

**MEDICAL ASSISTANT ADVISORY COMMITTEE MINUTES**

**Tuesday, March 12, 2019**

**Time: 5:30 pm – 7.00pm \* PUB 258B**

**Members Present**: Norman Berg, The Vancouver Clinic; April Gapsch, PeaceHealth; Ray Maly, Community Member; Stefanie Tolliver, The Vancouver Clinic; Pepper Miller, Student; Lacie Thompson, PeaceHealth; Laurie Helms, Nurse Practitioner

**Members Absent**: Morgan Berg, Lifeline Connections

**Clark College**: Instructors for BMED, Olga Lyubar, Suzanne Smith; Jennifer Obbard, Associate Dean – Health Occupations; Dr. Brenda Walstead, Dean of BHS; Sarah Kuzera, Director of Medical Assisting; Renee Schiffhauer, Associate Director of Advising; Travis Kibota; Interim Associate Vice President of Instruction; SueAnn McWatters, Program Specialist – Advisory Committees

Committee Chair Norman Berg called the meeting to order at 5:30pm and introductions were made.

**MINUTES OF PREVIOUS MEETING**

*The minutes of October 17th, 2018 were presented: Norman made a motion to approve. This was seconded by April and passed unanimously.*

**DATE OF NEXT MEETING**

The committee selected their next meeting date: **Tuesday, June 4th 2019 at 5:30pm.**

**OFFICE OF INSTRUCTION ANNOUNCEMENTS**

SueAnn McWatters made the following announcements

Clark College completed NWCCU evaluation this summer and has successfully met the standards for accreditation, thank you to the Advisory Committee members who were able to participate in a luncheon with the accreditors.

Currently the College is looking at significant budgetary shortfalls, caused by a flattening of enrollment and an increase in the cost of must-fund expenses. The college will use the budgetary structure recommended by the Economic Vitality Council the Executive Cabinet will be looking this month at strategies to solve the shortfall. The College must also find a way to fund critical initiatives, such as Guided Pathways and CTCLink computer program. This has resulted in reductions beyond the amount required to cover just the must-fund expenses. It is anticipated that this work will be ramping up in March with final budget adoption in the spring.

The entire college continues work to support the guided pathways initiative, increasing student enrollment, strengthening our technology infrastructure, balance the budget and place equity at the heart of all our decision-making.

* Professional Technical Day is February 28, 2019.
* All committees need to be working on getting a student on the Advisory Committee. Students can be paid a stipend through ASCC for their participation.

Transitional studies and CTE programs will be working more closely together to ensure students move more seamlessly from one program to another. Support for that work includes the implementation of I-Best classes, where the course instructor is matched with an additional faculty trained to provide additional assistance to students.

Travis thanked the advisory committee members for all attending and having a student and meeting diversity as well. Olga presented about HIM and represented Medical Assisting quite well.

Olga thanked Vancouver Clinic for pushing the direct to practices and starting the first time in next term (spring 2019) direct to practice for students. If there are any other supervisors or managers on HIM from The Vancouver Clinic or PeaceHealth to sit would be great.

**PROGRAM GOALS AND LEARNING OBJECTIVES**

Sarah stated that the program changes were accepted by IPT and the curriculum committee. The AAT, Students will finish in 8 quarters with a crosswalk into phlebotomy. This will begin in 2020. This will give time for current students who are enrolled to either be accepted into the next cohort of finish out.

The Certificate of Program was approved for 5 quarters. It went from 80 credits to 69 credits. Students will complete much faster. This will have a very specific sequencing of courses from prerequisite to completion. They worked with Olga in order to separate for the Allied Health and then the MA and Health Informatics. Students will still get the full curriculum required by the review board.

* We are currently working on getting the MAERB Curriculum Change Workbook and will submit to the MAERB for review before the fall term begins. Hopefully have it submitted by early august.

**ANNUAL REPORT AND OUTCOMES**

The MAERB requires we submit an annual review form with a look at the previous cohort. Recently, they submitted the 2017 cohort. They are still obtaining graduate and employer surveys. They also submitted the annual resource assessment. Sarah developed a direct to practice site and student manual, which will assess the resources at clark as well as the resources as the site and the student. They can accept any surveys for up to 5 years. In regards to the 2017 year; retention was 100%, placement threshold is 60% and we were at 64%, graduate participation in survey was 78.57%, graduate satisfaction in survey, 90.91%, site participation of the survey 88.9% and 100% are satisfied with our graduates, exam participation was at 100%. Over 80% pass the exam. Currently there are 29 potential graduates in this cohort.

Brenda thanked Sarah for all of her work.

**OTHER ASSESSMENT RESULTS**

Laurie Helms is the provider member.

**PROGRAM CHANGES**

There are substantive changes made to the course content, sequencing, and required hours for the certificate of proficiency (CP) and associate of applied technology (AAT) programs that have been approved. Crossover to the phlebotomy program in the AAT program and the reduction by the College to 160+ hours for the externship (practicum) has been implemented in the curriculum beginning next year.

We must submit to MAERB the course syllabi with all required psychomotor (skills) and affective (behavioral) competencies and indicate how they are taught in each course.

**SUBSTANTIVE CHANGES**

BMED&139: Sarah mentioned that one course will be a hybrid course and take prep exams. Based on the results of the prep exams, they will be tracked. And will take quizzes at home to practice while still in their practicums. Just moved this course to a computer lab so that we can do the classes on the computer and make it as realistic as possible.

Two new affiliations with Concentra and Columbia river mental health center.

PeaceHealth has partnered with ZoomCare.

Laurie stated that sometimes in urgent care MAs do a lot. It’s good for them to come and work on procedures (sterile technique and sterile set up).

Pepper spoke that they’ve done over 70 competencies. Sarah stated they do vital signs, electronic blood pressure and pulse, radio pulse with respirations, set up sterile fields, assisted with suture removals, done surgical hand washing, put on and take off sterile gloves…they will eventually do phlebotomy and injections. At the sites, they will focus on injections because they need to know that for the certification, but the focus will be injections and dosage calculations. Sarah is actively making sure they know what to do.

Lacie stated that dosages part wasn’t a key part of the curriculum. Hopefully having that kind of course put back in, they would be a great idea.

* Sarah will be ordering the vials. At the same time they are doing the calculations, they actively have to draw up at the same time.
* Norman – at tvc, they’ve had to pull the MAs from dosage calculating. Although for the national, it’s required. MAs can administer but cannot draw up. Anything that is combined or compounded or more than a single unit dosed or a vaccine, MAs cannot draw it. If there is a doctor’s order, the MAs can do it. Technically, according to WA state, MAs cannot draw up medication. Stefanie asked to have the students know that there is a possibility that some sites might not allow it because it is a legality issue.

Travis suggested working with the math department to come up with online courses for the meds. BMED&103 and also statistics.

**OTHER BUSINESS/INDUSTRY UPDATES**

Ray stated that he was impressed with the professionalism from the caregivers.

Regence Blue Advantage HMO is an insurance coverage. Once a year, they send a physician to your house and do a check up. The report they gather is given back to the client primary care physician.

* Norman – some patients like it and some find it confusing as it’s a random doctor. It’s a way to make sure patients are getting the proper care. It is paid for by the insurance company and costs nothing to the patient.

Worked with the Optical department at the Vancouver clinic and couldn’t get his prescription filled for a few weeks. Would have been nice to get a phone call saying there was a delay.

Jennifer: is there a communication plan about the new curriculum and crosswalk into phlebotomy?

Brenda stated that right now it is a tad early for it. Sarah has talked with Carmen about the next cohort as there will be students that are kind of in the middle, so the overflow might be accepted and we will work through it.

 Sarah stated the numbers now are almost full: there are 30 in a cohort and there are currently 29.

An evening cohort could potentially entail general and administrative aspects online, but the clinical would be hard. If students understood that at the end they would have to be available for the practicum hours.

Sarah also spoke about the practicum interviews. MA is one of the few allied health professions that does not just place students into their clinical. Students have to interview for their sites. So we developed mock panel interviews for the BMED&117 course. Students had to bring in their resume, cover letter, application, etc. Career services did say that they will be available to offer that to other students.

The more experience for a true interview the better off students will be.

Ray asked about the coding books. Suzanne stated that Providence gave a whole trunk load of coding books. We received quite a few from Vancouver Clinic, a few from legacy, but most came from Providence. We now have a full file cabinet of coding books for in class coding. There is significant changes to each years book so it’s important to update it every year.

The meeting adjourned at 6:17pm.

Prepared by SueAnn McWatters