

PANDEMIC PIVOT



How COVID-19 changed medical assisting program curricula

By Pamela M. Schumacher, MS

The onset of the COVID-19 pandemic and the public health response needed to minimize the spread of COVID-19 required an immediate change to the traditional approach to medical assisting education. Responses from programs across the country included moving classes online, rethinking in-person training and testing, and completely retooling curricula.¹ The impact of these changes will be felt even after the vaccine is fully distributed.

Playing defense

“In March 2020, accredited medical assisting programs pivoted swiftly and efficiently to online education for the didactic portion of their curricula because of the dictates of their institutions and states,” says Sarah R. Marino, PhD, executive director of the Medical Assisting Education Review Board (MAERB). “Program directors and instructional staff demonstrated flexibility and creativity in making new uses of existing learning management systems or creating new learning environments within an online modality.”

Dana Woods, MAEd, CMA (AAMA), program director of the medical assisting program at Southwestern Illinois College in Belleville, Illinois, says her team made changes almost overnight. “When the college

closed, we transitioned theory classes to an online format,” she says. “We backloaded those sessions with hands-on skills so students could have the same experience as previous classes. This also kept our students close to the standard timeline for finishing the program.

“When restrictions were eased, we adjusted how we conducted in-person classes by breaking students into smaller groups, sanitizing classrooms more frequently and more thoroughly, socially distancing as much as possible, wearing masks, taking temperatures, and limiting access to the building,” says Woods. “All these precautions were to keep students and instructors safe. The instructors did an excellent job working as a team, scheduling students, and helping each other with laboratory activities so students were able to practice skills with limited time on campus.”

Dr. Marino notes that some educators also conducted two-to-three-day boot camps for focused sessions to help students achieve clinical competencies. “Other programs set up individual sessions for students, training students on the clinical and administrative competencies on a one-on-one basis,” she explains.

Practicum practicalities

“During the early days of the pandemic,

the first concern was how to offer practicums, because ambulatory health care sites were shut down,” says Dr. Marino. To best support program directors and students, MAERB adjusted its policies to expand the implementation of the required 160-hour practicum, a standard listed in the Commission on Accreditation of Allied Health Education Programs (CAAHEP) publication *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*. MAERB published a COVID-19 statement that—for a limited time—allows programs to use alternative health care sites, simulation, case studies, and other problem-based learning scenarios as substitutes for the traditional on-site practicum.²

“We asked programs to consult with their communities of interest—employers, practicum sites, institutions, and students—to ensure that the students received the full experience of a CAAHEP-accredited medical assisting program and that graduates of that program were well-trained within their scope of practice to ensure patient safety,” says Dr. Marino.

The Southwestern Illinois College program used the options in the MAERB COVID-19 statement to meet the needs of its students and successfully offer a practi-

cum experience. “Creating a safe pandemic practicum experience was a little more difficult than switching to online teaching,” says Woods. “We employed a combination of on-site experience and simulated hours. All students had time in an ambulatory health care setting for a practicum, supplemented by online simulations. These included mostly administrative skills like additional scheduling exercises, payroll, and conducting inventories.

“This turned out to be beneficial because students seldom experience those tasks during a practicum,” she says. “Some practicum sites required students to bring their own personal protective equipment, such as N95 masks and gloves. The school provided those items for the students, although supplies were limited and hard to find.”

Dr. Marino notes that many programs were able to retain their traditional practicum by deferring them to a later time or by adapting the practicum length—for example, from 240 hours to 160 hours. “When considering any changes, programs should refer to the MAERB COVID-19 statement, which provides a helpful checklist to guide CAAHEP-accredited programs in making adaptations to their existing curriculum or practicum [made necessary by the pandemic].”

On the rebound

COVID-19 may not be the last public health emergency that medical assisting educators encounter in their careers; however, the response to COVID-19 shows how health care education may continue to evolve in the coming years.¹

“We learned a lot from this experience,” says Woods. “Some of the positives include adding simulations, finding alternative ways to teach, and adding *more* telemedicine to our standard curriculum. When online learning was implemented, we required some recorded and live presentations to be submitted by the students. Oral presentations, role-playing with family members, and other assessments are some examples.”

While adapting to changes, educators and institutions should not neglect the needs of students who have a low income, have

Show and tell

Focus on these areas to help students stay connected during and after the pandemic³⁻⁵:

- Technology and connectivity
 - Establish Wi-Fi hotspots on campuses to enable students to work in their cars.
 - Distribute laptops—or allow students to use financial aid or take out an additional loan to purchase a computer—so students can continue learning during campus closures.
- Advising
 - Enable chat or instant messaging for students and advisors to communicate in real time.
 - Create an early alert system that flags when students’ grades slip or when they have not logged on for a while.
 - Steer students toward emergency financial aid when needed.
- Basic assistance
 - Be flexible and acknowledge what everybody is going through.
 - Connect students to resources (e.g., help applying for federal housing or food assistance or emergency gift cards to a local grocery store).

caregiving duties, or lost their jobs.³ “The emergency pivot to online courses proved especially stressful for disadvantaged students who need more counseling and advising to stay on track,” says Linda L. García, PhD, executive director of the Center for Community College Student Engagement in Austin, Texas.

“In 2020, many community college students struggled with adapting to the online environment and not having the structure of in-person education. To make matters worse, many [lack] access to a dependable computer, have inadequate and unreliable internet, or may be dealing with food and housing insecurity,” says Dr. García. “There’s been a 10% decline in community college enrollment during the pandemic because students have more pressing priorities than getting an education. Relationships matter with community college students, so anything an institution can do to foster relationships will help keep students engaged and enrolled.”

Woods agrees educators should always maintain an active connection with students but especially during the pandemic. “Most of our instructors made themselves available to students by email, phone, or Microsoft Teams for much more [time] than just when

classes ran,” she says. “I am really proud of the people I work with and how they are handling the challenges we are facing. Going forward, I can see some of the newly acquired technology skills remaining in the way we teach classes.” ♦

References

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