March 19, 2018

Michael Redmond, PhD
President
Bergen Community College
400 Paramus Road
Paramus, NJ 07652

Dear Dr. Redmond:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is pleased to inform you of its vote on March 16, 2018 to award **continuing accreditation** to the Medical Assisting Associate Degree program at Bergen Community College, Paramus, NJ.

The recent peer review conducted by the Medical Assisting Education Review Board (MAERB) and CAAHEP's Board of Directors recognizes the program's substantial compliance with the nationally established accreditation Standards. The next comprehensive evaluation of the program, including an on-site review, is scheduled to occur no later than **Spring 2027**.

The MAERB will regularly monitor the program's compliance with the outcomes assessment thresholds through the program's Annual Report as well as other documentation that may be requested (Standard IV.B.).

The following citations merit your institution's attention and resolution in order to strengthen the program's compliance with the Standards (for a complete copy of the Standards, check the CAAHEP website at www.caahep.org, or call the office at 727-210-2350):

**III.C.2. Resources - Curriculum**
**The program must demonstrate that the content and competencies included in the program's curriculum meet or exceed those stated in the MAERB Core Curriculum (Appendix B).**

**I.C ANATOMY & PHYSIOLOGY-COGNITIVE**
**2. Identify body systems**
**6. Compare structure and function of the human body across the life span**

**V.C CONCEPTS OF EFFECTIVE COMMUNICATION-COGNITIVE**
**8. Discuss applications of electronic technology in professional communication**
**11. Define the principles of self-boundaries**
**17. Discuss the theories of: a. Maslow; b. Erikson; c. Kubler-Ross**

**X.C LEGAL IMPLICATIONS-COGNITIVE**
**2. Compare and contrast provider and medical assistant roles in terms of standard of care**
**6. Compare criminal and civil law as they apply to the practicing medical assistant**

**XII.C PROTECTIVE PRACTICES-COGNITIVE**
**3. Discuss fire safety issues in an ambulatory healthcare environment**
**8. Identify critical elements of an emergency plan for response to a natural disaster or other emergency**

One or more objectives in the cognitive domain was either not available for review or was not appropriate for either the objective or the domain.

I.C.2. A list for body systems was given to students. They were asked to list the organs, but it did not focus on identifying body system.

I.C.6. The assessment tool merely listed the objective without any clarification for the student activity.

V.C.8. The assessment tool focused on output devices and did not apply that to professional communication.

There was additional documentation submitted for the following cognitive objectives, but the documentation did not fully satisfy the requirement for the reasons listed below:

V.C.11. The program states that an appropriate assessment was available at the time of the visit and that it was resubmitted; however, the assessment tool was not in the folder and therefore, could not be reviewed.

V.C.17. The program submitted a test which was available during the visit. The test had two questions that pertained to Maslow's hierarchy of needs, three questions which pertained to Kubler-Ross' theory of the stages of grief and one question that was directly related to Erickson's theory. Although the questions for Maslow and Kubler Ross were adequate, the program did not demonstrate that Erickson's theory was adequately addressed.

X.C.2. The program resubmitted a test that was available at the time of the visit. The test question focused on whether or not a medical assistant student could practice without supervision rather than comparing and contrasting provider and medical assistant roles in terms of standard of care.

X.C.6. The program resubmitted a test that was available at the time of the visit; however, the questions on the test did not compare criminal and civil law as they apply to the practicing medical assistant. Instead the questions focused on what are the causes of medical liability cases and the definition of criminal law.

If there is no rationale listed for the cited cognitive objectives, there was no assessment tool available for review on site.

*For Cognitive Objective, submit the following:*
*Current syllabi/course outlines for the courses in which any of the above-listed cognitive objectives are taught and assessed, with those objectives highlighted. If the program does not use the alphanumeric designation and precise MAERB language of the cognitive objective, label the objective with the appropriate MAERB alphanumeric designation.*

*Grading policy, grading scale, and pass score applied for the cognitive objectives need to be highlighted on each syllabus.*

*Copy of the blank examinations and/or other required assessment tools covering the listed objectives, highlighting which specific question covers the objective in question. Indicate the course number and course title on the assessment tool.*

*Official roster of the most recently assessed group of students who took the course(s) in which the specific objectives listed above are taught.*

*Copy of gradebooks (containing grades of tests and other academic projects focused on the cognitive objectives) covering the most recently assessed students who took the course.*

**V.P CONCEPTS OF EFFECTIVE COMMUNICATION-PSYCHOMOTOR**
**3. Use medical terminology correctly and pronounced accurately to communicate information to providers and patients**

**X.P LEGAL IMPLICATIONS-PSYCHOMOTOR**
**2. Apply HIPAA rules in regard to: a. privacy; b. release of information**

**IX.A PROCEDURAL AND DIAGNOSTIC CODING-AFFECTIVE**
**1. Utilize tactful communication skills with medical providers to ensure accurate code selection**

One or more competencies in the psychomotor and/or affective domain was either not available for review or was not appropriate for either the competency or the domain.

There was additional documentation submitted for the following Psychomotor and Affective Competencies, but the documentation did not fully satisfy the requirement for the reasons listed below:

V.P.3. Original rationale: The assessment tool did not include an assessment of pronunciation. MAERB Response to Program's Additional Documentation: The program resubmitted a checklist that was available at the time of the visit. The checklist implied pronunciation of medical terms to patients; it did not address providers.

X.P.2. Original rationale: The assessment tool did not include an application of HIPAA rules in regards to privacy.

MAERB Response to Program's Additional Documentation: The program resubmitted a checklist that was available at the time of the visit. The checklist did not adequately address privacy.

IX.A.1. Original rationale: The assessment tool did not direct the student to communicate tactfully as the focus was on the accurate code selection.

MAERB Response to Program's Additional Documentation:
The program resubmitted an assessment tool that did not adequately address the competency. There was a rubric attached, but it did not ask the student to focus on communicating tactfully. Rather, it focused on accurate code selection.

*For Psychomotor and Affective Competencies, submit the following:*
*Current syllabi for courses in which the above-listed competency is taught and assessed, with that competency highlighted. If the program does not use the alphanumeric designation and precise MAERB language of the psychomotor and affective competencies, label the competency with the appropriate MAERB alphanumeric designation.*

*Grading policy, scale, and pass score for the competencies, designating the specific pass/fail standards, the number of attempts that students are allowed to achieve the competency, and the statement that the students are required to achieve all the competencies to pass the course and/or progress in the program.*

*Official roster of the most recently assessed group of students who completed the specific class in which the competency outlined above was taught.*

*Copy of blank skill assessment tool used to assess student achievement for the specific competency listed above, with the step highlighted if the tool assesses more than one competency, and the course number and name indicated on the tool.*

*Tracking mechanism (tool that lists all the psychomotor and affective competencies) covering the most recently assessed group of students who took the course, documenting successful completion of each psychomotor and affective competency by all students who passed the course. Highlight on the tracking mechanism the competency that is outlined above.*

**IV.B.1. Student and Graduate Evaluation/Assessment - Outcomes Assessment**
**The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.**

**Outcomes assessments must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.**

There was no raw data to verify the retention, job placement, and credentialing exam passage and participation. The number of surveys for graduate and employer satisfaction did not match the numbers submitted for the Annual Report Form. There were no tracking mechanisms available for review.

MAERB Response to Program's Additional Documentation:
There was no tracking mechanism submitted with aggregated data by year, so it was not possible to verify retention, graduates, graduate and employer satisfaction or job placement numbers. Completed graduate and employer surveys were not resubmitted, making it impossible to verify the number of surveys reported on the program's Annual Report Form (ARF).

*Submit the following:*
*Provide the raw data that has been submitted on the 2018 Annual Report Form (ARF) for all the admission cohorts for the calendar years of 2016 and 2017, including the following information:*
- *The PDFed ARF*
- *Admission rosters for cohorts. Rosters should be classified by month and year of entry into the program, based upon compliance with MAERB's new definition of a trigger course.*
- *Unprotected Excel spreadsheet/s to substantiate the summative data found on the Enrollment, Retention, and Graduation tab of the ARF indicating the status (graduated, in-progress, or dropped) of all students admitted into the program.*
- *Copies of completed graduate and employer surveys organized by the admission cohorts.*
- *Copies of job placement tracking organized by the admission cohorts.*
- *Unprotected Excel spreadsheet to substantiate the Participation and Passage exam data on the ARF. The spreadsheet should include each test taker's name, the year of graduation, the name of the certifying exam taken, and if the student has passed the exam.*
- *Unprotected Excel spreadsheet that includes a listing of graduates for the full five years represented on the Graduate Analysis tab, including year of graduation and the month and year of admission into the program.*

*Written analysis of the data that summarizes the program's process for ensuring the integrity of the data and the retention of the documentation. In addition, the analysis needs to define the trigger course for those who entered the Medical Assisting program in those specific calendar years. Be sure to clearly note if the trigger course for those admission cohorts differs from previous admission cohorts.*

*Submit a brief narrative that includes the following:*
- *The tracking method that the program uses (master competency checklist, detailed gradebook, electronic tracking system or dated graded assessment for all students) to track the psychomotor and affective competencies*
- *The process by which each instructor tracks the psychomotor and affective competencies achieved in specific courses by the students throughout the program*

- *The method by which the Program Director (or delegate) oversees compliance with the process described above in tracking the competencies*
- *A list of the courses in which the psychomotor and affective competencies are assessed within the program.*

*Class rosters for the most recently assessed cohort of students for all courses containing psychomotor and affective competencies and a completed tracking tool for each student listed on the rosters.*

CAAHEP requests that a progress report be sent to MAERB by **February 01, 2019** indicating the manner in which these citations have been resolved.

The program must submit the progress report via one of the following: 1) Send one (1) USB thumb drive with all requested information to MAERB at 20 North Wacker Drive, Suite 1575, Chicago, IL 60606 or 2) scan the cover letter (on institution letterhead with appropriate signatures) and documentation into a PDF file and e-mail it to MAERB at maerb@maerb.org. If you submit a PDF file, it must be bookmarked.

On the Documents tab of the MAERB website, under Program Resources, is a document titled "Organization of Documents for Progress Reports and Other Submissions." It explains how to organize your progress report materials and how to label each document. MAERB asks that you follow these protocols when composing your Progress Report.

Failure to respond satisfactorily to the citations above may result in a withdrawal of accreditation.

The accreditation standards are established by CAAHEP, MAERB, and the American Association of Medical Assistants (AAMA).

The commission commends you and your colleagues for your commitment to continuous quality improvement in education, as demonstrated by your participation in program accreditation. Questions concerning the submission or content of the progress report should be directed to the MAERB Executive Office.

Sincerely,

Carolyn O'Daniel, EdD, RRT
President

cc:     Susan Barnard, DHSc, RDH, Dean of Health Professions
        Steven W Toth, CMA (AAMA), MS, RMA, Medical Assisting Program Director
        Rebecca L. Walker, CMA (AAMA), BS, CPC, Chair, MAERB
        Tina Broderick, CMA (AAMA), AND, RN, Co-Vice Chair, MAERB
        Francine Palermo, EdD, Co-Vice Chair, MAERB
        Sarah R. Marino, PhD, Executive Director, MAERB