



**Medical Assisting (MA) Advisory Committee Meeting
MINUTES**

November 4, 2014

12:00 noon—3:00 p.m., Room: ETA 101

Meeting Lead: Barbara Kalfin, Program Director, Medical Assisting, Palm Beach State College (PASC)

Administrative Liaison: Associate Dean Nancy Zinser, Health Sciences, Palm Beach State College

ITEM 1. Introduction of Members/Communities of Interest

In attendance:

Mary Lou Allison, FSMA; Past President of AAMA

Kathy Archer, Adjunct Instructor at Palm Beach State College; Bethesda; CMA (AAMA)

Patty Ballard, Adjunct Instructor at Palm Beach State College; CMA (AAMA)

Pamela Burgering, RN; LHRM, Tenet Florida Physician Services/Employer

Birgitta Fielder, RN; Adjunct Instructor at Palm Beach State College

Shamima Kader, Palm Beach State College MA Alumni; ARDMS

Dr. Theresa Errante-Parrino, Program Director of M.A. at IRSC

Dr. Holly Pomeranz, Adjunct Instructor at Palm Beach State College/Osteopath

Betty Springer, FSMA; Past President of AAMA

Dr. Jesus Venereo, PSAV Instructor, full-time, Practicum Coordinator at Palm Beach State College/Pathologist

Thomas Whelan, Palm Beach State College MA student

Lynelle Zelnar, Executive Director of Forgotten Soldiers Outreach, Inc.—Public Member, #2

Associate Dean Nancy Zinser, Administrative Liaison, Sponsor, Palm Beach State College

Barbara Kalfin, Program Director, Medical Assisting, Palm Beach State College

Absent:

Dr. Keith Aqua—Physician/Employer—Atlantic Clinical Research Collaborative

Marlene Brustle--Alumni

Darlene Cavinee for William Dalton/Employer-Cardiology Partners

Ms. Michelle Makris-Director of Atlantic Clinical Research Collaborative

Rep. Irving Slosberg—Public Member, #1

Dr. Yara Ramirez-Adjunct instructor

Tina Stagner-Cote--Alumni

Dr. Debra Weinstein-Atlantic Clinical Research Collaborative

ITEM 2. Practicum (Externship) Presentation by MA Student Thomas Whelan: “My Externship Experience”. Power Point and presentation.

Discussion: Dr. Jesus Venereo: Input about methods of addressing specific areas of forms, such as revising Weekly Site Visit Form, Weekly Site Visits. Introduction of Birgitta Fielder, RN, assisting in Externship class. The addition of Birgitta has made a tremendous improvement in communication with office managers.

- **Comments & Concern:** Weekly evaluation form, Practicum Site Visit. This form needs to be changed and match the final evaluation document, which is too long. For those using this form, what would you recommend?

(Dr. Theresa Errante Parrino): Suggestion is to create a system utilizing MAERB Final Evaluation Form: Week 1, 2, 3, 4, etc. Information is addressed when students come to school once a week. Completion of pages are required in an organized manner.

(Nancy Zinser): How do you verify the date and signature next to the competency achieved?

(Dr. Theresa Errante Parrino): Weekly timesheets are filled out; supervisor comments on the student for a particular week. Created a timecard with week/dates--students fill this out on a weekly basis. If student form is not signed by a supervisor, the student must take it back to get it signed. Theresa visits every student at every site and also meets with the supervisor. Dr. Venereo and Birgitta Fielder follow same procedure.

Action: MOTION to utilize MAERB Final Evaluation in revising the weekly form: Dr. Theresa Errante Parrino
SECOND: Marylou Allison
VOTE: (Nay by Dr. Jesus Venereo): Likes the idea. However, will continue to use/update the current weekly form and assign time for this portion of the evaluation.

(Mary Lou Allison): What do you do if certain items on the form are not applicable to the site?

(Dr. Theresa Errante Parrino): Can demonstrate it in class.

(Dr. Jesus Venereo): We do that in class as well. Agree with you.

(Dr. Jesus Venereo): What do you do when you place a student in an office where they cannot do part of the training?

(Dr. Theresa Errante Parrino): Depending on where the student goes, rotate the student in different offices to experience real-time settings. Students also fill out a weekly log of what they did that week: i.e., phlebotomy, took vitals, etc.

- **Progress Report with Adjunct Assistant in Practicum Class, Birgitta Fielder, RN**

(Birgitta Fielder): Met with office managers. Students brought their resumes and were introduced to office settings. Students had meetings on a weekly basis and met with trainers; discussed plans and student performance, concerns, improvements, and follow-up. Plans included students working in front and back office, learning about different areas. Communicated with students after each office visit. Eighty percent of students were offered a job. Some students did not feel the clinical office was their specialty, but 95% were satisfied. Students should focus on communication, customer service, skills=patient satisfaction. Remembering names is also important. As for employer surveys, they were

done after students were gone. Able to follow-up and obtain many Employer Surveys, which met the threshold on the Annual Report Form (ARF)

- **Feedback from Employer and Graduate Surveys 2014**

(Barbara Kalfin): The threshold was met for yearly report. Graduates: Employer survey is a 1-5 basis, with 5 as the best, and 1 as strongly disagree. Forms from MAERB=unchangeable. Barbara shared a survey on a “5” rated student. Employer recommendation is to continue training future students the same way. Student was described as “responsible, dependable, great personality, independent worker.” Awaiting other surveys.

(Nancy Zinser): Are there any special tricks to getting student surveys back from employers?

(Dr. Theresa Errante Parrino): Recommendations to getting student surveys back from employers include the following: Make a personal visit to office manager and keep consistent communication.

(Dr. Jesus Venereo): Palm Beach County is large and sometimes the employees move out of Florida.

(Betty Springer): Do any of your extern sites who are willing to hire, require in a certain amount of time, that students be certified?

(Barbara Kalfin): It is mandatory that Medical Assisting students be registered for the exam before they go out on Externship. Students show their receipts to Extern sites for future employment. If a student fails, they can re-take the exam two more times.

(Nancy Zinser): The increase in participation rates have increased as word gets out, and the pass rate has also increased. Thresholds met on the ARF.

(Betty Springer): At what point does the student pay for the exam?

(Dr. Jesus Venereo): Before they enter the Externship class.

(Barbara Kalfin): Students are informed at the very beginning of the PBSC MA information session about the cost of the exam, which is \$125.00. The PBSC MA program has 100% AAMA student membership and registration for exam in each class when required.

(Mary Lou Allison): An advantage of students being credentialed (as required by Medicare) is that it puts them ahead of other job seekers.

(Barbara Kalfin): Refer to “Meaningful Use” document in folder for regulations from AAMA Conference Report.

ITEM 3. Review of 2014 Annual Report (ARF) and related outcomes required by MAERB (Medical Assisting Education Review Board). CMA (AAMA) exam results. AAMA 2012 CMA (AAMA) Program Performance Report, College Program Review Summary and all related outcomes.

Discussion:

- **(Barbara Kalfin):** “2014 Annual Report MAERB presentation.” MAERB exam outcomes: We will not be looking at that until 2018. The threshold for the CMA (AAMA) exam was changed to a 60% student pass

rate and participation 30%. All thresholds met on ARF. CMA (AAMA) Exam Results from 1/1/2013 through 12/31/13—out of 16 takers, 2 failures. Results from 1/1/2014 through 9/17/14- out of 14 takers, 1 failure.

- CAAHEP is eventually going to be looking to redo the core curriculum psychomotor curriculum. MAERB has a draft on their website for coming change standards and guidelines.
- **(Nancy Zinser):** Program Review Summary Form: Fiscal allocation target dates are not easy: Money should be spent by Jan. 1st. We can't encumber what we don't need, however. We have program objectives and goals; participation and pass rate: 60% at 86.7%, 22.67 % of national benchmark. State, local, national data never have the same snapshot at a given time. Threshold is 30% participation; 60% lowered pass rate. Other interesting item is: meaningful use. With CMA(AAMA) certified medical assistants being recognized now, quality of accreditation is important. Kudos to quality of profession. Initiatives: Entry level platform to entering other professions. We have submitted a request for another full-time instructor position, which was approved. We are now in Screening Committee Process.

ITEM 4. Program Accreditation Status

Discussion: The Commission on Accreditation of Allied Health Education Programs (CAAHEP) awarded the Palm Beach State College Medical Assisting Program continuing accreditation for the next ten years. Discussion to follow on 4 Citations received that was responded to in May of 2014, but not accepted by the Board.

Action: Progress Reports to be sent to MAERB by June 1, 2016 indicating the manner in which these citations are being resolved. All was available at the Site Visit, but was determined that documentation resubmitted by program in May 2014 was not available to surveyors at time of site visit and not accepted by the board.

- Advisory Committee Documentation/Roster/Minutes.— resolved and will be resubmitted.
- Resources (Type & Amount)—Faculty, Finances, Equipment, Supplies, Instructional Materials—resolved and will be resubmitted.
- Practicum Coordinator Responsibilities—see #1 above—resolved and will be resubmitted.
- Resource Assessment— Was in Self-Study Report submitted October 10, 2013 prior to site visit. This had been updated and on A USB Drive ready for Surveyors at the time of visit. Will be updated again for next submission.—resolved and will be resubmitted.

(Barbara Kalfin): Graduate surveys: Graduates provided feedback by writing about items that related to the citations. On page 2 of the agenda, see "Resources." Complaints involved equipment, supplies, and instructional material, all of which have been resolved. Surveys included "get an x-ray machine," and "need butterfly needles, lab materials, etc." It was explained to site visitors that expired items were just for learning purposes, which they misunderstood. Issue was because there was not enough money to buy all supplies needed; there was only about \$3-4,000 for supplies. Not able to have an X-ray Machine. Instructor has taken students to PB Gardens Campus to X-ray Tech. Program, and medical office tours with equipment.

(Nancy Zinser): Budget problem was due to State of Florida fiscal problems, and also encumbering funding. There are specific program objectives and goals that must be met. Budget Planning Process happens on a cycle. State of FL-fiscal problems. We get money for enrollment, FTEs, etc. Barbara's program has tripled. Budgets are still flat, however. Expenditures are looked at. Budget cooling process. We were able to get funding assistance from PBSC provost. Summer semester falls in the middle of a fiscal year. What we need this year is not necessarily what we might need next year. We have been able to secure new computers. Money has been tucked away for us. Cart for laptop and tablets in a cart to be mobile for students. Two cohorts of students in a classroom or lab. An increase has occurred in headcount, by 32.8%. The average evaluation of instructors has increased; rates have gone up. Most feedback is positive, even when constructive. Adhering to guidelines is working, and withdrawal rates have decreased. Students usually drop out for personal reasons. Males have been able to be recruited into this field, including Baby Boomers. A request for another AAMA-certified full-time instructor has been submitted and approved due to the growth of the PBSC MA program. Target and budget deadline dates.

ITEM 5. Medical Assisting Curriculum Committee Meetings

Discussion: Florida Department of Education (FDOE) Curriculum Revisions.

- New title of Externship class will be "Practicum".
- **(Barbara Kalfin):** What is your opinion of the Florida Department of Education Report? Corrections were made by FDOE Curriculum Committee in previous telephone conference calls, technical centers, and curriculum changes. Dr. Theresa Errante Parrino is working with Chris Hardy on the Associate degree plans for the MA program.

Action: Dr. Theresa Errante Parrino to provide input on creation of Medical Assisting A.S. degree and CCC.

- **(Dr. Theresa Errante Parrino):** Plans for the Associate degree have already been submitted. For years, the MA program was not approved for any type of advanced degree because it was entry-level. Different employers at the State level about the role of the MA approach to patient care as opposed to "hall monitoring." Paperwork was submitted for public schools to offer MA, and maybe even the private sector. It has not been approved yet at the State level. The 2-year Associate degree at the public level is being asked for. The current curriculum and specialization in HIT is due to electronic records being a major part of MA today.
- **(Barbara Kalfin asking Committee):** Feedback from committee hiring someone as a MA with an Associate's degree? Two tracks: one-year of employment and transition to general education and complete the Associate's degree. Diploma student with an AS degree and student tracking. An AS degree student is able to enter position versus an entry level or a certificate program.
- **(Dr. Jesus Venereo):** What will students think of this? How much they will get paid?
- **(Dr. Theresa Errante Parrino):** An AS degree can transfer to a Bachelor's degree. Here, there's a bridge where classes would count toward a higher degree; the student would only have to finish their AS degree and transfer to a Bachelor's degree.
- **(Kathy Archer):** This is better because it gives an opportunity for employers to say "we'll give you more money, supervision, training," and extra effort recognized by employer to reward students.

- **Dr. (Theresa Errante Parrino):** This is going to depend on the type of student employers get, which depends on a student's drive—what are they looking for/motivating factor? Some only need a job in one year in health care, looking for short-term training to get to work. Others are looking to obtain degrees.
- **(Dr. Jesus Venereo):** Assuming all goes well with that plan, when will this be implemented?
- **(Dr. Theresa Errante Parrino):** 2015. Market it to students: "For only one more year, you can get an AS degree."
- **(Barbara Kalfin):** Can students do their core first, then their General Education requirements?
- **(Kathy Archer):** My experience, students will take Gen Ed classes first, then MA classes. When time for Labs, students should be done with all Gen Eds. except business technology –last class taken with externship.
- **(Marylou Allison to Pamela Burgering of Tenet):** What would you (Tenet) do with a degree?
- **(Pamela Burgering):** Promoted excellent MAs to office manager; promoted MAs to scheduler then went to Surg. Tech/OR/PRE-OP. Looking for the higher caliber person. Tenet is having a hard time finding quality people. MA COMPETENCY PROGRAM: hope to (after basic skills) find people who have a career path. Looking to do a career lab like the hospitals do.
- **(Betty Springer):** People look at MA there's never a discussion about any ladder parallel ladder move. What will companies attract as a result?
- **(Pamela Burgering):** want to retain and attract people. Is excited about career lab. Assessment of core group—of people she could depend on, help me work with other MA's. MA1, MA2. Loves the idea. Knows the value of these people. Can do excellent in back and front office. Good attitude. Mentor: would say, hire the right attitude and you can teach them anything. Believing in someone so they can believe in themselves. Has had success with people as a result. MA's were recognized.

ITEM 6. OTHER Discussions

- **(Betty Springer):** People should be seeking a higher level at where they are at. What do those statistics actually mean when you are in a holding pattern for nursing, etc., a growing field that needs x number of Medical Assistants? How do you account statistically?
- **(Nancy Zinser):** Common ideology is that a dental assistant want to become a dental hygienist. We proved it wrong.
- **Barbara Kalfin):** Curriculum-wise, what have you heard about ICD-10 or ICD-11? The PBSC MA program is short on manuals [another citation]; there are not enough ICD-10, HICPC, etc. A PBSC coding instructor found some cheaper reference manuals for ICD-10 2014 (\$22.95 on AHIMA website). We have purchased 15 of these manuals.
- **(Kathy Archer)** Software mentioned: Athena, Greenway, Next Gen. Basic Electronic Medical Record training is needed, but it is up to the employer to orientate students to their system. The PBSC MA program uses Electronic Medical Records text and software.
(Kathy Archer): Greenway or Athena would be a better fit because it's great for basics.
(Nancy Zinser): There could be compatibility issues with investing in one software. Students should have basic knowledge/components with software, then use what the clinical/job uses.
(Pamela Burgering): Students usually have day-long orientation, practice management, billing, etc. during a 2-day training session.
(Dr. Theresa Errante Parrino): Students have an orientation day for basic safety, etc., prior to branched-off orientation.

(Birgitta Fielder): Uses hospice VMR, which is on her phone. She also has it on her training tablet for patient profiles.

(Kathy Archer, who will be teaching ICD-10): Regarding ICD-10, Bethesda put this issue on the back burner until 2016. In terms of electronic records, the future will not be books, but Electronic Medical Records that are self-coding. Students need this type of preparation.

- **(Betty Springer):** When you have a 2nd or 3rd career person coming into to your program because of circumstances, funding, etc., then it would be interesting to find out if those are the ones that stay versus the people that are waiting to go on, versus the ones who are inspired to go on.

(Nancy Zinser): There are those that will advance in their careers because of opportunity. Enthusiastic students move forward, and as one moves on it makes room for another to come in. Interesting statewide surveillance. Is it warranted to make this kind of research?

(Betty Springer): Probably not because there's enough supply and demand.

(Barbara Kalfin): Some students have Bachelor and Master's degrees. At that level we can track that because they could not enter the field they wanted. Younger ones come in and start with MA program and then want to become a nurse, etc.

(Birgitta Fielder): When economy hit bottom a few years ago, lots of students with degrees came into MA program. Need to look at society at large. At info sessions, standing room only for nursing=safe health field. Good area to be employed because you can branch out.

(Nancy Zinser): The health care field is very social. It's about skills and relating—interaction. Interpersonal need for some of these people—they want to interact, and there's not a lot out there that offers growth; can be very isolating.

(Birgitta Fielder): Specialties give opportunities for MAs to branch out.

(Dr. Theresa Errante Parrino): With the economy and shortage of MA's, there is more opportunity; students now have more of an advantage of going into a specialty right out of school.

Interdisciplinary initiatives: There's a role for all of us. I.E, disaster preparedness. A lot of health care professionals do not know what other medical fields do. Medical Assisting needs to be incorporated working along other health care professionals. Utilizing technology. Needs PBSC to harbor the MA program. Barbara to focus on continuing to grow program. Moving to a Limited Access online application.

(Nancy Zinser): Is the program meeting its current workforce demands? Enrollment completers are needed (students that complete the program). The workforce needs indicate increased enrollment and completers. Focus is on quality of education.

(Mary Lou Allison): More corporate type employers like Tenet-owned hospital corporate things that will dominate the future.

(Nancy Zinser): A long time we were iffy about corporate taking over, but we've seen that they have processes and compliance, training, professional development that is taking place.

(Betty Springer): The Florida Society of Medical Assistants is focusing on a corporate business structure. The Florida Practice Act is not clear on how things can work, for example: Pharmacies not being incorporated into hospital systems management. Likes Nancy's comment about interdisciplinary action.

(Nancy Zinser): Interdisciplinary action is needed, as well as having a team role model. It's about the Medical Assistant that can relate—good patient care makes people want to return.

(Dr. Theresa Errante Parrino): Implementation of a large interdisciplinary plan at IRSC involves online components that no matter what medical program in health care that students are in, students are all exposed to HIV, HIPPA, etc. training. Also, there is interrelated information among different programs.

Field trips are taken to other groups college-wide. They also have a grant, which is also used for integration for college-wide initiatives.

Meeting adjourned at 2:28 p.m.

**Submitted by: Barbara Kalfin, CMA (AAMA), BS, AS
Program Director**

Natalie Defraene, Administrative Assistant II, Scribe

c. Minutes Distribution List