases need to be updated. Below you will find a list of changes that require you contact MAERB. Most of these changes will not occur on an annual basis, but reporting them is part of your ongoing responsibilities.

### **Program Changes**

As is outlined in Standard V.E and Appendix A of the *Standards and Guidelines*, programs and, by extension, institutions are responsible for providing MAERB/CAAHEP with regular updates. In this section, the focus will be on the substantive changes that are most commonly reported to the MAERB office. There are fees for some of these changes, and these are outlined in the Accreditation Fee Schedule; failure to pay any fee by the final due date will result in the program being assessed a late fee. If the fees are not paid after the second notice, the program will be placed on Administrative Probation by CAAHEP. *MAERB Policy 330* outlines the definition of Administrative Probation.

### **Medical Assisting Personnel Changes**

The program/institution needs to report any changes in the Program Director and Practicum Coordinator to MAERB. These workbooks need to be downloaded from the MAERB website and filled out completely. In addition, documentation is necessary to support the qualifications for each respective position. Programs also need to ensure that faculty who teach courses specific to the medical assisting program fulfill the requirements for faculty outlined in the *CAAHEP Standards and Guidelines*.

#### *Program Director*

Based upon policy 240, the Program Sponsor must inform the MAERB office in writing of the vacancy of the Program Director and appoint a permanent, acting, or interim Program Director within 14 days. MAERB must have a completed Program Director Workbook for the permanent or interim Program Director within a month of the appointment, and there is a fee associated with the change of the Program Director.

If the program director is also functioning as the practicum coordinator, no practicum coordinator workbook needs to be completed, as the Program Director can provide the relevant



information in the Program Director Workbook. However, a practicum coordinator job description will still need to be provided.

The Program Director must document education and/or training received in instructional methodology, to include at least one of the following:

- Completion of a workshop/seminar, as documented by a program content outline and certificate of completion, including the number of hours completed
- Completion of an in-service workshop, as documented by a content outline and proof of successful completion, including number of hours completed
- Formal course taken in the field of education, as demonstrated on an official transcript

The topics that relate to instructional methodology include learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.

#### *Practicum Coordinator*

Based upon policy 245, it is necessary to report all changes in the Practicum Coordinator position to MAERB within 14 days of the change. It is required that there be at least one Practicum Coordinator for the CAAHEP-accredited medical assisting program, but multiple people can serve as Practicum Coordinators. There is a fee associated with the addition of Practicum Coordinators.

#### *Faculty*

Based upon Policy 250, Medical Assisting Faculty need to fill out a Faculty Attestation Form, working with the Program Director, attesting that they have the appropriate qualifications and are fulfilling the appropriate responsibilities. Those Faculty Attestation Forms need to be submitted to the MAERB office. At the time of the submission, there is no need to submit additional documentation. It is important, however, that the appropriate qualifications be documented and kept on file, as the documentation will need to be submitted with the Self-Study at the time of the comprehensive review. Also, MAERB can ask for an updated list of faculty members and request the Faculty Attestation Forms and the Documentation for review at any point.

**Relevant resources:** MAERB Policy 240, 245, 250 and Faculty, Practicum Coordinator, and Program Director workbooks.

Chief Executive Officer & Dean (**more accurately, the individual to whom Program Director reports**): Changes in these positions can be made using this [link](#), which is also available on the MAERB website and must include the following information:

- name
- listing of highest academic credential
- title
- street address (if different than the program's business address)
- business email address

- business telephone number

This information is then included in the MAERB and CAAHEP databases.

## Curriculum Changes

Programs are required to report all curriculum changes to MAERB, including a brief description of the change and electronic copies of revised syllabi. If the change includes the addition or deletion of a course or is one that represents a significant departure in content, it is recommended that the change be reported prior to implementation. In addition, if there is a minor shift in the number of credit/clock hours, resequencing, renaming, or renumbering of a course or a change in modality (i.e., online or hybrid delivery), those changes also need to be reported. There is a Curriculum Change Form available on the website. With any curriculum change, it is a good idea to call your Program Manager to see if a workbook needs to be filled out or if a narrative and syllabus will suffice.

### Relevant Resources:

MAERB Policy 235 and Curriculum Change Form

### Addition or Change in Degree/Credential:

If an institution wishes to either add an additional award (certificate/diploma or degree) option for which it will be seeking CAAHEP accreditation or wants to switch the accredited award from one option to another, the institution will need to work with its MAERB Program Manager. The process entails submitting a *Request for Accreditation Services* form online and completing either an Additional Award or a Change of Award Self-Study Report. Before beginning to work on either of these special Self-Study Reports, please talk with your Program Manager.

### Relevant Resources:

MAERB Policy 120 and Additional Award or Change of Award Self-Study Report.

### Program Sponsor Changes:

These changes can include changes in ownership, a transfer of sponsorship, or any adverse decision affecting the school's institutional accreditation. In these situations, the first step would be to send a written description of the situation to the Program Manager, who will, in consultation with the Executive Director, outline the correct path to follow; the path can vary, depending upon the particular context.

### Relevant Resources:

MAERB Policies 255 and 260

In addition, it is necessary for institutions to notify MAERB if the school has changed its name or if the program has moved to a different location.

## Comprehensive Review

NOTE: The information outlined below describes the comprehensive review process for site visits beginning in January 2024.

As is evident from the preceding sections, there is a great deal of contact between the individual programs and the MAERB office to maintain CAAHEP accreditation. In addition, every program goes through a comprehensive review at least once every ten years. MAERB, however, can request a comprehensive review at any point in time within the ten-year cycle. The findings from the comprehensive review generate a recommendation from MAERB to CAAHEP, either for granting accreditation or for an adverse recommendation.

Because the Initial Accreditation Packet provides specific details for Program Directors who are seeking initial accreditation, the focus in this section is designed for Program Directors of currently accredited programs. If you are a new Program Director of a currently accredited program and you do not have any record of when your program's next review is scheduled, contact your Program Manager for that information.

For those programs already CAAHEP-accredited, the MAERB office will contact you approximately 16 months prior to the semester in which your visit is scheduled to take place to arrange a specific site visit date. You will be asked to submit three dates within a specific time frame, either fall or spring, depending on the program's assigned time. During the site visit, classes must be in session during the first day of the visit so that students are available. In addition, administrators, such as the president and dean/associate dean, and medical assisting faculty, must be available during the visit. You will then receive a confirmation letter (or a request for additional dates) in which you are informed of the specific date of the site visit and the due date for the Self-Study.

In programmatic accreditation, the primary focus is on the curriculum and instruction, including assessment of student learning and the program outcomes of students and graduates. The visits are scheduled to last for a day and a half (and sometimes two days for programs with multiple programs or campuses). Generally, there are two Surveyors who conduct the visit; in some instances, for schools with multiple campuses, there may be a team of three or more Surveyors. After the initial contact from MAERB, you will receive confirmation of the site visit dates as well as details on how and when to submit the SSR. You will also be asked about food and lodging options and transportation services that are available in the area.

Preparing an SSR is a collaborative initiative that involves the medical assisting program along with representatives from across the institution. MAERB offers Self-Study Workshops on a regular basis with both virtual and face-to-face options. There is a fee for the Self-Study Workshop. Attending a Self-Study Workshop between 12 to 24 months prior to the scheduled onsite visit allows you to build upon that knowledge as you put together your Self-Study Committee and prepare the SSR.

One of the first steps that a Program Director should take is to establish a budget for the comprehensive review process so that there is clarity and transparency for the process within the larger institution. It is important to consider the following: accreditation fees (see the Accreditation Fee Schedule for details); the cost of materials to set up the resource room; costs for any additional administrative support; the

travel and lodging expenses that relate to attendance at a Self-Study Workshop; the cost of any additional capital investments for the program and so on. Establishing a developed budget will help the Program Director to plan. You will receive an invoice from MAERB approximately four months prior to the due date of your Self-Study and the payment is due at the same time as your Self-Study. There is no problem if it is submitted prior to the due date.

In addition to creating a budget, the Program Director will need to put together an ad hoc Self-Study Committee to ensure that the information necessary to develop the Self-Study Report is available. The Committee should include the following people: medical assisting faculty; advisory committee members; support faculty; the dean/administrator, who serves as the direct supervisor of the Program Director; support staff (librarian, career services, student services, financial services and so on); students; and graduates.

While Self-Study Committees can vary considerably depending upon the size of the program and the institutional context, as a general rule, all Self-Study Committees have the following goals:

- Establish timelines and set deadlines
- Determine how often meetings are needed to report on progress
- Plan the timeline to meet the date for submission of the Self-Study Report
- Allow time for proofreading and making necessary changes prior to submission of the draft SSR to institutional administrators for approval
- Determine areas of responsibility for gathering material and completing the Self-Study
- Review the Self-Study Template found on the MAERB website
- Assign specific responsibilities for gathering and compiling information
- Enable a critical and informed look at the program, using the *Standards* as a guide.
- Analysis of the Resource Assessment Form (see website for the form and a sample)
- Analysis of the annual outcomes (Retention/Attrition reports, Job Placement, MAERB Graduate and Employer surveys, Credentialing Exam results)
- Analysis of how well the program is meeting its goals and learning domains
- Determination if the needs and expectations of the communities of interest have changed; and, if anything has changed, documentation of how the program responded
- Determination of the strengths and weaknesses of the program
- Determination of any action(s) necessary to bring the program into compliance with the *Standards*

## Self-Study

There is a Self-Study Template available on the MAERB website for programs to fill out and submit to the MAERB Office. Programs that are being visited in 2024 and beyond will use the 2022 Self-Study Template.

Reviewing the Self-Study Report Template found on the MAERB website is a very good beginning to the process, as understanding the components of the Self-Study will ensure a smooth self-study process. The Self-Study Report (SSR) requires you to look critically and comprehensively at your program and to compile the data that has been collected over the last several years. It is an evaluative inventory of resources, assessments, and curriculum.

As the Program Director, it will be very important for you to read the directions completely, and your next step will be to proceed through each section of the Self-Study, which is organized by Standard. In responding to the specific areas of the Self-Study, you will need to demonstrate that the program is compliant with the current *Standards and Guidelines*. The SSR template is designed specifically to correspond to the *Standards and Guidelines*, as well as to the *MAERB Core Curriculum*. In addition to filling out the form, you are required to submit multiple appendices for additional documentation.

In the SSR template there are specific instructions that outline the appendices. In addition, MAERB has developed a naming protocol to help you to name the documents that are necessary to be attached. The naming protocol is embedded within the instructions on the SSR template.

Four months prior to the site visit, you will submit your Self-Study Report to the password-protected Submissions page on the MAERB website. The directions for doing so are on the Resources tab of the MAERB website ([www.maerb.org](http://www.maerb.org)) in the “Site Visits and Program Resources” section. The instructions are titled, “Submitting Documents, MAERB website,” and Program Directors have been sent their passwords.

Concurrent with the submission of your Self Study, you will also need to submit payment to MAERB for the comprehensive review and accreditation application fees. You will be receiving invoices for the fees four months prior to the due date of the Self-Study. In addition, those programs undergoing continuing accreditation will need to submit the continuing accreditation fee. Instructions for submitting the fee will be outlined on the invoice.

A few months prior to the established site visit date, the MAERB office will contact you with the names of and brief background about the Surveyors. It is important to respond as quickly as possible if you perceive any conflict of interest. If there is no conflict of interest, you should simply affirm your approval of the team members.

After the MAERB office receives your SSR, your Program Manager will review it to ensure that all the parts are complete. It is then sent to a MAERB Liaison, who reviews it to provide any necessary directions to the site visitor. Approximately eight weeks prior to the site visit, the MAERB office sends your Self-Study to the site Surveyors. At any point in this review process, you might be contacted with questions and requests for further clarification and documentation.

#### **Relevant Resources:**

**Self-Study Report Template:** You will be downloading a zipped folder, and you will need to remove the documents from this zipped folder. You will find the Self-Study template, along with two required forms for appendices. This is the lengthy report that you will complete during the year prior to the site visit. There are two templates available: one for initial accreditation and one for continuing accreditation.

**Submitting Documents, MAERB Website:** These instructions outline the process for submitting the Self-Study Report on the password-protected page of the MAERB Website.

#### **SharePoint Site**

When the MAERB provides the Site Surveyors with your Self-Study, we will also provide you with the contact information of your Surveyors, along with other supplementary information. We provide that

information approximately 8 weeks period to your site visit. To access the information, you will receive a link to a SharePoint Site via email from the MAERB office that was designed for you to share documents with your Surveyors. Please test the MAERB SharePoint site and sign in immediately. If you have any problems, please contact Sarah Marino ([smarino@maerb.org](mailto:smarino@maerb.org)) for help.

The SharePoint site access is designed for the Program Director and the Site Surveyors. The MAERB staff also have access to the MAERB SharePoint site, but that is purely for administrative purposes. We will not add your supervisor or any instructional staff to the SharePoint site, as the goal is to ensure privacy and confidentiality. The goal of using a protected SharePoint site is to develop a safe space for Program Directors to share the program materials.

#### **Relevant Resources:**

**SharePoint Instructions:** This document outlines the instructions for accessing the SharePoint site that was created for your site visit.

#### **Visit Schedule**

Approximately 4-6 weeks prior to the visit and after receiving the Self-Study and other program materials, the Team Coordinator will contact you to set up the schedule for the visit as well as review the travel specifics. The MAERB office will have provided the Surveyors with the lodging and travel options that you sent when you confirmed your site visit date. The Surveyors' travel and lodging plans should be discussed at this time, so that arrangements can be made. The program is responsible for the transportation of the team to and from the airport (frequently there are shuttles available) and to and from the hotel.

In addition, the Team Coordinator will want to create a schedule for the visit with you. You will be sent a sample Site Visit Agenda that you will need to adapt in coordination with the Team Coordinator; it lists all the specific components required during the site visit. It will be necessary for you to identify the people who will be participating in the visit, such as the advisory committee, current students, graduates, faculty, support staff and administrators. You should also create a list of the names and titles of all the people at the institution and from your advisory committee for the Site Surveyors. It is more difficult to do so for the students and graduates, but, if it is possible, you should do so. Your responsibility will be to set up all appointments and meetings. In addition, there are always formal opening and exit interviews with the Medical Assisting program faculty and the administrative leadership.

During that initial contact with the Team Coordinator, it will be very important for you to review the documentation that is required for the site visit. You will find that the Team Coordinator will be a useful resource in clarifying the documents that are necessary for the site visit.

You will also need to make plans for the Surveyors to be provided with access to lunch each day and other snacks and amenities.

#### **Relevant Resource:**

**ARF Raw Data Submission and On-Site Electronic Documents:** This document outlines the ARF materials that need to be submitted to MAERB, using the Submissions tab on the website as well as the material that needs to be available to the Surveyors in the resource room.

**Site Visit Agenda, 2022 Standards:** This document outlines the people that the Surveyors will want to meet with on your campus associated with the program. In addition, it outlines some of the required meetings, such as the opening session, the curriculum discussion, and so on. You can use this template to develop your agenda.

## Resource Room

On the campus, you will need to provide a private room for the Surveyors, and they should have access to the materials outlined below, as well as the other documents that are necessary and outlined on the *ARF Raw Data Submission and On-Site Electronic Documents*. Set up a temporary office so that the Surveyors can accomplish their tasks as efficiently and effectively as possible. You should check with the Team Coordinator to find out what specific technology needs the Surveyors will have. It may be that the Surveyors are bringing their own computers.

## Additional Documentation for The Site Visit

### *Submission of ARF Raw Data*

MAERB conducts regular audits of CAAHEP-accredited programs *Annual Review Form*; in doing so, the staff look closely at the *ARF Tracking Tool* and the raw data that comprises the aggregated information that Program Directors post in the Annual Report Form. Currently-accredited programs undergoing comprehensive reviews will need to submit their ARF Raw Data one week prior to the start of the site visit, using the SharePoint site that has been set up for the institution. Initial accreditation programs do not have any ARF Raw Data, so there is nothing to submit. The MAERB office will review the material and contact the program director if there are any discrepancies or concerns. You will need to review the document on the MAERB website, *ARF Raw Data Submission and On-Site Electronic Documents*, for details on what needs to be included and how it needs to be organized.

### *MAERB Core Curriculum*

At the site visit, the Site Surveyors will be discussing the coverage and assessment of the MAERB Core Curriculum. You will need to have available for the site Surveyors all the syllabi and course content outlines, tests, checkoff sheets, assignments for every course in the medical assisting curriculum. It may be that some of the courses are currently being taught, and you also may need to provide information from courses that were taught in the past. Those materials can be stored in paper folders, electronic folders, digital learning resources, or a learning management system. You will need to have the instructors available to explain the materials to the Site Surveyors, as they will sample the materials while they are on site. You will also need to have the books and other instructional materials available.

Prior to the site visit, the Surveyors will ask you for five samples of assessment tools for them to review. They will have specific requests based upon their review of the course list, curriculum map, and syllabi provided in your Self-Study. The goal in asking for these samples is, first, to look in detail at how the program assesses the MAERB Core Curriculum and, second, to use the samples as a method for continuing the conversation at the site visit. During the curriculum meeting at the site visit, you will be showing the Surveyors additional materials, so the samples will not be the only assessment tools that they review.

During the site visit, you will have scheduled a meeting with the Site Surveyors and all the instructional staff teaching the MAERB Core Curriculum. At that meeting, the Surveyors will ask questions about how the MAERB Core Curriculum is taught and will also be asking to see additional materials.



Your task is to ensure that you can easily locate all the curricular materials. As outlined above, you can organize and store the material in a variety of different ways, as the Surveyors will not be searching through the material for the information that they request; instead, you will be showing them that material.

### *Electronic Resource Room*

As you are finalizing your work on the Self-Study, you will want to start compiling the additional documentation that you need to provide to the Surveyors during their visit.

MAERB requires the use of electronic files, but it is important to ensure that you have a backup of some type in case there is any problem with the system. For example, these materials could be stored on an external hard drive or on a laptop for the use of the Surveyors.

Your most important resource will be the *ARF Raw Data Submission and On-Site Electronic Documents*. It includes a detailed explanation of how to organize the material electronically. You can use the Checklist as a method of ensuring that you have all the material available.

The Surveyors will have reviewed all the syllabi and the curricular tools when they review the SSR. If you have updated your syllabi in any way, you should provide the updated syllabi to the Surveyors. In addition, you should have a copy of your Self-Study Report available electronically in the resource room for the Surveyors.

You will need to make sure that you also have the textbooks available for all the classes so that the material can be double-checked by the survey team.

You will find a model for naming documents and organizing them in the *ARF Raw Data Submission and On-Site Electronic Documents*. There are other materials that are necessary, and the document will help you to identify those materials.

With the use of SharePoint, many Program Directors are using the SharePoint site to share the materials required at the site visit, but the use of SharePoint is optional, as you might want to keep that information in a secure area on the institution's server.

### **Relevant Resources:**

***ARF Raw Data Submission and On-Site Electronic Documents***: This document outlines the ARF materials that need to be submitted to MAERB, using the Submissions tab on the website as well as the material that needs to be available to the Surveyors in the resource room.

***MAERB Policy 220***: This policy outlines the document retention requirements.

### **Medical Assisting Clinical Spaces**

The site visitors will want to see the resources that are available to the student. They will want tours of the medical assisting classrooms and laboratories. They will look at library resources, with the understanding that many of them exist online. Due to time constraints, Surveyors are no longer required by MAERB to visit a practicum site.

The clinical equipment and supplies for the students are examined very closely, as the psychomotor competencies are at the heart of the program. As Standard III.A indicates, the program resources must



be sufficient to ensure the achievement of the program's goals and outcomes, so the program needs certain equipment to ensure that students can demonstrate the relevant competencies, but there are often a variety of ways that a competency can be achieved. In addition to examining the space for sufficient resources, the Surveyors also consider Standard V.C, which focuses on safeguarding the health and safety of all the participants associated with the educational activities of the students.

As an issue that essentially touches on both Standard III.A and V.C, many programs receive donated expired supplies, and there may be a valid use for those materials. Most medical materials, such as needles, fluids, disinfectant solutions, catheters, sutures, and so on, are imprinted with an expiration date.

Beyond this date, the manufacturer does not guarantee the sterility, safety, or stability of the item. The storage of expired medical supplies **MUST** have some safeguards set up, so they are not inadvertently used on live human subjects. It is never acceptable to use any expired items invasively.

NOTE: It is never acceptable for programs to use expired or non-expired medications, but they may use "mock meds" or "demo meds" in simulations only.

The method for indicating that materials are expired can vary according to the set-up of the lab. Here are a few examples:

- Separating the expired materials from the non-expired materials by putting the expired materials in a box and marking as "expired."
- If the materials are already in their own packaged box, marking the packaged box as expired.
- If space does not allow for clear separation, the use of color-coded labels or dramatic Xs to indicate that supplies are expired, with a legend posted in the clinical space that explains the purpose of the label is appropriate or the use of labels that specify the following: "NOT FOR USE ON HUMAN SUBJECTS."
- A clearly outlined instructional plan for the order of the cabinets to ensure that students know what materials are expired and unexpired and when they can be used.

The storage in the lab is central to safeguarding the health and safety of all the participants in the program; at the same time, you could also have your students help you with the organization of those materials as you practice creating inventories.

A. **Acceptable practice** for expired medical supplies in the following instances:

- Instructing students in a simulated environment
  - Example: Instructor is demonstrating the technique of administration of parenteral medications on injection pads. The use of expired medical supplies is acceptable for the demonstration of skills when not performing on live human subjects.
- During student-simulated practice times
  - Example: Student practicing the technique of venipuncture on a simulated human arm, prior to assessment of competency. The use of expired medical supplies is acceptable for the practice of skills when not performing on live human subjects.

- Assessing student skills for technique only
    - Example: CLIA-waived tests have quality controls built in or available separately. Expired tests and controls may be used as long as they are being used to assess the technique of completing the test correctly and not for the purpose of performing a quality control measure.
- B. **Unacceptable practice** for expired medical supplies in the following instances:
- Any invasive procedures on live human subjects, i.e., injections, venipuncture, capillary puncture (including any solutions that are injected, needles that are used, etc...)
    - Example: Students learning to administer parenteral medications initially practice on injection pads, but then they inject fellow students. Students must use in-date supplies when using live human subjects.
  - If the use of an expired supply would result in an inability to assess that the student was successful in achieving competence.
    - Example: Students are being assessed on performing a quality control measure using a liquid control solution with a chemistry analyzer. The liquid control must be in-date as it is critical to the assessment of the competency of the student.

## During the Visit

The survey team meets the night before at the local hotel to discuss its initial findings after the Surveyors' individual review of your Self-Study and prior to seeing the material available at the campus. You will need to arrange for transportation of the Surveyors to the campus in the morning and to the hotel in the evening, but those are details to discuss in your initial conversations. Also, the team will rely on you, or whomever you designate, to serve as a guide during the visit. You should provide your cell number so that the Surveyors can contact you if they have any questions or they are looking for more information.

Quite frequently, Surveyors will request more documentation during the visit itself. Providing additional documentation during the site visit supplements the materials that have already been submitted and allows for elaboration if there are any omissions.

As outlined above, the Surveyors will also find it very helpful if you provide them with a list of names and titles of the people with whom they are going to meet, so that they can use that resource for completing their report.

At the end of the visit, there is a formal *Exit Interview*, during which the Surveyors share their findings. The findings will include the list of deficiencies, if applicable, and a summary of the program's strengths. The findings relayed during the *Exit Interview* are tentative, and any deficiency may later be added or deleted. The findings from the *Exit Interview* are only relayed orally, and the program will not receive anything in writing at that time.

### Relevant Resource:

***Site Visit Agenda, 2022 Standards:*** This document outlines the people that the Surveyors will want to meet with on your campus associated with the program. In addition, it outlines some of

the required meetings, such as the opening session, the curriculum discussion, and so on. You can use this template to develop your agenda.

## After the Visit

You will receive an email from the MAERB office with a link to a survey to evaluate the team who visited the campus. It is very important that you fill out the survey. You can also share that link with other people on the campus who interacted with the Surveyors. The MAERB office relies upon that data to develop surveyor training.

The Surveyors submit their *On-Site Survey Report (OSSR)* to the MAERB office five days after the visit has concluded. There is then a review process by the MAERB staff and the MAERB liaison. During the review, it is conceivable that deficiencies will be added or deleted, in coordination with the team coordinator. You will then be provided with the final copy of the *OSSR* and are asked to review it. In the *OSSR*, you will find the deficiencies listed as well as the documentation that is required to correct the them.

In reviewing the *OSSR*, you are given 21 days to correct any deficiency possible. It is important to include a cover letter if you are making any corrections. In that cover letter, you should outline the deficiencies that you are addressing as well as explain the documentation you are submitting.

In submitting information to correct deficiencies, you will need to supply all the documentation that MAERB requests. For example, if the program was informed that certain sections of the curriculum were missing, then you would need to provide those sections. On the other hand, if MAERB requests material that can only be submitted at a point in time well into the future, such as advisory meeting minutes or resource assessments, you should not try to resolve any such deficiencies at this point in the process. In your response to MAERB, you need to consider whether you will be able to demonstrate compliance within the 21 days provided to you.

Material submitted in response to the *OSSR* for any given deficiency must be complete, and not partial. MAERB will not review incomplete documentation. MAERB will provide you with guidelines for organizing and submitting the information, and it is important to follow MAERB's protocols for naming and organizing your files, as MAERB stores that documentation on its servers.

You will need to respond to the *OSSR*, even if you do not provide any additional information to correct deficiencies. If there were no deficiencies listed or you are unable to correct any deficiencies within the 21 days allotted, there needs to be a brief letter of agreement. MAERB will not move forward with the process without a formal acknowledgment from the institution and program.

Along with providing a response to the *OSSR*, you will also need to submit a *Request for Accreditation Services (RAS)*. To submit the *RAS*, you will need to go to the CAAHEP website and fill out the appropriate form: <https://www.cognitofrms.com/CAAHEP2/RequestForAccreditationServices>. It will be automatically transmitted to the MAERB office, and you will be contacted if any further information is needed.

Any response will be reviewed by the MAERB Liaison, and, if appropriate, changes will be made to the report. Based upon the *OSSR* and your official response to it, a recommendation is then created and reviewed by the MAERB members. The MAERB is authorized to add, delete, or modify any deficiency

found in the *OSSR* prior to its recommendation to CAAHEP. After Board discussion, the MAERB recommendation is forwarded to CAAHEP for final action and is typically voted upon by CAAHEP within 45 days of the MAERB meeting. You will be notified of the CAAHEP decision following its meeting.

You will receive a formal letter from CAAHEP that outlines the response and lists the citations. If you submitted additional information, please do not assume that the deficiency was removed. Details about its review will be found in the CAAHEP Letter. It is important to remember that, prior to the approval of the CAAHEP Board and the publication of the CAAHEP letter, any omissions in a program's compliance with the *CAAHEP Standards and Guidelines* are referred to as deficiencies, as only CAAHEP as the formal accrediting Commission can identify citations. The CAAHEP notification will indicate the type of accreditation action being recommended, any citations, and the due date of the progress report, if required. Generally, the CAAHEP letter is received five to eight months after the site visit.

This process varies if there is an adverse recommendation, such as probation, withholding accreditation, or withdrawal of accreditation. In those instances, the program can request reconsideration. Please see the section titled "Adverse Recommendations" below.

In terms of the specific timeframes, programs approved for initial accreditation are given accreditation for a period of no more than five years. Programs with initial accreditation status are asked to provide reports to MAERB throughout the five-year initial accreditation period. At the end of the five-year period, the program with initial accreditation may be granted continuing accreditation for up to an additional five years, lengthening the time between comprehensive reviews to no more than ten years. Programs that apply for continuing accreditation may be granted continuing accreditation for a maximum of ten years before another comprehensive review is required. Any program may be required to undergo an early site visit at the discretion of MAERB, based on the program's continued compliance with the *Standards*.

## **Adverse Recommendations**

In the instance of a MAERB adverse recommendation, such as probation, withholding accreditation, or withdrawal of accreditation, the program will receive a letter from MAERB and be given the opportunity to respond, prior to any official notification being forwarded to CAAHEP, as is outlined in MAERB Policy 335. The program has three options at this stage: first, to request reconsideration based upon new data; second, to request voluntary withdrawal of accreditation or withdrawal of the program's application in lieu of an adverse recommendation; or, third, to accept the adverse recommendation.

In requesting reconsideration, the program can provide any material to demonstrate compliance with the *CAAHEP Standards and Guidelines for Medical Assisting Programs*. The program has seven days in which to declare its intention for a request for reconsideration and then a specific period to provide the appropriate documentation. If an institution chooses to request reconsideration, it will need to demonstrate that it is addressing the specific deficiencies completely and effectively and that the appropriate changes have been made. MAERB varies the time frame for the response with the hope that the program will be able to address the major deficiencies. Therefore, whether a program should request reconsideration, as opposed to accepting the pending adverse recommendation, is a decision based on the nature of the deficiencies.

If a program decides to request reconsideration, no recommendation will be sent to CAAHEP until the submitted documentation has been reviewed by MAERB. At the next appropriate meeting, MAERB will determine if the request for reconsideration is successful or not, and the program will be notified of MAERB's decision.

CAAHEP also provides the option for a program to voluntarily withdraw, in lieu of an adverse recommendation. If a program decides to follow that path, it can contact the MAERB office for the correct template to be sent to CAAHEP.

The program's final option is to accept the adverse recommendation. In that instance, the program will be sent a formal letter from CAAHEP with specific instructions and details.

**Relevant Resource:**

***Policy 335: Adverse Recommendations: Probation and Withdrawal:*** This policy outlines the process for requesting reconsideration and the criteria for an adverse recommendation.

## Progress Reports

Programs that are granted initial or continuing accreditation and that have outstanding citations are asked to submit progress reports either on February 1, May 1, August 1, or November 1 of a given year, to address those citations. For the progress report, programs are requested to submit documentation that illustrates that they are now in compliance with that specific citation. You will find a document, "Organization of Documents for Progress Reports and other Submissions," on the website, and it can guide you in an effective method of organizing the information. The progress report is then reviewed by MAERB at its next meeting, and the program is informed of the board's findings. According to *MAERB Policy 325*, programs with continuing accreditation have a maximum of two progress reports, while programs with initial accreditation have a maximum of three progress reports.

**Relevant Resource:**

***Policy 325: Progress Reports:*** This policy outlines the requirements for progress reports.

## MAERB's Glossary of Accreditation Terms

MAERB was asked to put together a list of terms that are widely used in the accreditation processes for CAAHEP-accredited medical assisting programs. Outlined below you will find our list of the most used terms. MAERB is very open to additional suggestions. In addition, we will keep track of the questions that we receive and continue to add to this list in the future.

**Additional Campus (i.e., Satellite):** A physical location, separate from the main campus, that offers 100% of the professional didactic and laboratory content of the CAAHEP-accredited medical assisting program and which has applied for and been approved by MAERB as part of a multiple campus.

**Additional Location/Classroom:** A physical location, separate from the main campus, that directly offers a portion (i.e., less than 100%) of the professional didactic and/or laboratory content of the CAAHEP-accredited medical assisting program. Programs with an additional

location do not need to apply for multiple campus status, but they do need to inform the MAERB office of the location.

**Annual Report Form (ARF):** Every CAAHEP-accredited medical assisting program must submit an online ARF annually. The ARF is a five-year reporting of the program's outcomes, clearly showing whether the program meets the MAERB-established thresholds for retention, job placement, graduate and employer survey, and credentialing exams.

**ARF Tracking Tool:** The ARF Tracking Tool is a MAERB-mandated Excel document that accredited programs are required to update regularly and to submit online, concurrent with their ARF. It contains outcome data beginning with no later than 2019 admissions and 2019 graduates and continuing indefinitely into the future. The ARF Tracking Tool's data should mirror the data that is reported on the ARF. If the ARF Tracking Tool's filters are used effectively, the completion of the annual ARF should be a straightforward and easy task.

**Commission on Accreditation of Allied Health Education Programs (CAAHEP):**

CAAHEP currently accredits over 2200 education programs in 31 health sciences fields. CAAHEP is an accreditor of programs at the entry level of each profession. It is a Section 501(c)(3) tax exempt organization. MAERB, which functions as a Committee on Accreditation (CoA), is one of CAAHEP's 31 allied health fields and makes accreditation recommendations to CAAHEP.

**Credentialing:** This refers to the passing of an exam by an individual upon completion of an educational program to demonstrate competency in their chosen profession. Neither CAAHEP nor MAERB is involved in the credentialing of individuals.

**Curriculum Change:** Any change, no matter how small, within a CAAHEP-accredited medical assisting program, including, but not limited to, a change in clock or credit hours, the addition or deletion of a course, a change in the mode of delivery for any portion of a course, the renaming, renumbering, or resequencing of a course, or the shifting of curriculum content from one course to another. All curriculum changes, except when transitioning from one set of CAAHEP Standards and MAERB Core Curriculum to another, should be reported to MAERB following MAERB Policy 235.

**Full Distance Education:** A method of delivery in which 100% of the instruction within a program is provided remotely, meaning that the instructor and student are physically separated and using technology to interact, but still requiring substantial interaction between the faculty and the student. Instruction may be synchronous or asynchronous. There are currently no CAAHEP-accredited medical assisting programs that are full distance education, although some are close to 100%.

**Institutional Accreditation:** The process by which an entire school, as opposed to the individual programs within a school, is closely reviewed by external experts and shown to be in compliance with certain standards that are set by the institutional accreditor. CAAHEP and MAERB are involved solely with programmatic accreditation, not institutional accreditation.

**Medical Assisting Faculty:** According to the Guidelines portion of the 2022 CAAHEP Standards, a medical assisting faculty member is any person (whether full-time, part-time or adjunct) who teaches at least one course that is unique to the medical assisting program.

**One-Plus-One (1+1) Program:** When MAERB refers to a 1+1 program, it refers to a CAAHEP-accredited medical assisting program that offers both a Certificate/Diploma option as well as an Associates Degree option, but only the shorter (i.e., Certificate/Diploma) option is CAAHEP-accredited, since all Associate Degree medical assisting graduates are automatically issued the Diploma/Certificate by the sponsoring institution.

**Progress Report:** A follow-up, written report that is submitted to MAERB by programs that have outstanding citations outlined on their CAAHEP letter that need to be addressed and resolved, following the site visit.

**Resource Assessment:** The annual process by which the medical assisting program carefully evaluates all its resources, examines the findings, and formally reports them to the MAERB. The goal is ongoing quality improvement of the program.

**Self-Study:** The extensive process, occurring approximately every 9 ½ years, by which the medical assisting program formally studies and evaluates its own program, resources, curriculum, and policies, with the goal of ensuring that it is in compliance with the CAAHEP Standards.

**Site Visit:** A two or three-day event, occurring approximately every 9 ½ years, at which the medical assisting program is visited by a team of trained surveyors, for the purpose of confirming the program's compliance with the CAAHEP Standards and Guidelines. It results in an official On-Site Survey Report being sent to the program and, ultimately, to a recommendation being sent from MAERB to CAAHEP. The site visit, sometimes known as a comprehensive review, is typically face-to-face, rather than virtual.

**Standards and Guidelines:** Standards are requirements of all CAAHEP-accredited programs. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. CoAs develop language for both Standards and Guidelines, both of which are then approved by CAAHEP.

## Dean/Supervisor Oversight

CAAHEP and MAERB require that every program have an administrative contact in addition to that of the Program Director of the CAAHEP-accredited medical assisting program. For that position, MAERB asks for the identity of the person who is the immediate supervisor of the medical assisting Program Director. That person may hold the title of Dean or may have some other title. For the sake of accreditation shorthand, MAERB refers to that person as the Dean contact.

This section of the *Program Director Handbook* is designed specifically for Deans/Supervisors overseeing the medical assisting Program Director, and the goal is to provide direction for the responsibilities that MAERB expects of that position. There will be some duties described that are contained within the *Program Director Handbook*, and others that are very specific to this section, but the goal is to create a simple checklist for Deans/Supervisors.

While this topic is covered below in the Standard I discussion, it is important to restate it here. MAERB strongly recommends that all important documents be stored on a shared drive that is backed up so



that, if there is any inadvertent deletion due to the removal of a Program Director, you will still have the important documentation required. Those important documents include course records (rosters, gradebooks, tracking tools), course materials, ARF raw data, the program's ARF Tracking Tool, Advisory Committee Meeting Minutes, and Resource Assessments, along with other program material.

The items listed below are incomplete but are based upon the questions that the MAERB Office typically receives. It would be helpful to review this section with your medical assisting Program Director. Please feel free to contact MAERB's Executive Director, Sarah Marino ([smarino@maerb.org](mailto:smarino@maerb.org)), if you have any suggested additions.

### **Standard I Responsibilities of the Program Sponsor**

- The Dean/Supervisor must work with the medical assisting Program Director to ensure that the program is able to fulfill all the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*.
- If the program does not award academic credit, ensure that there is an articulation agreement (memorandum of understanding, non-credit to credit pathway) so that the students, if they enroll in the academic program specified, receive some academic credit for the medical assisting program that they completed. Please see MAERB Policy 233 in the MAERB *Policies and Procedures Manual*.
- The Dean/Supervisor will need to work with the medical assisting Program Director to ensure that there is a preparedness plan for both the institution and the medical assisting program in case of any emergency that may interrupt students' access to educational services. It is particularly important to ensure the retention of the program materials. Please see MAERB Policy 227 in the MAERB *Policies and Procedures Manual*.

### **Standard II.B Program Advisory Committee**

- Program Directors of CAAHEP-accredited medical assisting programs are required to hold an advisory committee meeting once a year (academic or calendar) with specific representatives of the communities of interest. One community of interest is a sponsor administrator. Typically, the Program Director's direct supervisor best represents that community of interest. Participating in the advisory committee will ensure that you know the value of the program within the community. Please see MAERB Policy 227 in the MAERB *Policies and Procedures Manual*.

### **Standard III.B Personnel**

- If a Program Director leaves the program, the Dean/Supervisor must report that departure and identify a permanent, acting, or interim Program Director within 14 days of the vacancy. In addition, Practicum Coordinator changes or additions, and medical assisting faculty appointments must be reported. Please see MAERB Policies 240, 245, and 250 in the MAERB *Policies and Procedures Manual*.

### **Standard III.D Resource Assessment**

- Program Directors of CAAHEP-accredited programs are required to conduct an annual assessment of its resources and track that assessment in an Annual Resource Assessment Form.



Beginning in the calendar year 2024 or the academic year 2023-2024, Program Directors will be required to use MAERB's Annual Resource Assessment Form that is found on the MAERB's website ([www.maerb.org](http://www.maerb.org)) under the Resources Tab on the Site Visits and Program Resources page. The form requires that you sign off on the Resource Assessment Form along with the Program Director. The Program Director will find it very helpful if you review the raw data that he/she compiles in the process of assessing resources and provide helpful support in filling out the annual Resource Assessment Form.

#### **Standard IV.B Outcomes**

- Programs are required to submit an Annual Report Form (ARF) on a yearly basis reporting on the program's outcomes, as defined in the CAAHEP *Standards and Guidelines*. Along with reporting the aggregated numbers, Program Directors are also required to submit their Advisory Committee meeting minutes, the annual Resource Assessment, and an up-to-date ARF Tracking Tool. In addition, Program Directors are required to retain five years of raw data supporting the aggregated numbers reported on the ARF. Deans/Supervisors are informed about the timing of submission of the ARF. After the submission and MAERB's review of the ARF, Program Directors are required to post an outcome. Please see MAERB Policies 205 and 210 for additional details in the MAERB *Policy Manual*. Also, on the MAERB website, under the Resources tab, you will find the ARF Information page that contains the Employer and Graduate Surveys that the program must use, along with ARF Instructions, videos, and the ARF Tracking Tool template.

#### **Standard V.E Substantive Change**

- Program Director are required to report substantive changes to the MAERB office. There is a list of required reports outlined in Standard V.E. In addition, there is a list of requirements in Appendix A of the CAAHEP *Standards and Guidelines*. Please see Policies 255, 260, 330, 340, and 345 in the MAERB *Policy Manual* for additional details. For a change in your position or that of the Chief Executive Officer, please see the section "Program Changes" in this handbook on how to report that change.

## **Conclusion**

The production of the *Program Director's Handbook* has been a collaborative process. The MAERB members have contributed their collective experience as Board members, educators, practitioners, and Surveyors. The Surveyors have guided the process by sharing their questions about what programs do and don't do, and the MAERB staff has provided their insights by sharing the questions that they regularly receive. Please feel free to share with the MAERB staff any further questions that you might have so that we can continue to update and revise this document.

### **Virtues of Accreditation**

The MAERB continues to showcase the Virtues of Accreditation on a regular basis. At the September 2019 MAERB Forum, participants requested that MAERB provide a brief outline of the virtues of accreditation so that Program Directors and other instructional staff of CAAHEP-accredited medical

assisting programs can discuss the benefits of CAAHEP accreditation with administrators at the organizations that sponsor the medical assisting program.

Below you will find a list of accreditation virtues that we first published in fall 2019 and have updated since then. The MAERB welcomes your participation in this process, as we realize that you, too, have a list of advantages that you outline when you speak to students, administrators, and employers. Please contact Sarah Marino ([smarino@maerb.org](mailto:smarino@maerb.org)) if you have additional ideas.

- **Accreditation assures professional competence:** Graduates from a CAAHEP-accredited program have covered the comprehensive MAERB Core Curriculum and achieved the psychomotor and affective competencies to ensure patient safety.
- **Accreditation offers standardization, uniformity, and consistency:** All CAAHEP-accredited programs cover the same MAERB Core Curriculum, so employers can be guaranteed that the students know a given body of entry-level knowledge.
- **Accreditation requires external verification, review, and validation:** In fulfilling the standards, CAAHEP-accredited programs submit their outcomes to MAERB for an annual review and go through a comprehensive site visit review with CAAHEP every ten years.
- **Accreditation protects resources:** The accreditation *Standards and Guidelines* specify that the students and faculty have access to specific resources to ensure that the program can comply with the national standards.
- **Accreditation enhances the institution's reputation:** Institutions participating in programmatic accreditation distinguish themselves from other institutions.
- **Accreditation is public:** CAAHEP-accredited programs are listed in a CAAHEP database for student and educator access, and CAAHEP-accredited programs post their status and outcomes.
- **Accreditation travels well:** Employers across the country recognize the value of accreditation.
- **Accreditation advances the profession:** The standardization, uniformity, and consistency that accreditation ensures, as well as the review of the *Standards and Guidelines* and MAERB Core Curriculum, move the profession forward toward greater recognition in the allied health field.
- **Accreditation acknowledges accountability:** Educational programs graduating prospective healthcare workers must be accountable in ensuring patient safety, and accreditation supports the process of accountability with curriculum that is innovative, relevant, and current.