

## 2016-2017 Instructional Program Review Annual Update

1. Discipline/Area Name:	Medical Office Assisting –	- Clinical/ Public Safety & Allied Health	For: <b>2016-2017</b>
2. Name of person leading	g this review: Jeff Stepher	ns RRT, RN, MSN, FNP-BC Program Chair	
3. Names of all participan	ts in this review: Jeff Ste	phens	
4. Status Quo option: Year 1: Comprehensive review Year 2: Annual update or statu Year 3: Annual update Year 4: Annual update or statu	us quo option $\square$	program review conducted in the district planning for another year Check here to indicate that accurately reflects program pla	the program review report written last year nning for the current academic year. s or changes may exercise the status quo
Number of Full-time Faculty	0	Number of Part-time Faculty	4

## Data/Outcome Analysis and Use

## 5. Please review the <u>subject level data</u> and comment on trends (more data will be available the Program Review <u>web page</u>):

Indicator	2012-2013	2013-2014	2014-2015	2015-2016	Recent trends?	Comment
Enrollment #	284	438	402	365	Decrease	
# of Sections offered	15	15	15	15	No Change	
# of Online Sections offered	3	3	3	3	No Change	
# of Face-to-Face Sections offered	12	12	12	12	No Change	
# of Sections offered in Lancaster	12	12	12	12	No Change	
# of Sections in other locations	3	3	3	3	No Change	
# of Certificates awarded	2	11	10	9	Decrease	
# of Degrees awarded	0	0	0	0	No Change	
Subject Success Rates	80.6%	81.1%	77.9%	78.4%	No Change	
Subject Retention Rates	89.8%	87.9%	86.8%	86.3%	No Change	
Full-time Load (Full-Time FTEF)	0	0	0	0	No Change	
Part-time Load (Part-time FTEF)	5	5	5	4	Decrease	

PT/FT FTEF Ratio	0	0	0	0	No Change	
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#	Indicator	Comments and Trend Analysis
7.	If applicable, report program/area data showing the quantity of services provided over the past four years (e.g. # of workshops or events offered, ed.plans developed, students served)	The section count in the MOA discipline followed the budget crisis pattern. The peak in section count occurred in 2008-09 when 15 sections of MOA courses were offered. Then the number of sections declined in 2009-10 when the MOA skills courses were not offered. The number of section increased in 2010-11 and in 2011-12 when the MOA skills courses were offered and then the number of sections declined in 2012-13 when the skills courses were not offered. 2014-2015 and 2015-2016 (2) clinical courses have been dropped due to low enrollment. However, consideration should be given to program over hall by providing industry standards such as accreditation and adding specialty training such as limited x-ray licensure to the MOA program. This is what the industry needs and therefore boost desirability and student enrollment.
8.	Student success and retention rates by equity groups within discipline	<ul> <li>Review and interpret the subject data by race/ethnicity and gender. Identify achievement gaps.</li> <li>List actions that are planned to meet the Institutional Standard of 69.1% for student success and to close achievement gaps:</li> <li>2013-2015 Overall retention and success data shows 86% and 77% respectively which reflective of 23% attrition within the division.</li> <li>Student success for Hispanic and Non-Hispanic students has exceeded the institutional standard every year for the past five years at 80.6% and retention of 87.6% 5 year average. African-American students show a 65% success rate Students whose ethnicity is "unreported" do not succeed at the level of the institutional standard. Without more information about the students in this category, more action cannot be taken for individuals. However, the faculty is committed to the success of female and male students is fairly equal. Student success in MOA courses has been above the institutional standard for the past five years and it has increased, reaching 81% for females and 83% for males in 2012-15.</li> <li>Students who are American Indian/Alaska Natives, African American or Pacific Islanders have had comparable success rates, according to the instructors in the discipline.</li> <li>When analyzed by ethnicity, students who are Hispanic had a higher retention rate than non-Hispanic students in 2012-15. In other years included in this report, student retention of Hispanic students was approximately the rate of success in non-Hispanic students had a retention rate of 94% in 2012-13, which was higher than the retention rate for females (89%).</li> </ul>

		Retention of both male and female students exceeded the institutional standard of 60%. Retention at Palmdale lagged retention at the Lancaster campus until 2012-13 when the retention rate was equal.							
			tion in the online c ct's retention rate of		s been in the 87 to	96 <sup>th</sup> percentile, m	uch higher than the		
		<ul> <li>The retention rate for American Indian/Alaska Natives and African American students has been lower than the retention rate for Pacific Islander, Whites and Mexican/Central American students by up to 23%.</li> <li>Term to term persistence of students in MOA has varied. The variance probably is due to the</li> </ul>							
		course offering pattern, as the skills courses in the discipline have only been offered every other year.							
9.	Career Technical Education (CTE) programs: Review the labor market	Comment on the <u>occupational projections</u> for employment in your <u>discipline</u> for the next two years and how the projections affect your planning:							
	data on the <u>California Employment</u> <u>Development Department</u> website for jobs related to your discipline.		Geographic Area	2014 Employment SOC Code 31- 9092/CIP Code 510801 Medical Office Assistant	Projected Employment (2014-2024)	Growth (2014-2024)	Annual Job Openings Reported (2014-2024)		
			California	80,900	103,300	22.4%	3,920		
		Comm 22.4%		above statistics and	d projections indus	stry needs are uncl	nanged (23.2% -		

10. Cite examples of using action plans (for SLOs, PLOs, OOs, ILOs) as the basis for resource requests and how the allocation of those resources or other changes resulted in improved outcomes over the past four years.

SLO/PLO/OO/ILO	Action Plan	Current Status	Impact of Action
SLO's	Action plans	Ongoing	Over the last 5 years the 3 SLOs for all MOA clinical courses have been meet above
MOA 101	reflect		the 70% target. PLOs have been achieved at the 100% level, which is higher than the
MOA 102	specific		target.
MOA 110	program		
MOA 111	competencies		
	required by		

	the industry			
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11. Review the goals identified in your most recent comprehensive self-study report and any subsequent annual reports. Briefly discuss your progress in achieving those goals.

Goals/Objectives	Current Status	Impact of Action (describe any relevant measures/data used to evaluate the impact)
<b>Goal 1</b> Reassess the viability of the Medical Office Assisting courses 110 and 111 and the program as a college level program using the Educational Program Evaluation and Discontinuance Procedure in conjunction with the Academic Senate. <b>Objective:</b> Determine whether the program is viable or whether students would be served better by having the clinical medical assisting program offered in Corporate and Community Services or in the Health Sciences Division	Completed	<b>Completion Status:</b> Consensus of the faculty was to continue the program in the new Health Science Building.
<b>Goal 2</b> Restore discipline budget that was cut in 2010-2011. <u>Objective</u> : To restore a supply budget for the MOA program of \$1000.	Ongoing	The program has a higher requirement for durable medical supplies and has been funded using Proposition 20 money 2015-2016 \$5,600.00 and no supply budget

Briefly discuss your progress in achieving those goals:

The programs with the CTE divisions continue to struggle with limited supply budgets and many within the Allied Health and Public Safety area including MOA are not eligible for funding through Perkins grants as they are not programs that lead to a degree.

Please describe how resources provided in support of previous program review contributed to program improvements:

An increase in supply funding on-going and or one-time will allow for these programs to replace and restore needed equipment and allow for operation using up-to-date equipment and possible program expansion.

12. Based on data analysis, outcomes, program indicators, assessment and summaries, list discipline/area goals and objectives to advancing district Strategic Goals, improving outcome findings and/or increasing the completion rate of courses, certificates, degrees and transfer requirements in 2018-2019. Discipline/area goals must be guided by **district Strategic Goals** in the Educational Master Plan (EMP), p.90. They

must be supported by an outcome or other reason (e.g., health and safety, data analysis, national or professional standards, a requirement or guideline from legislation or an outside agency).

	Discipline/area goal and objectives	Relationship to Strategic Goals* in Educational Master Plan (EMP) and/or Outcomes	Action plan(s) or steps needed to achieve the goal**	Resources needed (Y/N)?
1	Have 15 students earning MOA certificates annually by 2020.	<ol> <li>Commitment to strengthen Institutional Effectiveness measures and</li> <li>Increase efficient and effective use of all resources: Technology, Facilities, Human Resources, Business Services</li> </ol>	Restore discipline budget that was cut in 2010-2011. Restore annual 1,000.00 supply budget and maintain Prop 20 funding. Added budgetary allowance will enable program to maintain training equipment and simulation supplies. To increase the FTEF for the discipline (MOA 110 and 111) with full-time instructor in the discipline and maintain adjunct faculty improve skill competency. Addition of full-time faculty and increase community partnerships by the addition of clinical experiences. This would allow for program expansion by complying with State requirements and allow for program accreditation with certification of graduates.	Yes

\*\*Action plan verbs: expand, reduce, maintain, eliminate, outsource, reorganize, re-engineer, study further, etc.

13. Identify significant resource needs that should be addressed currently or in near term. For each request type identify which **discipline/program goal(s)** from **#12** guide this need.

Indicate which Goal(s) guide this need	Type of Request (Personnel <sup>1</sup> , Technology <sup>2</sup> , Physical <sup>3</sup> , Professional development <sup>4</sup> , Other <sup>5</sup> )	New or Repeat Request?	Briefly describe your request here	Amount, \$	One-time or Recurring Cost, \$?	Contact's name
Goal 1	Physical	Repeat	Restoration of supply budget	1,000.00	Recurring	J. Stephens
Goal 1	Personnel	Repeat	Addition 1 full-time faculty		Recurring	J. Stephens

<sup>1</sup>List needed human resources in priority order. For faculty and staffing request attach Faculty Position Request form.

<sup>2</sup>List needed technology resources in priority order.

<sup>3</sup> In priority order, list facilities/physical resources (remodels, renovations, or new) needed for safer and appropriate student learning and/or work environment.

<sup>4</sup>List needed professional development resources in priority order. This request will be reviewed by the professional development committee.

<sup>5</sup>List any other needed resources in priority order.