

The decision was made not to record the Town Halls that were held on September 8 and September 17th, but this annotated PowerPoint was designed to be shared with the community. This PowerPoint was the foundation of the discussions that were held during the two Town Halls. It is important to begin with the fact that the drafts that were circulated to the community have not been approved by CAAHEP.

In addition, MAERB's timeline for revision to the CAAHEP *Standards and Guidelines* coincided with CAAHEP's revision of the Standards and Guidelines template, so you will note that the changes highlighted in green are changes created by CAAHEP's revision of its template, while the changes highlighted in yellow are the changes that MAERB is proposing.

Timeline For Approval

- Fall 2021: Collecting comments and responses from the community
- November 2021: MAERB Meeting
- December 2021: Submit final versions to CAAHEP
- January 2022: CAAHEP Open Hearing
- March 2022: Approval of CAAHEP Board
- April 2022: Information sent to community

Outlined here is the timeline for approval, and the timeline was designed to get feedback from the members of the community.

Implementation Schedule

Standards and Guidelines

- Schedule will be published for the timed implementation of different sections of the *Standards and Guidelines*

MAERB Core Curriculum

- Fall 22: Soft launch of new curriculum, teaching out old curriculum
 - Schedule will be established with goals
- January 2024: Programs will be visited for the new curriculum

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Because there are some major changes in the template, there will be an implementation schedule for certain sections of the Standards and Guidelines. For example, some changes can be put into place immediately, while others will require a timeline of 6-18 months. When the Standards and Guidelines are approved, there will be an implementation schedule published.

For the implementation of the MAERB Core Curriculum, Program Directors will start incorporating the new items of the curriculum into their courses in fall 2022, while teaching out the current program. It is expected that the entire MAERB Core Curriculum will be fully implemented and taught by the end of 2023 at the latest, even though many program will be able to achieve that prior to the end of the year. In 2024, there will be visits conducted under the new Standards and Guidelines and MAERB Core Curriculum.

Meditations on Accreditation Standards

- Standards are bi-directional
 - Qualifications for programs to join the accredited community
 - Regulations for accredited programs to maintain their standing in the community
- Standards range from simple tasks to systemic models
 - Low-hanging fruit tasks
 - Core processes
- The language of Standards is a language of its own

In discussing the proposed revision, it is helpful to have a framework, and the three statements above provide a framework for this discussion. It is important to note that Standards and Guidelines have two audiences: Qualifications for those applying for accreditation and criteria to be maintained for those who are accredited.

Many of the Standards address large global issues, but there are also some Standards that focus on the minute, and it is helpful to distinguish between the two approaches. And, finally, there are some changes that are truly changes of verbiage rather than substance.

These criteria will be used to provide a framework for the ensuing discussion.

Description of the Profession

Medical assistants are multiskilled health professionals specifically educated to work in a variety of healthcare settings performing clinical and administrative duties. The practice of medical assisting necessitates mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession.

The MEARB did edit the description of the profession, working carefully with AAMA, its primary sponsoring organization, and AMT and NHA, the two other sponsoring organizations. Rather than specifying ambulatory settings, the description was revised to include “a variety of healthcare settings” and that revision reflects the current status of the profession. In addition, there is a new emphasis on “clinical” rather than administrative. Those changes reflect the changes in the profession.

I.A Sponsorship—Program Sponsor

Required

1. post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/*certificate* at the completion of the program.

Options (standardized Language but paraphrased below):

Domestic: Hospital, clinic, or medical center accredited by a healthcare accreditation organization

A branch of the United States Armed Forces, or a federal or state governmental agency

A consortium with at least one partner that fits into categories 1-5.

The MAERB, based upon CAAHEP's template, added in new possibilities for the sponsorship of medical assisting programs with the additions of accredited hospital, clinics, or medical centers, along with military branches, with the goal of expanding the eligibility of programs. This change affects programs applying for initial accreditation. We are seeing a number of different models of medical assisting programs located in different institutions. Despite these additions, there are no changes in the Standards and Guidelines or the MAERB Core Curriculum for those new potential sponsors.

I.B Responsibilities of Program Sponsor

Additions	Possible documentation for Preparedness Plan
<p>1. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and</p> <p>2. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption</p> <ul style="list-style-type: none">• <i>Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.</i>	<ul style="list-style-type: none">• Business continuity plan that the program sponsor has put into place in the event of an emergency• Business process for the departure of key personnel<ul style="list-style-type: none">• Process of computer backup• Email storage• Document storage and backup

CAAHEP further modified Standard I by mandating that all noncredit programs would need to have an articulation agreement so that students can receive academic credit for a portion of the program. MAERB will be working with the noncredit programs who do not currently have articulation agreements to support them in this process, and there will be an extended timeframe for implementation.

Sponsoring organizations are also required to have a preparedness plan in place for the continuity of the institution as well as the continuity of the program, and MAERB will provide some examples of continuity plans, and there will be a significant period for compliance.

II.A Program Goals and Minimum Expectations

- **Revised Minimum Expectation Statement:** “To prepare medical assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.” (Moved from II.C to II.A)
- **Revised standard on additional educational goals:** Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.
- **NEW addition to Program goals:** Program goals must be written referencing one or more of the learning domains.

You will note with Standard II that the Standard was reorganized to focus specifically on the goals and minimum expectations. You will see that the minimum expectation statement was revised and moved within the text, but the requirement remains the same: this statement needs to appear in print somewhere. The anticipation is that the programs will submit that information with their Annual Report Form 2022 to demonstrate they are in compliance.

In reporting on the additional educational goals, MAERB will be working with CAAHEP and the community to develop an implementation plan and policy.

Medical assisting programs are required to reference one or more of the following domains in their goals: the cognitive objectives and psychomotor and affective competences. Based upon previous goals submitted, most of the programs are currently doing that.

III.A Resources

- Faculty;
- Administrative and support staff;
- Curriculum;
- Finances;
- Faculty and staff workspace;
- Space for confidential interactions;
- Classroom and laboratory (physical or virtual);
- Ancillary student facilities;
- Clinical affiliates;
- Equipment;
- Supplies;
- Information technology;
- Instructional materials; and
- Support for faculty professional development.

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CAAHEP changed the template by formatting the list of resources in numerical order. There is a minor shift from requiring “offices” to ensuring that there are “faculty and staff workspaces” as well as “space for confidential interactions.” The goal was to maintain institutional autonomy, while still ensuring faculty had space to conduct their work.

Program Director Qualifications

- Be an employee of the sponsoring institution;
- Possess a minimum of an associate degree;
- Be credentialed in good standing in medical assisting, by an organization whose credentialing exam is accredited by the National Commission for Certifying Agencies (NCCA) or the American National Standards Institute (ANSI);
- Have medical or allied health education or training and experience related to the profession of medical assisting; and
- Have documented education in instructional methodology.

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There were several significant changes made in the qualifications of the Program Directors: the requirement that the Program Director be a full-time employee was removed, and the timeframes (3 years employment in a healthcare facility as well as 160 hours in an ambulatory healthcare setting performing or observing administrative and clinical procedures) were removed, even though Program Directors are still required to have experience related to the profession of medical assisting. The requirement of an associate degree and credential has been maintained.

CAAHEP made a terminology change, so rather than education in “educational theory and techniques,” it is termed as “instructional methodology.” There is no shift in the requirement.

III.C Curriculum

The curriculum content must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, **course activities sequence and timeline**, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

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There is a minor change in Standard III.C, but the change is focused on wording. Rather than using the term “topic outline,” the term was clarified to read as “course activities sequence and timeline.” There is, however, no difference in what you need to do, as you have always put the course sequence and timeline on the syllabus.

III.C.3 Curriculum

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.

Standard V.C—All activities in the program must be educational and students must not be substituted for staff.

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There have been two changes in the wording of Standard III.C.3, as the “unpaid” was deleted, simply because it became a point of confusion. It is important to recognize that the students placed on the practicum must not be substituted for staff, as is outlined in Standard V.C. When the students go on their practicum, they must be treated as students, so there has been no shift. Programs can continue to require, based upon their institutional and program policies, that the practicum be unpaid, so there is no need to make any change.

IV.A.1 Student Evaluation—Frequency and Purpose

New Guideline

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

CAAHEP added in a new guideline, but this guideline does not necessitate any change, as we already ask in the Self-Study if the evaluation methods are appropriate with the specific domain.

IV.B.1 Outcomes – Assessment

- Placement in full or part-time employment
- Guidelines adapted and changed to Standards:
 - A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program
 - Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.

CAAHEP made two changes in Standard IV.B.1, adding that part-time job placement would be counted, and MAERB had always full and part-time employment. In addition, CAAHEP specified that students who continue in academic education would only be counted as placed if they continued in a field related to progressing in health professions.

IV.B.2 Outcomes – Reporting

At least annually, the program must submit to the Medical Assisting Education Review Board the **program goal(s)**, outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the Medical Assisting Education Review Board that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

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CAAHEP added the requirement that programs submit their goals on an annual basis. MAERB will collect that information in its Annual Report Form.

V.A.2 Fair Practices – Publications and Disclosures

At least the following must be made known to all applicants and students

- Sponsor's institutional and programmatic accreditation status;
- Name and website address of CAAHEP;
- Admissions policies and practices;
- Policy on technical standards
- Occupational risks;
- Policies on advanced placement, transfer of credits and credits for experiential learning;
- Number of credits required for completion of the program;
- Availability of articulation agreements for transfer of credits;
- Tuition/fees and other costs required to complete the program;
- Policies and processes for withdrawal and for refunds of tuition/fees; and
- Policies and processes for assignment of clinical experiences

In Standard V.A.2, there were several changes, and some will require a timeframe for compliance, while others will be very straightforward. Every CAAHEP-accredited program will be required to either have a policy on technical standards or have a policy stating that there are no technical standards. MAERB will be sharing examples of technical standards. In addition, every program will need to have a statement about its occupational risks that are available to applicants and students. MAERB will be working with AAMA, its primary sponsoring organization, AMT, and NHA, its other sponsoring organizations, to develop a template for occupational risks. In addition, if programs have articulation agreements, they need to ensure that information is available to applicants and students. Finally, the policy and process for assignment for clinical experiences needs to be available to applicants and students.

V.A.3 – Publications and Disclosures

At least the following must be made known to all students

- Academic calendar;
- Student grievance procedure;
- Appeals process;
- Criteria for successful completion of each segment of the curriculum and for graduation; and
- Policies by which students may perform clinical work while enrolled in the program.

In Standard V.A.3, there was an addition that the Appeals process needed to be made known to students. MAERB will schedule a timeframe for that specific addition.

V.A.4 – Publications and Disclosures

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.

CAAHEP made the language of the Standard more specific, but there will be no change for the CAAHEP-accredited medical assisting programs, as they are already reporting on one of these listed outcomes.

V.C & D Fair Practices

V.C. Safeguards

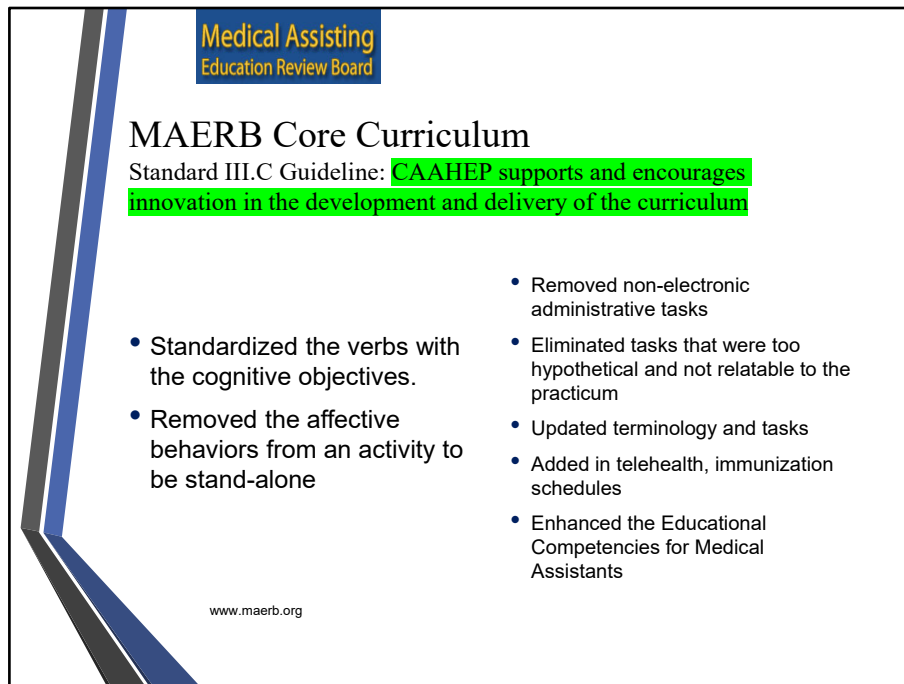
The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

Medical assistant students must be readily identifiable as students.

V.D Student Records

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

CAAHEP made additions for V.C and V.D, and, with V.C and the requirement that medical assistant students must be readily identifiable as students, MAERB will be gathering information from the programs about their current practices in order to develop a good policy to help the programs and support what they are currently doing in this area. With the second shift in Standard V.D, the programs will need to look at their catalogs to consider if the information is there. Most institutions tell students precisely how to access that information.

The slide features a blue and grey decorative graphic on the left side. At the top left, the text 'Medical Assisting Education Review Board' is displayed in white on a blue background. The main title 'MAERB Core Curriculum' is centered at the top. Below it, the 'Standard III.C Guideline' is highlighted in green. A list of changes is presented in two columns, and the website 'www.maerb.org' is at the bottom center.

Medical Assisting
Education Review Board

MAERB Core Curriculum

Standard III.C Guideline: CAAHEP supports and encourages innovation in the development and delivery of the curriculum

- Standardized the verbs with the cognitive objectives.
- Removed the affective behaviors from an activity to be stand-alone
- Removed non-electronic administrative tasks
- Eliminated tasks that were too hypothetical and not relatable to the practicum
- Updated terminology and tasks
- Added in telehealth, immunization schedules
- Enhanced the Educational Competencies for Medical Assistants

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Due to time constraints, we were not able to get into the details of the MAERB Core Curriculum, but there was a big picture overview provided and you can go to the following survey to provide additional feedback: <https://www.surveymonkey.com/r/DTMVYKJ>. In terms of changes, to the MAERB Core Curriculum, there were adjustments focused on removing paper tasks, updating terminology, and adding in telehealth and immunization schedules.

The large-scale changes focused on standardizing the verb choice for the cognitive objectives so that it would be consistent with Bloom's taxonomy. In addition, the affective behaviors are now in a stand-alone category so that Program Directors can bundle them with a psychomotor competency. The goal with both of these changes is to comply with CAAHEP's new guideline in Standard III.C to support innovation in the development and delivery of the curriculum.

Bloom's Taxonomy

V.C Concepts of Effective Communication

1. Identify types of verbal and nonverbal communication
2. Identify communication barriers
3. Identify techniques for overcoming communication barriers
4. Identify the steps in the sender-receiver process
5. Identify challenges in communication based on developmental stages
6. Identify steps in coaching a patient relevant to an individual patient's needs
7. Identify different types of electronic technology used in professional communication
8. Identify the following related to body systems*:
 - a. medical terms
 - b. abbreviations
9. Identify the principles of self-boundaries
10. Identify the role of the medical assistant as a patient navigator
11. Identify coping mechanisms
12. Identify subjective and objective information
13. Understand the basic concepts of the following theories of:
 - a. Maslow
 - b. Erikson
 - c. Kubler-Ross
14. Identify issues associated with diversity as it relates to patient care
15. Identify the medical assistant's role in telehealth

*Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Sensory, Reproductive, Respiratory, Skeletal, and Urinary.

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To go into a little bit more detail in terms of the changes of the verbs, here is an example. Bloom's taxonomy includes six major categories—knowledge, comprehension, application, analysis, synthesis, and evaluation—in the cognitive domain. To best ensure competent entry-level medical assistants, you want the students to “know and comprehend” a specific area of knowledge, so you will find the verbs “identify” and “recognize” dominate in the MAERB Core Curriculum. As instructors, you can then determine how the students will use that knowledge, as you continue to develop your tools.

Affective Competencies

AFFECTIVE SKILLS

The affective competencies listed below can be bundled with any of the psychomotor competencies included in the curriculum. The goal is to allow Program Directors to develop assessment tools creatively and focus on incorporating the affective behaviors with any psychomotor skill that involves interacting with a patient. These behavioral competencies contribute to professional behavior in the field of medical assisting. The students will need to achieve all the affective competencies, but they can do so using several different skills. There are examples in the *Educational Competencies for Medical Assistants* to guide Program Directors in the incorporation of these affective skills.

A.1	Demonstrate critical thinking skills
A.2	Reassure patients
A.3	Demonstrate empathy for patients' concerns
A.4	Demonstrate active listening
A.5	Respect diversity
A.6	Recognize personal boundaries
A.7	Demonstrate tactfulness
A.8	Demonstrate self-awareness

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In the past, MAERB has bundled the affective competencies with a specific activity. In order to emphasize the importance of the affective competencies, MAERB has pulled out the affective competencies so that Program Directors can bundle them with the psychomotor competencies to ensure that every time a medical assisting students touches (physical and verbal) a patient, an affective behavior is put into play.

Educational Competencies for Medical Assistants

- Ideas for achieving the affective and psychomotor competences
- Specific procedures for the students to practice and achieve within the scope of practice of medical assistants
- Items that might not apply to most of the programs but could be applicable to specific communities of interest

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The MAERB has updated the ECMA, using the results of the survey that MAERB conducted in fall 2020, asking the Program Directors to respond to the MAERB Core Curriculum, and we welcome further comments on the development of the ECMA.

Virtues of Accreditation

- **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.

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