Cañada College

Annual Program Plan/Review Feedback Form - IPC

Program Medical Assisting   **Division** BW&A

IPC Member(s) Reviewers Janet Stringer, Patty Hall   **Date Reviewed** 5/3/01

The purpose of this form is to provide feedback to the Department/Program.

I. Curriculum Offerings	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: This section should include the following:				
1. Status of curriculum updates for all courses.	No information provided	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. Status of SLOAC for all courses.	Click here to enter text.	Tracdat report looks complete	Click here to enter text.	Click here to enter text.
3. A description of the complete curriculum offering cycle.	Click here to enter text.	Listing of classes needed for each certificate and degree is provided.	Click here to enter text.	Click here to enter text.
4. A plan for necessary curriculum development.	Click here to enter text.	Plan for updating curriculum is provided	Click here to enter text.	Click here to enter text.

Comments/Questions:
Assessment method for all of the course SLOs appears to be "other." Most of these outcomes are most likely assessed on an exam. Also for skill demonstration (typing, injections, etc) it seems like the assessment could be pass/fail. How does one determine that a student meets 70% or better?

II. Program Level Data	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The data is prepared by the Office of Research and Planning and is to be attached to this document. This section should include the following:				

1. Identification of trends on data packets.	Click here to enter text.	Click here to enter text.	Data analysis is provided	Click here to enter text.
2. Identification of program performance.	Click here to enter text.	Click here to enter text.	Performance indicators are discussed	Click here to enter text.
3. Identification of PLOs (Program Learning Outcomes) assessment plan.	Click here to enter text.	PLOs and assessment tools are provided	Click here to enter text.	Click here to enter text.
4. Analysis of PLOs (Program Learning Outcomes) results.	No PLO results are included in this plan	Click here to enter text.	Click here to enter text.	Click here to enter text.

Comments/Questions:
The PLOs provided are not appropriate learning outcomes and are not measureable at the program level. For example #3 is that the students will advance in their current employment. This is a laudable goal, but not one that we can measure as a result of a set of classes. #2 is that students maintain current employment. Again, a laudable goal, but not measurable by the school.

III. Action Plan	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: This section should include the following:				
1. Reflections on Department/ Program needs and goals.	Only plan relates to curriculum updates	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. An action plan for what is to be accomplished for the next year.	Click here to enter text.	If the reader assumes that the curriculum will be updated next year, then this is provided.	Click here to enter text.	Click here to enter text.

Comments/Questions:
This section needs more of a vision for the department. Perhaps everything is great and no significant changes are needed. If so, this should be noted.

IVa. Faculty and Staff hiring needs	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The request should explain clearly and with supporting data how it will serve Department/Program/Division/College needs. Information from the most recent comprehensive program should be included.				
1. Justification is consistent with accurate data.	This program plan notes that no full-time faculty are requested.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. Justification fits Department/Division/College needs.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Comments/Questions:
The department put forward a request for a full-time faculty member this spring semester. Now the program review/plan states that a full-time faculty member is not needed. Yet, there is no discussion about what has changed in the department behind this change in request.

IVb. Professional Development needs	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The request should explain clearly how it will serve Department/Program/Division/College needs				
Justification is consistent with Department/Program needs.	Plan states a need to update to ICD-10, but it does not provide how or where this training will take place.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Comments/Questions:
The plan does not state whether professional development activities are needed to keep the faculty current in their areas of expertise. Are there training programs they need to attend or conferences? One doubts that only

attending the Advisory Committee meetings is sufficient.

IVc. Classroom and Instructional Equipment needs	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs including Item description, Number of Items, Total Cost				
1. Complete source/cost information (item description, suggested vendor, number of items, total cost).	Items are listed without vendors, etc.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. Justification is consistent with Department/Division/College needs (uses previous program plan information).	Click here to enter text.	Provided	Click here to enter text.	Click here to enter text.
Comments/Questions: Click here to enter text.				

IVd. Office of Planning, Research & Student Success data needs	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.				
Justification is consistent with Department/Division/College needs.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comments/Questions: The Department had no research requests.				

IVe. Facility needs	Incomplete information	Complete information, some analysis	Complete information, analysis	Complete information, analysis, plan
Guidelines: The request should explain clearly how the request will serve Department/Program/Division/College needs.				
Justification is consistent with	Click here to	Click here to	Click here to	Click here to

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Department/Division/College needs.	enter text.	enter text	enter text.	enter text.

Comments/Questions:
Only facilities request is a new building. The justification is that the classes in the program are scattered around campus and the clinical courses are in a portable building. This is not sufficient justification for a new building.

Other/General Comments:
A district-wide CAA grant has supported a cohort through a sequence of classes leading to a medical office assistant certificate. This special program is not mentioned at all in the department review. It would have been great to see a discussion of how this special program fits with the overall vision of the department and how (if at all) the program will be integrated into the ongoing programming of the department. As part of this program, the medical assisting department has a full-time faculty member – at least temporarily. This is not even mentioned in the program review. An outsider reading this annual program plan would not know that this program exists.

IPC Co-Chair Signature _Carol Rhodes_   Date _5/15/13_

VPI Co-Chair Signature _____   Date _5/20/13_