

Medical Assistant Career Ladder Workshop
Washington State Department of Health Tumwater Campus
July 11, 2012

Attendees

Gail McGaffick, Washington State Podiatric Medical Association, Corinthian Colleges Inc
Susan Scanlan, Washington State Podiatric Medical Association
Gena Wikstrom, Northwest Career Colleges Federation
Lyn O'Neal, Skagit Valley College
Lourie Harrington, Pima Medical Institute Seattle
Sandra Manwiller, Washington State Assembly of Surgical Technologists
Tiffany Merkel, State Board for Community and Technical Colleges
Lorine Hill, Everest College
Pat Brown, Tacoma Community College
Marti Garrels, Lake Washington Institute of Technology
Jodie Pierce, Everest College
Linda Hull, Everett Clinic
Elizabeth Engel, Lower Columbia College
Brad Tower, Optometric Physicians of Washington
Babs Cerna, Highline Community College
Mark Maraman,
Susie Tracy, Washington Ambulatory Surgery Center Association, Washington Academy of Eye Physicians
and Surgeons
Gerry Landes, Renton Technical College
Lea Hoffman, Renton Technical College
Claire Glover, The Everett Clinic
Carolyn Fuller, South Puget Sound Community College

Department Staff

Erin Obenland
Brett Cain
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Kris Reichl
Sherry Thomas

Per Section 11 of ESSB 6237, the Department of Health (department) held a workshop with interested stakeholders from Washington State to discuss opportunities and barriers to career ladders for medical assistants. The department will use the information taken from the workshop to create a report to the legislature.

The following was discussed:

I. ROLE OF SCHOOLS AND ORGANIZATIONS

A. Credit for prior learning

- i. How do we align program and institutional accreditation and standards for state prior learning? Where will we find bumps?

1. How long has it been since the class has been taken?
 2. How will we assess 'fit' of course or program?
 3. Need to be consistent and competency based
 4. Accommodate prior learning in various programs
 5. Accommodate and take out filled competencies within programs and give credit for prior learning
- ii. How does one get formal educational credit (value) for on the job experience?
- B. Partnerships – current and potential
- i. Build statewide partnerships between community and technical colleges so that credits and courses transfer consistently
 1. One step in making this happen is to agree on certain competency based assessments
 2. How will particular skills and competencies be recognized from different schools and classes?
 - a. Align program and institutional accreditation standards with state prior learning standards
 - b. Set criteria for assessment for prior learning
 - c. Create accommodating curriculum for prior learning and experience
 - ii. Build statewide programs of study
 - a. Currently, there are individual institutions with forced articulation, accreditation issues
 - b. Need trust building between secondary and postsecondary, public and private
- C. State Workforce Board
- i. Agency that licenses any program in the state that is nonpublic that is 24 hours or longer in length
 - ii. What is their role in promoting career ladders for current and future nursing assistants (CNA) and medical assistants (MA)?
 1. How do they promote career ladders for the many schools licensed under their jurisdiction who offer CNA and MA programs?
 - iii. Assess strength of the relationship between the workforce board and those hiring MAs
- D. Information sharing/Marketing
- i. The issue of marketing, or informing students and entry level health care workers of what resources, jobs, and educational opportunities are available to them
- E. Delivery of services
- i. A simplified approach to MAs certified broken into those who are available to be registered
 1. With simplified view, individuals under the different healthcare categories go to the private schools, community colleges, and technical colleges
 2. Possibility of using existing models; i.e. using hybrid or online courses
 3. Assessment is important—competencies must be accurately and consistently assessed
 - ii. Hybrid delivery – online didactics and clinical competency assessment. Ways to reach MAs in rural communities. Possibly a one day class?

- iii. Colleges and schools can help out—pathway in the future for a combination of position or clinical education in conjunction with the schools where people can learn online and then come in for a competency exam, otherwise people will be “frozen in time”
- iv. Include a career ladder piece into all MA education programs detailing how to move up the ladder

II. BARRIERS/CONCERNS

A. Training

- i. A need was identified for a means to hire and train personnel in the office, especially in specialty practices (optometric, podiatric)
 - 1. Many practices have people who work in offices and are trained in-office
 - 2. Where is the boundary between purely clerical and somewhat clinical task?
 - a. Will the new law (ESSB 6237) limit an employer’s ability to train staff for specific tasks?
 - 3. People who’s clinical tasks are limited to mild, non-invasive procedures do not need a 9-12 month course to effectively perform those particular tasks
- ii. There is a lack of value for time of practice

B. Communication

- i. The general public doesn’t know what opportunities are available—there must be outreach

C. Current law

- i. Several concerns were listed with the ‘shopping list’ of tasks that the different categories of MAs may perform
- ii. Career Pathways Act was in legislation last session but did not pass
 - 1. Attempts to create statewide career pathways, including pathways into healthcare professions
- iii. What changes will need to be presented to the legislature to accommodate these clerical workers that occasionally perform mild and low risk medical procedures?
 - 1. There is a concern that people who have been doing simple medical procedures for several years may not be able to perform the tasks under the new legislation

III. OTHER DISCUSSIONS

- A group defined an *entry level healthcare worker* as any individual that practices in a healthcare profession that requires less education than medical assisting
- Suggestion—Construct a grid that lists professions and what scope and education limits them
 - Grid should highlight the barriers—what is preventing entry from one profession to another?
- Discussion on the distinction between what a medical assistant does and what a nurse does
 - Perform many of the same clinical functions
 - MAs deal more with healthy patients; they focus on preventative care
 - Nurses care for sick and “bed-ridden” patients on a more consistent basis

- The main difference between a nurse and an MA lies in assessment. Nurses make clinical judgments and decisions while MAs generally do not—they work directly with doctors who do the assessing
- DOH staff encouraged attendees to go to the MA page on the DOH website, read the FAQs and provide comments and suggestions