

PROGRAM OUTCOMES & ASSESSMENT

DIVISION: Nursing and Allied Health

PROGRAM: C.A., C.S., & A.S. Medical Assisting

C.S. Phlebotomy

COURSE IN PROGRAM: MAST 109, MAST 109L, MAST 110, MAST 111, MAST 111L

DATE: 2013-2014

FACULTY & STAFF INVOLVED IN ASSESSMENT & ANALYSIS: Dawn Smith, Stephanie Ponti, Jen Din, Pamela Peachey, Lisa Wearda

Course-to-program outcome mapping document** is completed: Yes X No

Upon completion of the Program, the student will be able to:

OUTCOME	MAPPING Course # that correlates to the outcome	METHOD OF ASSESSMENT (Describe Below & Attach the Instrument)	RESULTS OF ASSESSMENT(S) (Student Evaluations; Revisions to the Program based on results)	EVALUATE THE NEED FOR CHANGE
1. Demonstrate and apply ethical, competent, and safe patient care within the scope of practice for a Medical Assistant and/or Phlebotomist.	MAST 110, 111, 111L, MAST 109, 109L	a. Externship and Employer Surveys (sent to clinical agencies) Benchmark "Strong -Satisfactory" — Ethical and Safe must be a Benchmark of "Satisfactory"	a. 100% responded with "satisfactory"	a. Benchmark met Next time: We will use the electronic survey system to evaluate the program.
2. Demonstrate the knowledge/skills necessary to pass the National Certification Exam (Phleb only) ; Demonstrate the knowledge/skills necessary to pass the	MAST 110, 111, 111L, MAST 109, 109L	a. National Certification Exam > 75% (Phleb only) b. Minimum Standard of Achievement 75% (Phleb only)	a. Jan to Dec 2012 pass rate was 99% (73 students tested) Spring 2013 pass rate was 100% (38 students tested) (75% National pass rate) b. Jan to Dec 2012 pass rate was 99% (73 students tested) Spring 2013 pass rate was 100% (38 students tested) (75% National pass rate)	a. Benchmark met b. Benchmark met

State or National Certification Exam (MA only)		<p>c. State or National Certification Exam (MA only)</p> <p>d. Minimum Standard of Achievement 70% (MA only)</p>	<p>c. Jan to Dec 2012 pass rate, per student self-report, 100%.</p> <p>d. Jan to Dec 2012 pass rate, per student self-report, 100%.</p>	<p>c. Benchmark met</p> <p>d. Benchmark met We have requested pass rates from the CA Certifying Board for Medical Assistants and will provide data when we receive it. We will also implement a routine system of requesting this information at the beginning of each fall semester in order to capture information on students who completed the program in the previous academic year.</p> <p>We will continue to monitor community use of supplies and equipment making purchase requests as needed so that our students enter the workforce prepared. We need to maintain and develop community partnerships to keep our high pass rates</p>
3. Demonstrate the knowledge/skills necessary to become employed (both MA & PHLEB) .	MAST 110, 111, 111L, MAST 109, 109L	<p>a. Employer &/or Facilities Surveys (facilities used for Externship) Benchmark “Strong -Satisfactory” (both MA & PHLEB)</p> <p>b. Advisory committee input/minutes (biyearly)</p>	<p>a. 100% of MA and PHLEB agencies report that students demonstrate the knowledge/ skills necessary and expected of an entry level Medical Assistant.</p> <p>b. Advisory/Employer feedback is that Cuesta Phlebotomy students are an asset to their facilities and many of their hires are Cuesta grads.</p>	<p>a. Benchmark met---We will continue to encourage our facilities who hire our students to provide Cuesta with feedback.</p> <p>b. No need for changes to the program—</p>

		c. Retention and success rates taken from institutional data	c. 84% retention with only 74% success is indicative of students having difficulty passing the final exam.	c. Will need to address why the advisory is so poorly attended so that we get better feedback.
<p>DISCUSSION OF ASSESSMENT PROCEDURE & RESULTS & PLANS: Program SLO Presentation/Faculty Dialogue took place at the MAST faculty meeting. 4 faculty/associate director attended the 15 minute presentation. August 2012. Comment from the community included: Need longer time for MA externship. We do not have some procedures every day. Last student did not get to practice sterile technique more than once. Reduced time in training means needing more time in orientation when employed. This can be off putting for some employers. 87% of our community partners felt that our students were equally or more prepared than students from other programs</p> <p>RECOMMENDATIONS FOR CHANGE: Dialogue took place on program needs based on SLO results. It was suggested (1) evaluate the content of the newly developed employer/clinical survey to see if it measures the SLO accurately (2) identify methods to increase return rate on the surveys. We will repeat the evaluation and discussion of Program SLOs yearly. No other comments.</p>				