##

## Resource Assessment Form Instructions

This Resource Assessment Form and the surveys found on the MAERB website are required for programs to use on an annual basis. In the past, programs were free to either use MAERB’s Microsoft Word Resource Assessment template or to create their own. However, with the creation of this new Resource Assessment Form, all accredited programs must use this Word document for reporting to the MAERB.

Standard III.D in the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* states the following:

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

This Standard focuses on quality improvement, asking you to evaluate your resources for effectiveness. Quality improvement is a continuous process. As such, your annual Resource Assessment Form must always build upon your Resource Assessment Forms from previous years.

The Resource Assessment Form is the product of your annual resource assessment. To help you with completing the Resource Assessment Form on an annual basis, MAERB has developed several surveys, which you will find on the MAERB website under the *Resources* Tab on the *Site Visits and Program Resources* page. There, you can download a zipped folder titled “Resource Assessment Surveys.” You will then need to extract the surveys from the zipped folder. There are three required surveys for you:

* Student Resource Survey
* Faculty Resource Survey
* Advisory Committee Resource Survey

You can add your own questions to the surveys, but you will need to retain the original questions as well.

These three surveys include both quantitative and qualitative questions, and you can use the responses you receive to provide the data so that you can effectively evaluate your resources.

It is not enough, however, to just administer those surveys on an annual basis. You also need to complete the Resource Assessment Form. In the Resource Assessment Form, you are asked, based upon the responses to the surveys, if you think the resources are effective and appropriate or if there is the need for an action plan to improve a specific resource. If there is the need for an action plan, you will need to list the data that demonstrates the need for an action plan. The action plan will need to include a concrete plan of action with specific goals, a timeline, and the people who will be involved in implementing it.

MAERB Policy 225 outlines that all CAAHEP-accredited programs must annually assess their resources and document that assessment in the Resource Assessment form. You need to maintain the three most recently completed Resource Assessment Forms in your records, along with three years of the raw data (surveys, evaluations, and so on).

Resource Assessment Form

|  |  |  |
| --- | --- | --- |
| Name of Institution | City | State |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| Indicate below the period of evaluation that corresponds to this Resource Assessment Form. You need to check whether the Resource Assessment is either for the calendar year or the academic year and then you must include the precise year for the calendar year in the dropdown or the year range for the academic year.  |
|[ ]  Calendar Year | Date | Choose an item. |
|[ ]  Academic Year | Dates | Choose an item. | Choose an item. |

Outline here the follow-up for action plans that you put into place when you completed your Resource Assessment Form for the previous year or years. Enter “N/A” if you did not designate any action plan on last year’s Resource Assessment Form.

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Resource** | **List the tool/s that are used to assess each resource.** **The MAERB office provides helpful surveys. You may also use institutional surveys, such as faculty evaluations and program reviews.**  | **Choose one of the following two options from the dropdown box:*** **Yes, the resources are effective and appropriate.**
* **There is a need for an action plan.**
 | **If you identified the need for an action plan in the prior column, detail the specific results from your surveys that explain why an action plan is needed.** **If there is no need for an action plan, just enter “N/A.”**  | **Create an action plan that responds to the data that you outlined in the prior column. Include (as text only) the following in your action plan:*** **A concrete plan of action with specific goals**
* **A timeline for implementation**
* **The people and titles of those who will be involved in implementing it.**

**If there is no need for an action plan, just enter “N/A.”**  |
| **Personnel:** * **Program Director**
* **Practicum Coordinator**
* **Faculty**
* **Clerical Staff**
* **Support Staff**
 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Communities of Interest:*** **Advisory Committee**
* **Practicum sites**
 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Facilities:*** **Classrooms**
* **Laboratories**
* **Faculty spaces**
* **Equipment & Supplies**
* **Finances**
* **Computer Resources**
 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Curriculum and Instructional Materials:*** **Curriculum, Textbooks, Instructional Material**
* **Library**
* **Tutoring/learning center**
 | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Signature of Program Director (Type your name) | Date |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Signature of Program Director’s Direct Supervisor (Type your name) | Date |
| Click or tap here to enter text. | Click or tap here to enter text. |