



Program Director Handbook
What Every Program Director
Needs to Know

August 2017

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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 entry-level medical assistants.

This handbook was created to help Program Directors and other interested parties understand accreditation and maintain their programs according to the *CAAHEP Standards and Guidelines for Medical Assisting Programs*. The goal is to provide easy reference to questions that everyone who has served as a Program Director has had from time to time. It is not all-inclusive, and the authors of this *Handbook* 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 resources on the MAERB website (www.maerb.org). In order 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 in order 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 CAAHEP, the Commission on the Accreditation of Allied of Health Education Programs. The 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 these functions:

- Ongoing review of program compliance and achievement of outcome thresholds
- Development and revision of the Core Curriculum for Medical Assistants
- Conducting accreditation workshops for medical assisting educators
- Conducting workshops for MAERB/CAAHEP surveyors to promote consistent review of programs
- Providing 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 approximate 500 CAAHEP-accredited programs. Each member serves as a Liaison to several 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.

MAERB is an autonomous unit within the American Association of Medical Assistants Endowment (AAMAE). The American Association of Medical Assistants (AAMA) is a sponsoring organization of MAERB. MAERB makes accreditation recommendations to CAAHEP, not to AAMAE, for the status of accreditation of medical assisting programs.

AAMA as a Sponsoring Organization

Within the structure of CAAHEP, the AAMA serves as a sponsoring organization to MAERB.

The goal in establishing sponsoring organizations is to serve as a formal mechanism for acquiring information from those who represent the profession as a whole. The MAERB relies upon the AAMA's periodic Occupational Analysis in the revision of the *Standards and Guidelines*.

It is important to both acknowledge the relationship with AAMA as a sponsoring organization as well as to clarify that MAERB does not provide programs with "AAMA" accreditation nor are the programs following "AAMA" standards, which is often a point of confusion. At the same time, one of the pathways to take the CMA (AAMA) certification exam is to graduate from a CAAHEP-accredited medical assisting program, so that can lead to the confusion. It is, however, important to understand that CAAHEP is the accreditor.

The MAERB Office

The MAERB office is located within the office of the American Association of Medical Assistants (AAMA). 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 Case Manager for the program and to whom any questions or concerns should be directed. If you do not know the identity of your Case Manager, please contact the MAERB office. This individual has information readily available regarding the programs in their respective case files and should be the first contact with questions regarding your program. Shortly after a program applies for initial accreditation, the respective Case Manager will contact the Program Director. The Executive Director and the Assistant Director of Accreditation, who also serves as a Case Manager, work closely with all the Case Managers to ensure that questions about accreditation are answered promptly and consistently. Case Managers will refer questions as appropriate to the Executive Director and the Assistant Director of Accreditation. 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.

General Information

Important Contacts

MAERB Staff Members

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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 2000 educational programs in 30 health science occupations. CAAHEP is the accreditor to whom the MAERB reports on matters of accreditation. The Medical Assisting Education Review Board (MAERB), one of CAAHEP's CoAs, works with approximately 500 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 includes both annual reports as well as a longer cycle for a comprehensive review, along with required updates on any program changes. This *Handbook* provides details about the specific requirements, but this overview offers a brief synopsis of the process.

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 in order to measure success and compliance with the outcomes. Those outcomes are reviewed every year. Programs are required, according to the 2015 *Standards and Guidelines*, to publish at least one 5-year, weighted average outcome 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 in order to ensure that the changes are in compliance with the *Standards and Guidelines*.

For the comprehensive review, every program conducts an in-depth self-study process paired with an onsite visit at least 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 be in compliance with CAAHEP's *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*. The *Standards and Guidelines* were initially adopted in 1969, and there have been a number of versions, 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 includes involving the MAERB's communities of interest: educators from CAAHEP-accredited medical assisting programs and sponsoring organizations (AAMA). The 2015 *Standards and Guidelines* were adopted and implemented in March 2015; programs now operate under those Standards.

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In addition, attached to the 2015 *Standards and Guidelines* is the new MAERB Core Curriculum in Appendix B. Programs began incorporating the changes in the curriculum as of fall 2016. Beginning in January 2017, site visits are conducted under the new MAERB Core Curriculum.

The 2015 *Standards and Guidelines* identify the minimum requirements that a program must meet in order 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. Sponsoring Organization
- 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 in order for accreditation to be granted and maintained. It is important to note that all the graduates must **successfully** complete **all** the psychomotor and affective competences.

On the Educators' tab of the MAERB website, you will find a series of five videos, ranging from 30-40 minutes, that focus on the 2015 CAAHEP *Standards and Guidelines* and MAERB's *Policies and Procedures*.

MAERB Core Curriculum

The MAERB has developed a Core Curriculum (Appendix B) that works directly with the *Standards and Guidelines*. The discussion below refers very specifically to the 2015 MAERB Core Curriculum, which is in Appendix B of the *Standards and Guidelines*. In Standard III.C.1, it is stated that the "program must demonstrate that the content and competencies included in the program's curriculum meet or exceed those stated in the latest edition of 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; Applied Mathematics; Infection Control; Nutrition; Concepts of Effective Communication; Administrative Functions; Basic Practices Finances; Third-Party Reimbursement; Procedural and Diagnostic Coding; Legal Implications; and Ethical Considerations; and Protective Practices.

Each of the 12 content areas is divided into three specific learning domains: cognitive, psychomotor, and affective. The items listed within the cognitive domain are referred to as “objectives,” while the items listed within the psychomotor and affective domains 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 the “competencies” need to be performed.

MAERB defines the domains in the following manner:

- **Cognitive:** Knowledge; mental skills; observable and unobservable skills such as comprehending information, organizing ideas, and evaluating information and actions.
- **Psychomotor:** Manual or physical skills; use of basic motor skills, coordination, and physical movement.
- **Affective:** Behaviors related to feelings, attitudes, interest, attention, awareness, and values are demonstrated by affective behaviors.

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, while the psychomotor and affective competencies are practiced and then evaluated. Students need to successfully achieve all the psychomotor and the affective competencies. In addition, the programs need to ensure that students in any class pass all the psychomotor and the affective competencies that are taught in that class for them to pass the course and/or progress in the program. The reason that MAERB focuses on the course, in addition to the program, is because it is important to sequence the teaching and assessment of the competencies logically so that students are able to build upon that knowledge. Any MAERB Core Curriculum psychomotor and affective competencies that a student will perform at the Practicum must be taught and achieved prior to the student being placed for Practicum.

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 available to the students in the syllabus or the appropriate addendum.

Psychomotor and affective competencies are treated somewhat differently. These competencies generally 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.

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Oftentimes, if students do not pass the first attempt at doing the competency, they are given a second or third opportunity to pass the skill, after they have had the opportunity for additional practice of the skill. As with the assessment of the objectives, the students need to be informed of the method of evaluation. In addition, the program needs to keep a written record of the psychomotor and affective competencies that have been achieved.

Practicum

The MAERB Core Curriculum is a central part of the program, and it is paired with the practicum experience, which is designed 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, students should be performing skills and demonstrating knowledge that they have acquired through the program.

The 2015 *Standards and Guidelines* outline in Standard III.C.3 that the practicum needs to be at least 160 contact hours in an ambulatory healthcare setting, and 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 2015 *Standards and Guidelines* do not require that the Practicum Coordinator visit the practicum sites where students are placed while the students are in the practicum, but it is still required that the Practicum Coordinator “provide oversight of the practicum experience” and “ensure appropriate and sufficient evaluation of student achievement.” Under the 2015 *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 now have several options in which they can ensure that they are fulfilling this responsibility. 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:

- Visit the sites on a regular basis (documentation: site visit schedule)
- Set up a system of regular phone calls/video chats/visit with the practicum site supervisors (documentation: schedule of “contact” with site)
- Have site supervisor’s 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 a number of 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 new resources available to help you document the system that you determine is best for you, and you will find those on the Documents 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 appropriate sites for students to have their practicum. Standard III.C.3 describes the practicum as follows:

III.C.3

Practicum

- a) An unpaid, supervised practicum of at least 160 contact hours in an ambulatory 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.
- b) On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession.

In fall 2015, MAERB conducted a survey of the Program Directors of CAAHEP-accredited programs to learn more about the conversations that Program Directors and Practicum Coordinators were having with their communities of interest about the practicum. One of the central questions focused on practicum site placement. In responding to the survey, MAERB organized the material that was submitted to indicate the sites that would be acceptable under the CAAHEP Standards III.C.3 and what sites would not be appropriate. There are some specialty sites that 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.

Please note that in certain states where PAs or NPs are allowed to evaluate patients, diagnose, order and interpret diagnostic tests, 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 would not be acceptable for practicum placement
<ul style="list-style-type: none"> • Physician Assistant or Nurse Practitioner offices (in states where they can head their own offices) • Ambulatory Care Clinics based within hospitals • Ambulatory Care military and/or VA facilities • Good Samaritan Clinics (serving low- income population) • Specialty Practitioners (ENT, Cardiologist, OB-Gyn, Plastic Surgery and so on) • Occupational Clinics 	<ul style="list-style-type: none"> • Addiction/Mental Health Clinics • Dialysis Centers • Chiropractic Offices • Laboratories • Dentist Office/Oral Surgery • Rehab facilities • Concierge Services • Child Nutrition Offices • Blood Banks • Pain (management) clinics • Ambulatory Care services in prisons/county jail • Retail Walk-in Clinics • Ambulatory Care School-based Clinics 	<ul style="list-style-type: none"> • Geriatric Day Care • Hospitals • Hospice • Hospitalists Service (Hospital Based) • Emergency Room • Long-term care • Assisted living facilities

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 a number of tools available for the medical assisting classroom. In fall 2016, the Program Directors of CAAHEP-Accredited programs were surveyed about their use of simulation technology in the classroom, and it was evident that simulation plays an important role in the education of medical assistants. The responses are summarized in detail in a report, *Practicum and Simulation Report*, on the Educators tab of the MAERB website (www.maerb.org). Program Directors, in their responses, explored the strengths and weakness of using simulation tools, as summarized in the chart below.

Strengths	Weakness
<ul style="list-style-type: none"> • Practice, practice, practice • The hands-on experience is invaluable • Can illustrate/actualize the “issue” better than just straight role playing • Provides opportunity to practice in a do-no-harm environment • Allows for reflection after simulation and repetition to avoid mistakes in the future • Gives the students confidence, decreases student anxiety • Allows for a greater variety of patient interactions • There is good instructor-student interaction for critical thinking. • Allows for on-the-spot critical thinking • The controlled situation allows for an objective evaluation • Allows students to practice skills that they won’t get at the practicum • Students can practice safely outside the classroom • Can help to track student progress • Allows the student to focus on the objectives, provides a good foundation for skill development • Students can work at their own pace. • Can limit certain liabilities 	<ul style="list-style-type: none"> • Costs, costs, costs • Maintenance and warranties • Technology breaks down • Nothing replaces human interaction, real-life people • Not always close to the real-world issues, not always realistic • The EMR software is not close enough to the types of software used in the working world. • Difficulty finding good programs • Technology takes a lot of time and sometimes overwhelms the skill that is being taught • Due to costs, the simulations are often shared across several academic programs and scheduling can be difficult. • Some EHR/EMR programs can have flaws • Sometimes students don’t take it very seriously • Can be difficult to work the “soft skills” and varied communication • No possible way to address all the variations • Sometimes they can be too scripted

A recurring question focused on the use of simulation as a substitute for the practicum. 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, so simulation tools are frequently used for that achievement.
- The simulation environment is totally controlled, and it 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.
- It does not allow for the negotiation with personalities.

The MAERB is, however, willing to revisit this topic in the future, and they will continue this interesting topic of discussion with the Program Directors of CAAHEP-accredited programs.

Policies and Procedures

The MAERB is governed by CAAHEP's *Policies & Procedures*, a document that is available on the CAAHEP website (www.caahep.org). In order to make those policies more specific to the 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 members review and revise the *MAERB's Policies and Procedures Manual* regularly, and Program Directors are informed via email when it is changed.

Educational Competencies for the Medical Assistant (ECMA) and Affective Rubrics

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 of 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 current entry-level competencies are clearly identified in the heading of each page of this document. 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 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.

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In addition, MAERB has created several rubrics to be used as assessment tools for the affective competencies, and, as of September 2017, those affective rubrics have been embedded in the ECMA.

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 is designed to work in conjunction with the Program Director's 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, along with a regular assessment of those goals and documented contributions from those communities of interest. See Standard II for further elaboration.
- Ensure an adequate budget in order to supply sufficient resources, such as equipment and supplies, to students and faculty. Incorporate on-going Resource Assessments (at least annually) 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 are dedicated to providing 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.1 for further explication.
- Provide unpaid practicum experiences that enable students to apply the cognitive objectives and 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.2 for details about hours and specific settings.
- 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.

Annual and Ongoing Responsibilities

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 and employer satisfaction, and medical assisting credentialing. The data is reported for a five-year period. It will be less than five years if your program is in the initial accreditation period. Each year, the program is expected to update the four previous years' data and add the data for the fifth 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.

As a courtesy, Program Directors receive a preliminary 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. Immediately prior to the ARFs going "live" on the website, each Program Director is notified via email by MAERB staff of the User ID and Password required for completing his/her ARF. Other individuals in the institution with responsibility for oversight of the medical assisting program receive a User ID and Password which allows "Read Only Access" to the ARF. There are detailed instructions available on the website. In addition, the MAERB staff create video recordings each spring and fall in order to provide a detailed instruction plan for filling out the ARF.

It is recommended that you gather and organize your data continually throughout the year in order to make the process easier. 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 a number of years in the future. In gathering and organizing your data, you need to remember that you will be reporting by admission cohort, not by graduation year—with the exception of the exam participation and passage. In order to define the admissions cohort, many medical assisting programs have an official admissions process, while other programs establish a trigger course in accordance with MAERB Policy 205.

A trigger course is the course in which the psychomotor and 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 course used as the basis for collecting and reporting Retention data. If a program uses a trigger course, once a specific group of students have taken and passed the trigger course, they are then considered 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 admissions process, they can use the formal admissions process to define their admission cohort.

The Outcome Assessment Tracking Tool, found on the website, can help you by charting out all of your data. It is not a required resource, but it is one that many Program Directors have found useful and can be modified and reformatted as you wish. It is important to remember that completion of the Outcome Assessment 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 exam. The Outcome Thresholds Chart found on the website provides you with a clear description of what is meant by the term "raw data." It is important that you keep five years of raw data in accordance with Policy 205 in order to match the aggregated data that is displayed on the ARF Dashboard.

If you keep your records updated throughout the year by using the Outcome Assessment Tracking Tool, you should be able to complete the online ARF quickly and easily. 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 late fee. Upon submission, the MAERB staff reviews the ARF for validity, as well as for the thresholds, and, if there are errors, you will be asked to correct them as well as pay an administrative fee for unlocking the ARF. The most common error is forgetting to update the previous years' data. In other words, you need to remember that you are not just submitting data for the "new" year, but you also need to update the numbers for the previous years. Again, good data collection and consistent updating of your own records will help to prevent any problems. The Annual Report Instructions provide you with illustrative detail as well as highlights some typical problem areas.

The MAERB is planning to update the tool that is used for the collection of the Annual Report Form. The planned implementation date is fall 2019, for the 2018 admission cohorts and graduates. There will be details about the planned changes long before it goes into effect.

Outcomes Assessment: Publication of an Outcome

You are required on an annual basis to publish at the five-year weighted average that is part of the Annual Report form in a public area. The information must be accessible to the public, so the easiest venue is the website for that information. It is not acceptable to provide this information only on internal documents. In other words, it is not enough to include it ONLY on your advisory meeting minutes. You should certainly be sharing your outcomes with your advisory committee, but this information does need to be publicly posted.

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 February/March. Programs with spring ARFs will receive an ARF review letter from MAERB in May/June. 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 2015 *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 available to the public**, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

The language highlighted in red is a significant shift from the 2008 *Standards and Guidelines*, as previously sponsors were asked to maintain this information in their files and provide it only upon request.

The change in the language is part of the CAAHEP template for *Standards and Guidelines* and applies to all other Committees on Accreditation (CoA) that are a part of CAAHEP. In brief, CAAHEP is responding to a new requirement set forth by the Council for Higher Education Accreditation (CHEA), the body that recognizes CAAHEP's authority to accredit programs, that at least one of the outcomes be made public. As a CAAHEP CoA, MAERB is required to comply with this new requirement.

MAERB has put in place MAERB policy 210 that outlines the requirement for publishing the ARF Outcome. The outcome data published must be the precise data from the program's most recent ARF that has received an official letter of review by MAERB. A program can choose which outcome to publish, but it needs to be the five-year weighted average, a line that has been added to the Annual Report Form as of the 2015 ARF. Below you will see an example of the ARF dashboard that you see for your program, and the last row represents the five-year weighted average.

☑ Before submitting this cohort data you must complete the form

Year	Retention	Placement	Grad Part	Grad Sat	Emp Part	Emp Sat	Exam Part	Exam Pass	# Grads from admissions cohort
	>=60%	>=60%	>=30%	>=80%	>=30%	>=80%	>=30%	>=60%	
2014	79.17%	72.73%	45.45%	100.00%	57.14%	100.00%	83.33%	73.33%	11
2013	54.55%	50.00%	22.22%	75.00%	25.00%	50.00%	23.08%	33.33%	18
2012	64.00%	62.50%	37.50%	50.00%	33.33%	100.00%	NA	NA	16
2011	69.44%	72.00%	100.00%	100.00%	31.25%	80.00%	NA	NA	25
2010	66.67%	64.29%	85.71%	58.33%	33.33%	100.00%	NA	NA	14
5 year	66.19%	64.29%	61.90%	82.69%	34.69%	88.24%	58.06%	66.67%	84

It is required that this outcome be published in a document that is accessible to prospective and current students, graduates, and the public.

Prior to publication, programs must have received their official ARF review letter from the MAERB office.

SAMPLE LANGUAGE

You have several options of how you present the five-year weighted outcome to your communities of interest, so there is no right or wrong answer. Below are several sample options.

1. Medical assisting program at X institution has a job placement rate average of 64% over the past five years.
2. Graduates of the Medical Assisting program at X institution are satisfied with the education that they receive at X institution, as there is an average 83% graduate satisfaction rate over the past five years.

3. Medical assisting program at X institution has an average retention rate of 66% for the past five years, and there are several support services available to students so that they can successfully complete the program.
4. Five-year average for employer satisfaction: 88%
5. Printing the entire dashboard of your Annual Report Form

ACCEPTABLE PLACES TO POST THIS INFORMATION

It is required, as Standard V.A.4 outlines, that this information be easily accessible to the public, and, with that in mind, the following documents are acceptable:

1. Institutional Catalog
2. Institutional Page that lists accreditation information
3. Program Web page
4. Online Student Handbook accessible to current students and incoming students

The information must be accessible to the public, so the easiest venue is the website for that information. At the same time, if the program has documents that are regularly mailed out, that is an option.

It is not acceptable to provide this information only on internal documents. In other words, it is not enough to include it ONLY on your advisory meeting minutes. You should certainly be sharing your outcomes with your advisory committee, but this information does need to be publicly posted.

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.

MAERB Policy 210: "Reporting ARF Outcome(s)" provides you with information about posting the outcome.

Graduate Survey: MAERB has provided on its website a graduate survey template for Program Directors. It is required that Program Directors use all the questions, the Likert scale, and the domain categories. Programs may add questions to the template, but they cannot subtract anything. In addition, they can conduct the survey in a manner that they feel works best for their population: paper, online, or telephone. There must be maintain written documentation of the findings.

Employer Survey: MAERB has provided on its website an employer survey template for Program Directors. It is required that Program Directors use all the questions, the Likert scale, and the domain categories. Programs may add questions to the template, but they cannot subtract anything. In addition, they can conduct the survey in a manner that they feel works best for their population: paper, online, or telephone. There must be written documentation of the findings.

Outcome Assessment Tracking Tool: As described earlier, this tool provides a method of maintaining a summary of the data. It is an Excel document which will help you to track the individual students in the appropriate year of entry into the program for each outcome.

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 in order to understand how the ARF is monitored by the MAERB staff and Board members.

Annual Report Instructions (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.

Resource Assessment

In Standard III.D, it is explicitly stated that the program must assess the appropriateness and effectiveness of its resources on at least an annual basis. This task is typically assigned to the Program Director; at the same time, many Program Directors take a collaborative approach because programmatic accreditation is an institutional responsibility. While the annual assessment is not collected each year by MAERB, the most recent three years of assessment are reviewed by the site surveyors during the onsite visit, so it is vitally important that the Program Director perform this duty. MAERB can, at any point, ask for the most recent Resource Assessment as part of its auditing process.

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 a number of optional surveys—Student Evaluation of the Practicum site and the Student Resource Survey—but programs can use any other tool that they wish in order to fulfill this required component. The important goal, however, is to ensure that any deficiencies can be identified immediately and that a specific action plan can then be developed and followed.

You are expected to keep three years of the Resource Assessments available, as surveyors will be looking for that during the comprehensive review.

Relevant Resources:

Resource Assessment Grid: This grid outlines the standard resources necessary for a Medical Assisting program and provides an outline to assess those resources.

Sample Resource Assessment Form: The MAERB has created a sample resource Assessment Form in order to help new and continuing Program Directors conduct their annual resource assessment. The template is optional, but it has been designed in conjunction with Standard III.D.

Student Evaluation of the Practicum site: MAERB provides an optional survey template in which the student, in addition to reviewing the experience, evaluates the practicum site and the practicum coordinator as a resource.

Student Survey of Program Resources: MAERB provides an optional survey template in which the students evaluate the resources within 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.A*. 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 particular knowledge. 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 reports represents the sponsoring administration, and they can provide guidance on program effectiveness and implementation of changes.
- Employers (office managers, nurses) can specifically guide the program on how to best prepare graduates for employment, based upon the trends in the field.
- Physicians (MD, PA, DO, NP) provide the medical advisor input with an understanding of 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 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, 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), 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 in order to document the type of input that you receive.

Along with the items discussed above, here is a list of other possible 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.

You are expected to submit three years of advisory minutes with your Self-Study 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.

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. There are a number of details in those specific sections, so that will serve as a good reference for you. 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, Practicum Coordinator, or Medical Assisting Faculty to MAERB. There is a separate workbook that need to be filled out for each of these three positions so that the MAERB office can review them in order to determine that the specific qualifications for these positions are being met. 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. Both the Program Director and the Medical Assisting Faculty must document instructional preparation received in educational theory and techniques, to include at least one of the following:

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

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

When the workbooks are complete, they should be emailed to the program's designated MAERB Case Manager for review. If they are submitted incomplete, the case manager will contact the program/institution for more detail.

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 via email to the Case Manager and must include the following:

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

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 workbook available on the website. With these changes, it is a good idea to call your Case Manager to see if a workbook needs to be filled out or if a narrative and syllabus will suffice.

CAAHEP accredited medical assisting were required to begin implementing the 2015 MAERB Core curriculum in fall 2016.

Relevant Resources:

MAERB Policy 235 and Curriculum Change workbook.

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 switch the award granting option, then the institution will need to work with the Case Manager. The process entails submitting a Request for Accreditation Services form online and completing an Award Granting Option Self-Study Report. Before beginning to work on this special Self-Study Report, please talk with your Case Manager.

Relevant Resources: MAERB Policy 120 and Award Granting Option Self-Study Report.

Sponsoring Organization 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 describe

the situation to the Case 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 building.

Document Retention and Record Keeping

Medical Assisting student records must be maintained for CAAHEP accreditation purposes, as is detailed in Standard IV.A.2 and outlined in MAERB Policy 220. (There may be other requirements for institutional accreditation, so it is important to work with your administration and institutional accreditor as well).

To consider the information that you need to keep, review the Documents for On-Site Review and Document Checklist, 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 in order to see what you are being asked for initially. Understanding what the surveyors will look at will help you to plan ahead 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 within the ARF. The raw data must be organized by admission cohort, except for the exam data.

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 competences for the most recently assessed class 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 course in the fall of 2017, and it will not be taught again until fall 2018, 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, you can include the blank work product, if applicable, but this is optional.

It is necessary to keep the student records for the most recently assessed class for a specific course as well. For the cognitive objectives, you need to provide a gradebook documenting assessment of all students in the most recently assessed class. You will need to keep a tracking mechanism (options include, but are not limited to, a master competency checklist for each student in that class or a detailed grade book that lists each of the competencies, or the completed, graded student work for all students in that class) to demonstrate that the students in that course achieved 100% of the affective and psychomotor competencies.

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.

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Number of years retained	Documentation
3 years	Advisory Committee Minutes
Current	Budget
3 years	Annual Resource Assessment
3 years (Note: This is a new requirement and will not be monitored until site visits held in 2019)	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.
Most recently assessed group of students	Practicum Evaluations
Most recently assessed group of students	Tracking Mechanism for Psychomotor and Affective Competencies.

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, a topic outline, and the objectives and competencies required.

Because of the requirement for the achievement of the psychomotor and affective competencies, there needs to be a statement on every syllabus that 100% of the psychomotor and affective competencies need to be passed. In addition, it is vitally important to clearly identify on all syllabi and addenda both the MAERB Core Curriculum cognitive objectives and the psychomotor and affective competencies that are being taught and assessed in that given class.

Frequently, Program Directors tend to enfold and combine the cognitive objectives from the MAERB Core Curriculum within the course learning objectives on the syllabi, and they will often include a verbatim listing of the psychomotor and affective competencies, or will indicate the same by using the specific letters and numbers from the Standard's Core Curriculum document.

Relevant Resources:

Master Competency Checklist: This optional tool can help with keeping track of the individual student's achievement of the competencies.

MAERB Policy 220: This policy outlines the document retention requirements

Documents for On-Site Review and Document Checklist: 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: 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

Comprehensive Review

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. The MAERB office, however, can request a comprehensive review at any point in time within the ten-year cycle. The findings from the comprehensive review lead to a recommendation from MAERB to CAAHEP, either for granting accreditation or for an adverse recommendation.

There has been some recent variation in the ten-year cycle. At the February 2015 meeting, the MAERB members approved a shift to equalize the number of programs scheduled per year for site visits; this shift has had a one-time effect on the time period between the program's last site visit and the next scheduled site visit. This shift affected a large majority of the CAAHEP-accredited medical assisting programs.

Outlined below is a description of the changes that occurred:

- Programs whose next site visit is supposed to occur in 2017 and 2018 were not changed to a different year, even though some programs that were due to be visited in fall 2018 were moved to spring 2018. Programs that are recommended and approved by CAAHEP for continuing accreditation during this time period will probably receive a projected visit date 9 ½ years from the last visit.
- Programs that are currently scheduled for a visit between 2019 and 2023 have been notified by MAERB that their visit will occur anywhere from 6 months to 2 years prior to the initially scheduled visit.
- Programs that are applying for initial accreditation will have a 5-year initial accreditation period and, if it is determined that the program is to be recommended for continuing accreditation, the next scheduled visit will take place anywhere from 7 to 9 ½ years after the initial accreditation visit, a practice that is consistent with current policy.
- Programs that are currently on probationary status due to a site visit have not received a new site visit date, so they will be appropriately slotted into the schedule based upon the date of the removal of probationary status.

It is anticipated that by fall 2026 MAERB will be resuming its schedule of a visit every 9 ½ years for the CAAHEP-accredited medical assisting program. At the same time, as outlined above, MAERB can request a comprehensive visit at any point.

This shift was purely administrative and affected approximately 75% of all CAAHEP-accredited medical assisting programs. The goal behind the change was to ensure that the MAERB office and the MAERB volunteers can provide the same quality of service to all the programs by equalizing the visits across the years.

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, and you do not have any record of when your program's next review is scheduled, contact your Case 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 in order to arrange a specific 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 period, for a visit. During the site visit, classes must be in session and administrators, such as the president and dean/associate dean, and medical assisting faculty, must be available. 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, the due date for the Self-Study, and an invoice for the appropriate fees.

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 two full days (and sometimes three days for programs with multiple programs or campuses). As a general rule, there are two surveyors who conduct the visit; in some instances, for schools with multiple campuses or multiple programs, there may be a team of three or more surveyors. After the initial contact from MAERB, you will receive a confirmation of the site visit dates and an invoice which will be due at the time of the submission of your Self-Study Report (SSR) 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 Accreditation Workshops on a regular basis. There is always one scheduled at the AAMA Annual conference each fall. The registration fee is waived for one person from the program to attend an Accreditation Workshop for all currently accredited programs, as well as those who have applied for initial accreditation and have submitted their initial application fee. Attending an Accreditation Workshop between 12 to 24 months prior to the scheduled onsite 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 accreditation 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 an Accreditation Workshop; the cost of any additional capital investments for the program and so on. Establishing a well-thought out budget will help the Program Director to plan in advance.

In addition to creating a budget, the Program Director will need to put together a 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.

Reviewing the Self-Study 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 2015 *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 a number of documents in order to provide more support.

In the SSR template there are specific instructions that outline the appendices. In addition, MAERB has developed a naming protocol in order 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 be required to submit your Self-Study Report on a USB drive to the MAERB Office and sent to the office address below.

At the same time, you will also need to submit payment to MAERB for the comprehensive review fee. In addition, those programs undergoing continuing accreditation will need to submit the continuing accreditation fee. The payment for the fees should be sent to MAERB by mail at the following address:

MAERB
20 N. Wacker Drive, Suite 1575
Chicago, IL, 60606

When you receive your site visit confirmation letter from MAERB, you also will receive the invoice for the total expense.

Several 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 can confirm the selection of the team members.

After the MAERB office receives the SSR, your Case Manager will review the Self-Study to ensure that all of 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 two months prior to the site visit, the MAERB office sends the 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 : 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.

Visit Schedule

Approximately 4-6 weeks prior to the visit, the Team Coordinator will contact you in order 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 are free to adapt in coordination with the Team Coordinator; it lists all of 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. 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.

Resource Room

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 Documents for On-Site Review and Document Checklist. The surveyors should have access to the internet, as well as a printer and a shredder. In other words, set up a temporary office so that the surveyors can accomplish their tasks as efficiently and effectively as possible.

Documentation

As you are finalizing your work on the Self-Study, you will want to start compiling the documentation that you need to provide to the surveyors during their visit. It is important to create a “map” or “guide” to help the surveyors understand the logic and purpose to the wealth of information that you are providing to them. Programs create that guide in a number of different ways: highlighting, color coding, organization, and so on. The method can vary, but it is important to have a system that is comprehensible to the surveyors.

As of 2017, 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 Documents for On-Site Review and Document Checklist. 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 of the material available.

Rather than replicating the Documents for On-Site Review and Document Checklist in this section of the Program Director Handbook, the focus here will be specifically on the curricular materials. The goal is to outline a possible method for organizing the documentation for the cognitive objectives and the psychomotor and affective competencies of the MAERB Core Curriculum. There are, obviously, variants to this process, but this method will at least enable you to understand the required basics.

The surveyors will have reviewed all of the syllabi 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.

For the 2015 MAERB Core Curriculum, you will also need to have the assessment tool available for each of the 100 cognitive objectives and the 97 psychomotor and affective competencies. You will need to include the blank assessment tool/s that was used to assess that objective or competency. For the cognitive objectives, the assessment method has traditionally been either an exam, paper assignment, oral report, discussion board, and so on. It is important to highlight within the specific document the questions which cover the objective. For the psychomotor and affective competencies, there will need to be a copy of the tool that you use, which can be blank skills assessment check-off or some other appropriate tool. If a given evaluation tool documents the achievement of more than one objective and/or competency, additional copies of the tools must be made. Many Program Directors will color code, in order to provide helpful guidelines to the surveyors; if you do so, be consistent and explain the method to 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 Documents for On-Site Review and Document Checklist. There are other materials that are necessary, and the Document Checklist will help you to identify those materials.

Relevant Resources:

Documents for On-Site Review and Document Checklist: The checklist outlines the other materials that need 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, site surveyors are no longer required to visit a practicum site.

The clinical resources 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 in order to ensure that students can demonstrate particular competencies, but there are often a variety of ways that a competency can be achieved.

Many programs do receive donated, expired supplies, and there can 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. All expired medical supplies **MUST** be clearly marked and labeled, so they are not inadvertently used on live human subjects.

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.

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

As a general rule, the surveyor team meets the night before at the local hotel in order to discuss its initial findings after the surveyors' individual review of the Self-Study and prior to seeing the material available at the campus. It is generally helpful to arrange for transportation of the surveyors to the campus in the morning and a return 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. It is a good idea to 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. Providing additional documentation during the site visit is acceptable and appropriate.

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 specific citations and a summary of the program's strengths. The findings related during the exit interview are tentative, and citations may later be added or deleted. The findings from the exit interview are only relayed orally, and not in writing.

After the Visit

You will receive an email from the MAERB office with a link to a survey in order 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 in order to develop surveyor training. The feedback from all of the surveys within a given semester is aggregated, in order to maintain confidentiality. The comments from individual surveys, however, remain confidential.

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The surveyors submit the 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 citations 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 citations as well as the documentation that is required to correct the citations.

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

In submitting information to correct citations, you will need to supply all the documentation that MAERB requests. For example, if the program was informed that certain curricular items are missing, you would need to demonstrate that you have an appropriate assessment tool and that you have taught and assessed that objective or competency with that tool. On the other hand, if MAERB requests material that can only be submitted at a point in time well in the future, such as advisory meeting minutes or resource assessments, you should not try to resolve any such citations at this point in the process. It is important to note that the correction of many citations, most specifically the ones that focus on the cognitive objectives and the psychomotor and affective competencies, require an extended period to resolve, so you need to consider whether you will be able to demonstrate compliance within the 21 days provided to you.

Material submitted for any given citation 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 correct any citations. If there were no citations listed or you are unable to correct any citations within the 21 days allotted, there needs to be a brief statement 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: <http://www.caahep.org/Content.aspx?ID=11>. MAERB requests that you use Option 1 for the electronic submission. 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 citations 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. The CAAHEP notification will indicate the type of accreditation action being recommended, any deficiencies being cited, 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, withhold accreditation, or withdrawal of accreditation. In those instances, the program has the opportunity to request reconsideration.

In terms of the specific timeframes, programs approved for initial accreditation are given accreditation for a period of no more than five years. At the end of the five-year period, the initial accreditation expires, unless MAERB makes a new recommendation for continuing accreditation to CAAHEP. Programs with initial accreditation are asked to provide status 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, withhold accreditation, or withdrawal of accreditation, the program will receive a letter prior to any official notification to CAAHEP, as is outlined in MAERB Policy 335. The program has three options at this particular 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 has the ability to provide any material to demonstrate compliance with the *CAAHEP Standards and Guidelines for Medical Assisting Programs*. The program has 7 days in which to declare its intention for a request for reconsideration and then a specific period of time to provide the appropriate documentation. If an institution chooses to request reconsideration, it will need to demonstrate that it is addressing the specific citations completely and effectively and that the appropriate changes have been made. The MAERB varies the time frame for the response with the hope that the program will be able to address the major citations. Therefore, whether a program should request reconsideration, as opposed to accepting the pending adverse recommendation, is a decision based in large part on the nature of the citations.

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.

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.

Progress Reports

Programs that are granted initial or continuing accreditation are asked to submit progress reports in order to address the citations, if any, noted at the site visit. There are four due dates per year—February 1, May 1, August 1, and November 1—and the dates are assigned by MAERB based upon the specific type of citation. For the progress report, programs are requested to submit documentation that illustrates that they are now in compliance with regard to 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.

Documentation: Request for Reconsideration and Progress Report

As is outlined above, Program Directors will either have the opportunity or be required to send specific documentation to MAERB so that it is evident that the citations either have or are being addressed. The MAERB specifies the documentation clearly. You will also receive very specific instructions within the letter about how and where to send the documentation.

It is very important that, when you are sending in the documentation, you provide a “road map” to the reviewers so that you can demonstrate that, first, you understand the citation and, second, you understand what specifics will address the citation. It will be very helpful if you highlight within the requested materials the section that is relevant to the specific citation. In addition, a cover letter that highlights the citations addressed and how the documentation addresses each particular citation will be required.

In other words, make it easy for the MAERB Liaison to review the documentation and to understand how the materials address the citation.

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.