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**AN EXAMINATION OF THE OBSTACLES THAT IMPACT ADULT
STUDENTS' PERFORMANCE IN WORKFORCE DEVELOPMENT MEDICAL
ASSISTING TRAINING PROGRAMS: A CASE STUDY**

by

Marianne Van Deursen

A Dissertation

Submitted to the
Department of Educational Services and Leadership
College of Education

In partial fulfillment of the requirement

For the degree of
Doctor of Education

at

Rowan University

March 21, 2018

Dissertation Chair: Monica Reid Kerrigan, Ed.D

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Marianne Van Deursen

Dedications

This dissertation is dedicated to all my former medical assisting students whose struggles and triumphs inspired me to conduct this study. It is also dedicated to the faculty and clinical mentors who continue to support and guide our students along their academic and clinical externship journeys.

Acknowledgments

Accomplishing this goal was one of my greatest challenges in life and I would not have been successful without the unending support of my husband Charlie, our children, my parents, my siblings, and close family and friends. The birth of my grandson Isaac provided me with the greatest joy and freedom from stress through this long and arduous journey!

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Abstract

Marianne Van Deursen

AN EXAMINATION OF THE OBSTACLES THAT IMPACT ADULT STUDENTS' PERFORMANCE IN WORKFORCE DEVELOPMENT MEDICAL ASSISTING TRAINING PROGRAMS: A CASE STUDY

2017-2018

Monica Reid Kerrigan, Ed. D

Doctor of Education

Competency-based medical assisting training programs are rigorous, fast-paced, and demanding of students' time. This single-case study examined the needs, barriers, and challenges that impact adult students enrolled in the workforce development medical assisting training program at Warren County Community College, from the perspective of the students, faculty, and workforce development specialists interviewed. The intention was to generate knowledge, learn, and understand the extent to which participants perceived *how* these obstacles impact students' performance. Results of this study suggest that a stronger focus of the assumptions of the adult learner and the development of strategies aimed at minimizing the impact of these obstacles through programmatic curricular change should be further explored, with the expectation that these changes may help improve student performance and outcomes.

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Chapter 1

Background Information

The healthcare industry's demand for credentialed medical assistants has increased due to the growing aging population and an increase in health services for patients across the age span (Dall, Gallo, Chakrabarti, West, Semilla & Storm, 2013). Healthcare providers across the state of New Jersey rely on two-year institutions to provide a well-trained workforce to meet those demands through various competency-based career training programs that offer short-term certificate options. The potential for gainful employment in the healthcare industry and the availability of state and federal workforce grant funding for short-term career training attracts some adult men, but mostly adult women who are transitioning in their personal or professional lives; many of whom are seeking to remove the barriers to economic success and improve their human capital. Although not all students enrolled in medical assisting training programs are recipients of workforce development funding, those who are recipients are defined by Bird, Foster, and Ganzglass (2014) as "the most vulnerable workers" (p. 8), and characterized by them as primarily low-income adults seeking to re-enter the workforce after an extended separation from employment or currently employed in low-paying jobs. These women enter training programs as individuals but represent a cohort with similar social and economic experiences.

This need was recognized and supported by the Obama administration as evidenced in the *Ready to Work: Job-Driven Training and American Opportunity* review written and published by Vice-President Joe Biden (Biden, 2014). Supporting community colleges with federal workforce development funding dollars, the government focuses on

partnerships that train Americans for those in-demand skills that meet the needs of the in-demand jobs. The Bureau of Labor Statistics projected a 23% growth in employment for credentialed medical assisting graduates between 2014 through 2024 (Bureau of Labor Statistics, 2016). The Ready to Work initiative sought to enhance opportunities for training and employment for the long-term unemployed or underemployed and supports the enhancement of the Workforce Innovation and Opportunity Act (WIOA) funding programs (Biden, 2014).

In addition to creating opportunities for economic and career success for the unemployed and low-income workers, the WIOA funding program seeks to help adults while they learn. Bird, et al. (2014) identify key provisions that create opportunities for the success of those with barriers to economic success. Among those provisions is an expansion of eligibility and an increase on the focus of training programs in the post-secondary institutions to help meet the needs of the adult learners. According to Bird et al. (2014), the underprepared students need more than just training grant support. Although the WIOA grants provide funding for non-credit medical assisting training programs that are not Pell Grant eligible in the community college setting, Bird et al. (2014) contend that there are other support services such as child care, transportation, and additional financial support that WIOA funded students need in order to move beyond their barriers to success.

Workforce development training programs exist in all of New Jersey's community colleges, but only four of New Jersey's 19 community colleges and one proprietary post-secondary institution currently offer medical assisting training programs accredited through the Commission on the Accreditation of Allied Health Education

Programs (CAAHEP). This includes Bergen, Raritan Valley, Sussex, and Warren County Community Colleges and Berkley College (CAAHEP, 2016). Of these four, only Bergen, Sussex, and Warren offer their programs in partnership with the Workforce Investment Board, accepting and training WIOA funded adult students.

Medical Assisting Training at Warren

Warren County Community College's medical assisting training program, accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), upon recommendation of the Medical Assisting Education Review Board (MAERB) of the American Association of Medical Assistants (AAMA), is rigorous and competency-based. The MAERB has developed a required program curriculum that strengthens the focus on skill and competence in order to meet healthcare industry demands, with the assumption that this curriculum will prepare graduates for the AAMA's national certification examination and career readiness. Upon passing this examination, graduates earn the distinction of the CMA (AAMA) credential. WCCC's Medical Assisting program was developed in the mid-1990s, received initial CAAHEP accreditation upon the recommendation of the MAERB in 1997, and subsequently received continuing re-accreditation in years 2004 and 2014. Several curricular changes have occurred during the nearly 21 years of program existence; *however*, the program's curriculum remains rigorous and heavily competency-based.

Curriculum. This 760-hour workforce training program includes 600 hours of didactic instruction and 160 hours of clinical externship rotation. The Educational Competencies for Medical Assistants for CAAHEP Accredited Medical Assisting Educational Program, based on the 2015 Standards as published by the Medical Assisting

Review Board (MAERB, 2015), are competency-based curriculum standards. Both CAAHEP and the MAERB require students to demonstrate proficiency in both psychomotor and affective domain competencies for 95 specific skills in 12 content areas, in addition to the 110 cognitive domain competencies that must all be taught and assessed.

It is my responsibility, as the Vice President of Academics and the designated medical assisting program director, to deliver the MAERB curriculum standards to the instructional staff and ensure that each of them are designing their lesson plans to include the appropriate subject/content area course objectives and that each lesson plan lists the respective MAERB competencies that are taught and assessed in each lesson. The didactic portion of the curriculum is designed to include the following courses:

Anatomy/Physiology/Pathology, Medical Terminology, Pharmacology and Medication Administration, Psychology and Therapeutic Communication, Medical Office Laboratory, Clinical Assisting, Healthcare Law and Ethics, Medical Office Procedures, Insurance/Coding/Managed Care, and Computerized Office Management. Students must pass all courses with a grade of 75 or higher and must pass each of the 95 competencies at 100% prior to engaging in the externship rotation. Once students have successfully completed both classroom and clinical training, they are eligible to sit for the AAMA's Certified Medical Assistant (CMA) certification examination.

The program is offered twice per year and students may begin either in the fall or spring semester, with unlimited enrollment. Workforce Development students enroll in the Career-Track option, which offers all 10 courses concurrently and requires that students attend classes Monday through Friday from 8:30am to 4:30pm for 17 weeks. An

A.A.S. Degree track option also exists, with all students (non-credit and credit) cohabitating in the same classroom; however, degree students are not typically workforce training eligible and they do not take all 10 courses at once. A limit of 25 students is imposed on individual course sections where clinical skills are taught and assessed, to ensure an appropriate faculty-to-student ratio exists for competency training.

Faculty. Currently, there are seven faculty (one of whom is the program director) teaching in the program and the majority of them have been teaching for five years or longer. Only the two Master's prepared faculty have had any formal academic teacher preparation. However, all faculty are required to attend a six-hour training session on adult education that I facilitate. The academic profile of the medical assisting faculty includes: two physicians, two instructors with graduate degrees in healthcare and post-secondary education, three registered nurses with undergraduate degrees, and one instructor who is a credentialed healthcare professional without a degree that teaches competency-specific administrative courses only. Four of the instructors, including the Acting Vice President of Academics/Program Director, hold the CMA (AAMA) credential. CAAHEP and the MAERB must approve all program faculty prior to their first teaching semester. In addition to the program director, only five other instructors are directly involved with the training of the workforce development cohort. The others are adjuncts who teach in the evening programs and have little to no experience with the social network or academic preparation of workforce development medical assisting students.

Students. Warren County Community College maintains an open enrollment policy, accepting all students who apply. All medical assisting students who receive

WIOA or DVR funding through the Workforce Development One-Stop Career Centers are required to interview with the program director to determine program readiness and to ensure a thorough understanding of the rigors and expectations of the program. Accepted students must be 18 years of age, possess a high school diploma or equivalent, and have a clear criminal history. As is typical in a community college, and particularly in workforce development programs, many of the students are adult learners. Although a growing number of traditional aged students enroll immediately following high school graduation, the majority of the medical assisting students are adults between the ages of 24-55 and the majority of them are women who are underemployed, unemployed and have similar backgrounds, as described by Bird et al. (2014).

Background of the Problem

The road to completion is complicated for many students, as competency-based education is rigorous, prescriptive (Frank, 2010; Gruppen, Mangrulkar & Kolars, 2012; Lurie, 2012; Stephenson, Peloquin, Hinman & Christianssen, 2002) and demanding of time both inside and outside of the classroom. Adult student persistence is greater for some than others and may be influenced by the facilitation of instruction and the overall classroom environment, as proposed by O'Neill and Thompson (2013).

The demands of competency-based education contribute to the significance of this study, as performance outcomes for workforce development students at Warren County Community College reflect a 13.7% decrease in average passing scores on the AAMA's national credentialing examination from 2013 to 2015 for the workforce development cohort groups that graduated during those three calendar years. During that time, faculty reported an increase in absenteeism, a lack of commitment or follow through with

instructional support services, and a decrease in classroom performance, including the requirements for meeting weekly competency.

The AAMA's Medical Assisting Education Board recently reduced its programmatic thresholds for outcome assessments in medical assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) from its 2008 standards of equal to or greater than 70% for student retention, national credentialing success for graduate test takers, and job placement rates to a lower threshold of 60% in all three areas in the updated 2015 standards (MAERB, 2008; 2015). While Warren County Community College's outcomes have historically remained consistently above the threshold in all three areas, there is an emergent concern about the growing trend of poor performance and whether or not this trend may adversely affect those very significant and reportable outcomes moving forward.

Through the process of programmatic self-study and observation, I realized that while Warren County Community College faculty are obligated to spend sufficient time teaching skills and completing competency evaluations and checklists, there is nothing in the curriculum that promotes the development of student "self" or a strategy for empowering students to overcome the challenges and barriers that affect their performance or success in the classroom.

Purpose of Study

This holistic single-case study (Yin, 2014) was exploratory in nature and reflects Yin's (2014) rationale for a critical case designed to examine and test the well formulated theories of adult learning, workforce development, social identity, and competency-based education discussed in Chapter Two. In this study, I explored the needs, barriers, and

challenges faced by adult students participating in competency-based, workforce development, medical assisting training programs at Warren County Community College from the perspective of the students, faculty, and workforce development professionals at the One-Stop Career Center. This study did not quantitatively measure academic performance, instead it did seek to explore the factors that impacted students' performance during their training period, including students' ability to meet weekly competency. The intention was to generate knowledge, learn, and understand the extent to which medical assisting students and faculty perceived *how* these obstacles impact students' performance and *how* their ability to succeed was affected by the specific factors that distracted them.

Significance of Study

This study explored student, faculty and workforce development professionals' perceptions of the obstacles that impacted student success, as well as the strengths and weaknesses of competency-based learning, from a post-positivist worldview (Creswell, 2014), affording me an opportunity to step beyond what is already known and to contribute to the development of empirical data (Corbin & Strauss, 2014). From a transformative worldview (Creswell, 2014), it is assumed faculty and programmatic leaders can adopt a more holistic approach to competency-based learning, including the development of strategies aimed to improve student success and outcomes in the workforce development medical assisting training program at Warren County Community College.

This study has a critical significance and provides insight into areas where student performance and outcomes can be improved. My concern is that without improvement,

the risk of continued decline in student performance could result in Warren County Community College's medical assisting program being unable to meet the MAERB's required outcomes thresholds (Medical Assisting Education Review Board, 2016) and our commitment to the students who expect to be successful in attaining their academic and professional goals.

Definitions

The following terms are defined for the purpose of this study:

- *Competency-Based Learning (Education)*: a means of instruction based on the evaluation of a learner's ability to demonstrate proficiency in specific skills, commonly called competencies. This type of instruction goes beyond the acquisition of knowledge and focuses heavily on the psychomotor and affective domains. Competency-based formats in allied health training programs have multiple components, including a) the didactic instruction where the acquisition of knowledge helps students understand the purpose and practice of performing specific skills, b) the identification of specific skills to be mastered within well-defined content areas, c) the prescribed conditions upon which a student is expected to perform tasks and be evaluated on each skill, and d) a specific standard of performance that deems a student proficient in those areas.
- *Didactic instruction*: refers to the lecture only portion of a competency-based learning curriculum.
- *Workforce Development*: education and training designed to improve the human capital of citizens and for the purpose of providing stability and support to the needs of the American economy.

- *Needs:* refers to the specific needs adult students feel must be fulfilled in order to help them succeed in their achieving their personal, academic and professional goals.
- *Barriers:* the situations and circumstances that present as roadblocks and interfere with an adult student's ability to succeed in achieving personal, academic and professional goals.
- *Challenges:* refers to a student's time and energy trying to deal with difficult situations that they must overcome.

Chapter 2

Literature Review

The purpose of this chapter is to explore the aspects that contribute to, describe, or define the conceptual framework upon which this research is based. As suggested by Yin (2014), in order to determine the specific research questions to ask that pertain to my topic of interest, this literature review will help guide me in developing “sharper and more insightful questions” (Yin, 2014, p. 15), upon which my methodology will be developed. The literature review “is meant to show how my proposed research fits into what is already known” (Maxwell, 2013, p. 145) and how existing theory informs this proposed study.

Organization of Literature Review

As the intent of this study is to gain insight into the needs, barriers, and challenges faced by adult students participating in competency-based, workforce development funded medical assisting training programs at Warren County Community College, this chapter provides an introductory overview of the literature reviewed, followed by a more in-depth theoretical understanding of the concepts of the adult learner, competency-based learning, workforce development training, and social identity theory.

Overview of Literature

The literature discusses the success of competency-based allied health education as a learner-centered approach with a strong emphasis on performance, measurable behavior, and successful outcomes for learners (Frank, 2010; Gruppen et al., 2012; Lurie, 2012; Stephenson et al., 2002) and supports the purpose of workforce development training as a means of improving human capital for returning adult students seeking grant

funding to support their academic journey towards economic success (Bird et al., 2014). Workforce development training programs have a high potential for immediate workplace employment after completion, based on the findings in the literature, attracting adult students seeking an opportunity to achieve individual goals for personal and professional development (Kazis, 2011; Jacobs, 2001; Jacobs & Doherty, 2006; New Jersey Consortium for Workforce Development, 2010).

The uniqueness of adult learners' prior experiences, as described by Ben-Yoseph, Ryan and Benjamin (1999), Knowles, Holton, and Swanson (2005; 2015), Merriam and Brockett (1997, 2007), and Ross-Gordon (2002), contributes to the interest in examining the diverse needs and preferences of workforce development grant funded adult students. Merriam and Caffarella (2006) contend that adults face physical, socio-cultural, and physiologic challenges in the post-secondary learning environment as they transition through cycles of change that are unique to the aging process. Ben-Yoseph et al. (1999) recognize an increasing number of students enrolling in college at varying stages of the life cycle, bringing with them a diverse set of experiences and challenges that are very different than those of their respective traditional cohort peers in the 18-22 year old range.

Knowles et al. (2015) reflect upon neuroscience to support the andragogical principles that are described in their study of the adult learner. According to Knowles et al. (2015), it is the frontal lobes of the brain that are responsible for an adult student's need to know the "who, what, why, and how" of the learning they will undertake and the neural networks that are built from prior learning and experiences that influence their barriers to new learning. While it is widely recognized that an adult student's readiness

to learn is based first on Maslow's hierarchy of needs, it is important to understand that "adults are more ready to learn when the learning meets a developmental need" (Knowles et al., 2015, p. 226); more specifically the learner's need to develop new skills.

These experiences, needs, and preferences, acknowledged by Vella (2002), Campbell (1993), and Kasworm, Polson, and Fishback (2002), are complicated by the stressors of family, work, lack of confidence in students' ability to study and learn, and personal/family financial burdens (Bird et al., 2014; Jacobs & Hundley, 2010), most of which, as the literature suggests, have a direct impact on their learning experiences and significant contributions to the development of my research questions and my protocol questions.

In a study that examined community college students' perspectives on the challenges of juggling family, work, and academic responsibility, Matus-Grossman, Gooden, Wavelet, Diaz and Seupersad (2002) explored issues related to access and retention. Among the findings in this study, the greatest obstacles facing students were child care, limited family support, and the need to remain employed while attending college; a phenomenon of interest to this study, also discussed by Bird et al. (2014). The study suggests that students benefit from faculty and staff support and that short term training programs and scheduling options helped to minimize the challenges and barriers that affect retention and completion (Matus-Grossman et al.2002).

Knowles (1984) and Nadler (1989) previously addressed the relationship between adult learners in training programs that are competency based, stressing the importance of observing directly the extent to which learning objectives are met. However, the literature speaks only of theory and makes little to no reference to examining specific

adult student perceptions or experiences when enrolled in workforce development medical assisting training programs.

The Adult Learner

There is much discussion about how to define the adult learner, in terms of chronologic age. While in some of the literature adult students are defined as first-entry learners over the age of 24 or 25, holding a high school diploma or GED, financially independent, and having completed only one semester or less of college (Kenner & Weinerman, 2011; Jacobs & Hundley, 2010), others suggest age is more like a social road marker intended to simplify and define a group of students who are more mature and may possess more complex life experiences (Rachal, 2002; Merriam & Brockett, 2007; Merriam, Caffarella & Baumgartner, 2012). Seiler (2012), however, qualifies an adult learner based primarily on their unique learning styles and preferences. The remainder have simply adopted a generality that proposes traditional college students fall into the 18-24 age bracket and labels all students age 25 and older as the adult students; primarily adult women who have become a strong focus of study as they return to the academic learning environment.

There is compelling evidence in the literature that confirms an increasing number of adult women are attending college at varying stages of their life cycle (Ben-Yoseph et al.1999) and that adult students are a growing majority (Capps, 2012). According to the Chronicle of Higher Education (2017), more than a quarter of undergraduate students enrolled in higher education in the U.S. during 2015 were adults aged 25 and older. While there is plenty of evidence to determine the factors that affect retention of traditional-aged college students, there are fewer studies that examine the same for adult

students, as noted by Ben-Yoseph et al. (1999). A study conducted by Ben-Yoseph et al. (1999) proposed that “age showed no significant correlation with retention” (p. 26), yet Capps (2012) has researched adult learner persistence in community colleges with a strong focus on the factors that influence adult student retention given their age and other barriers that seemingly do affect their success.

Adult Learning Theories

In order to gain a more meaningful understanding of the theoretical perspective that supports this research, it is critical to focus first on the adult learning theories and the theoretical foundation upon which adult learning theories were built. These theories are valuable in helping to shape the research questions, the methodology, and interpretation of data that will be collected. Merriam and Brockett (2007), however, are careful to point out the difference between adult learning and adult education, distinguishing adult learning as a cognitive process and adult education as the status of students and activities intending to bring about learning in the classroom. Andragogy, or the practice of teaching adults (Knowles, 1980, 1984), places the learner at the center of a cooperative learning environment and is based on the students’ need to know what they are learning and why. This is in contrast to traditional pedagogy, a term that derives its roots in the Greek language meaning a leader of children, and a practice that places the instructor as responsible for a sequential, predetermined mode of learning (Jacobs & Hundley, 2010).

Andragogy. Malcolm Knowles’ (1980, 1984) pioneering theory on andragogy, which he defines as “the art and science of helping adults learn” (1980, p. 43) is supported, in theory, by Merriam and Brockett (2007) who assert that adult learning is “a cognitive process internal to the learning; it is what the learner does in a teaching-learning

transaction, as opposed to what the educator does” (pp. 5-6). Although Knowles’ (1980, 1984) earlier writings fail to provide a concrete distinction between the theories of adult learning and adult education, subsequent writings by Knowles et al. (2015) and Merriam and Brockett (2007) describe adult education as “activities intentionally designed for the purpose of bringing about learning among those whose age, social roles, or self-perception define them as adults (Merriam & Brockett, 2007, p. 8).

Knowles’ theory of andragogy (1980, 1984) is an integral component of his theory on adult learners, which identifies six assumptions that have prompted various researchers to further study and develop assumptions that have subsequently become theory. Knowles’ six assumptions include the need to know, self-concept of the learner, prior experiences of the learner, readiness to learn, orientation to learning, and motivation to learn (Knowles, 1980, 1984). Knowles et al. (2015), Merriam and Brockett (2007) and Pappas and Jerman (2004) identify, describe, and expand upon these assumptions and similarly contend that there are practical implications for developing and implementing adult educational training programs that focus on these assumptions when attempting to anticipate the possible obstacles to adult participation and success in the adult learning environment.

Need to know. Adult students have a stronger need to know why they are learning something and the purpose of learning before commencing with their course(s) of study (Knowles et al., 2015; Merriam & Brockett, 2007; Pappas and Jerman, 2004) as opposed to the pedagogical model where Jacobs and Hundley (2010) and (Knowles, et al., 2015) describe a student’s need to know as “only what the teacher teaches” (Jacobs &

Hundley, 2010, p. 19) and that they do not have a need to know how anything they learn is relative to their lives.

Self-concept. Knowles (1980, 1984) originally described the adult learner as having a deep need to self-direct and subsequently expanded that assumption with Holton and Swanson (Knowles et al. 2015) to presume that adults have a sense of responsibility for their own lives and tend to see themselves as having developed a “deep psychological need to be recognized as capable of self-direction” (Merriam & Brockett, 2007 p. 136) and as Pappas and Jerman (2004) characterize as “responsible, self-directed, and independent” (p. 20). This is in contrast to the pedagogical model where the teacher views the student as a dependent learner with a dependent personality (Knowles, et al. 2015).

Prior experiences. Knowles, et al. (2015) focus on the importance of the role of the adult learners’ experiences as an activity very different than their traditional-aged peers and provides them with a tremendous difference in quality and quantity by virtue of having lived longer. However, there are some potentially negative consequences that come with having prior experiences. Although Pappas and Jerman (2004) interpret this assumption by stating that adults have a more diverse stock of knowledge and experience to draw from, the depth of this knowledge may, according to Knowles et al. (2015), result in mental habits, biases, and presumptions that close an adults’ mind to new ideas, different perspectives and alternate ways of thinking and learning.

Readiness to learn. Knowles (1980, 1984) assumed that adults become ready to learn what they need to know in order to cope with real life responsibilities (Knowles, et al., 2015; Merriam & Brockett, 2007), as opposed to the pedagogical model where the teacher determines when they are ready to learn. Knowles et al. (2015) contend, however,

that there are different levels of readiness for learning and that career counseling is one of the ways to induce an adult learner's readiness. According to Knowles et al. (2015), there is a direct relationship between *readiness* for learning and their *need to know*.

Orientation to learning. Contrary to the pedagogical model where a child's orientation to learning is subject-focused, Knowles' (1980,1984) assumption purports that adults are more life-centered and therefore their orientation is more problem or task centered with a direct relationship to their current life situation (Knowles et al. 2015; Merriam & Brockett, 2007, Pappas & Jerman, 2004).

Motivation to learn. Contrary to pedagogical theories that assume traditional learners are motivated mainly by external factors (grades, parental approval, etc.), Knowles et al. (2015) suggest that adults are motivated by these factors to a lesser degree, and argue that adults are more intrinsically motivated by the pressures of self-satisfaction, self-esteem, job satisfaction, and other self-fulfilling needs.

Overall, Knowles, Swanson, and Holton (2015) assume that an adult student needs to know why, what, and how learning will occur and that most adults are self-directed and fall into the categories of learner-controlled (within a formal academic plan) or autodidaxy (independent seekers of wisdom). These particular characteristics are further examined by Cox (2015) and Cox, Bachkirova, and Clutterbuck (2014), who feel that these characteristics align with the adult learner's desire to be coached and that coaching is an integral key to an adult learner's success.

In most cases, according to Knowles, Horton, and Swanson (2015), self-directed learners choose to assume the primary responsibility for planning, carrying out, and evaluating their own learning experiences; a concept supported by Caffarella (1993) and

one that seemingly supports Dewey's (1938) theory of learning. Dewey (1938), who championed strongly for experiential learning, argues that the strict, authoritarian approach of traditional education relied too heavily on delivering knowledge and not enough about understanding students' actual experiences. Dewey (1938) proposed a stronger focus on problem solving and critical thinking through experience, rather than learning by rote memorization.

Adults have habits, biases, fully formed ideas and values and presuppositions; ready to learn when the time is right in their life and their own situation requires it (Knowles, Swanson & Holton, 2015; Jacobs & Hundley, 2010). Helping adults bridge the gap between their life's experiences and new learning ideas is a process described by Jacobs and Hundley (2010) as transformative learning and an opportunity to "help learners discover a sense of meaning and purpose in their lives" (p. 16).

Transformative learning. The manner in which adults make sense of their lives and how that affects their willingness and ability to transform their own ideas is examined and discussed more thoroughly by Mezirow (2000). Christie, Carey, Robertson, and Grainger (2015) suggest that Mezirow's (2000) transformative learning theory helps faculty teaching adult learners to "understand the social structures and belief systems that influence student learning" (p. 1). According to Mezirow (2000), adult students enter the learning environment with preconceived ideas (life experience), view things in absolute terms (black and white), and want you to teach them exactly what they need to do as the professional they are training to be; everything else is useless. This is the basis for Mezirow's (2000) theory of transformational learning in the classroom, which he asserts includes experience, critical reflection, and rational discourse.

This theory is supported in the findings of Christie et al. (2015), who concur that differences in experiences and values do exist and that these can either help or hinder learning. While an adult student's life experiences provides a starting point for transformational learning, critical reflection becomes the distinguishing characteristic or vehicle by which one questions the validity of his/her world-view, according to Mezirow (2000), who identifies rational discourse as a catalyst for transformation, as it induces adult students to explore the depth and meaning of their various world-views and articulate those ideas to their learning peers. He contends that through this process individual development is recognized and this is the point at which transformation occurs (Mezirow, 2000).

Merriam et al. (2006, 2012) suggest, however, that the individual differences and learning preferences of adult students have an impact on their transformation, while Cranton (1996) argues that it is through the use of instructional strategies that adult students are prompted to begin the process of critical thinking and when real transformation begins. Christie, Carey, Robertson, and Grainger (2015) conclude that "if students are given the motivation, the means and the knowledge necessary to critically assess, challenge, and change their assumptions, they will have the chance to become lifelong learners capable of acting for the best in a rapidly changing world" (p. 22) and capable of experiencing transformation.

From a social learning perspective, Jacobs and Hundley (2010) contend that the instructor sets the tone for transformation by first modeling new roles and guides learning through the interaction with others in the classroom. Students interact with peer learners in a social context that Jarvis (2012) contends may be influenced by one's life experiences

that occur prior to the learning event, as well as the situational experiences that occur within the current learning environment. This theory is supported by Knowles et al. (2015), who add that situational influences, including “social, cultural, and situation-specific factors, can alter the learning transaction” (p. 84); a concept that relates to the social identity theory.

Social Identity Theory

Although Social Identity Theory gained popularity in the late seventies, the literature suggests its relevance continues to influence how educators categorize, identify, and compare students into, within, and apart from other groups. According to Kasworm (2005) and Jones and Abes (2013), the social identity of adult students has a profound influence on how they conceptualize their own competence and position in the learning environment, their self-concept of who they are and what they believe, and their social behavior within the multigenerational learning group in the community college environment.

According to Jarvis (2012), when an individual grows and matures within any social context, the person becomes a reflection of the experiences shared within that society and it becomes their identity, or as described by Stets and Burke (2000) as self-categorization. This phenomenon is supported by Tajfel (2010), who proposed that belonging to a group helps one identify their belonging and that it is the acceptance within a social structure that helps build confidence and self-esteem; however, it also creates a psychological interdependence amongst individuals within that group.

Jarvis (2012) expands on the concept of groups, contending that there are sub-groups within each social structure, noting that gender, age, socio-demographics, etc.

may be subgroups of a particular ethnicity or religion, for example. The concept of “them” or “us” is how Deil-Amen (2011) and Tajfel and Turner (2004) contend that people characterize themselves or others as groups of two or more who share the same perception of their collective social identity. Deil-Amen (2011) provides significant discussion on this with respect to community college students from marginalized population groups who expressed their feelings of inadequacy and readiness for the learning environment. This phenomenon is of interest to my study of cohorts who identify themselves as workforce development students.

Workforce Development

The role of the community college in meeting the needs of the economy by producing college graduates to fill the occupational and vocational needs of our society, as Nickoli (2013) and Jacobs (2012) would describe, has evolved over time. The need for educated and properly trained members of the workforce has been well recognized, as the United States of America has always sought to lead the industrialized nations and remain a global competitor; however, that supremacy is eroding, according to Jones and Kelly (2007). In order to remain nationally and internationally competitive, it is incumbent upon each state to take responsibility for improving the performance and outcomes of higher education (Kazis, 2011). In order to achieve this, “the United States must properly invest in its greatest natural resource-the people (Gutierrez, 1997, p.1)”. The goal of the New Jersey Community College Consortium for Workforce and Economic Development (2010) is to “bring together the vast resources of the 19 community colleges for New Jersey companies and organizations to access, develop, and receive workforce education and training for their current and emerging workforce, statewide” (p.1).

A reflection of NJCCC's goals (2010) is the development of allied healthcare training programs, offered through the departments of continuing education on a number of community college campuses in New Jersey. The premise for providing grant-funding for various programs, is the high demand for healthcare workers in jobs that pay reasonably higher wages than other less stable professions (Department of Health and Human Service, 2016).

Workforce Investment Board (WIB)

Brint and Karabel (1989, as cited in Jacobs & Dougherty, 2006) note that a push for vocationalism was promoted by the need to stimulate the states' economies by offering subsidized employee training in order to attract business firms in a post-cold war society. Similar to the state of the economy of the post-cold war society, Holzer (2012) describes a post-recession phenomenon that exists whereby the growth of skilled workers is not sufficient to fill the in-demand occupations.

A long history of federally supported funding acts provide for training programs focusing on in-demand occupations prompted the federal and state governments to create an oversight board. New Jersey created a Workforce Investment Board in 1996 and shortly thereafter, the Federal Workforce Investment Act of 1998 mandated that all of the U.S. States and territories establish their respective Workforce Investment Boards (WIB) (United States Department of Labor, 2016; State of New Jersey, 2016). The purpose of the WIBs, which are led by local business professionals serving a specific county or multi-county area, is to act like a board of directors that identifies the needs of the economic communities of interest and to create a seamless partnership between training program sponsors and the employers (United States Department of Labor, 2016; State of

New Jersey, 2016).

The New Jersey State Employment and Training Commission supports many innovative programs across the regions that advance collaboration among governmental agencies through customized training, short-term credit certificate, and short-term non-credit training programs (State of New Jersey, 2016), such as the medical assisting program examined in this study. These non-credit programs often attract the non-traditional and underprepared students; particularly because workforce funding is available to them when Pell Grant funding is not, as noted by Holzer (2012) and Bird et al. (2014). All of these efforts and relationships are solidified through the efforts of the One-Stop Career Centers, which are overseen by the WIBs (State of New Jersey, 2016) and with whom Warren County Community Colleges maintains a strong collaborative working relationship for recruiting medical assisting student candidates.

One-Stop-Career Centers. While the convenience of housing One-Stop Career Centers on local community college campuses across the country may be an advantage for some institutions, Gutierrez (1997) warns that some community colleges tend to focus more on the academic training programs than on job placement and retention efforts. The advantages, according to Gutierrez (1997), are that many of the administrative functions are already in place at the community college, thus eliminating the duplication of resources. Currently, in New Jersey, all of the One-Stop Career Centers are located externally of the 19 community colleges (State of New Jersey, 2016).

Pros and Cons of Workforce Development Training Programs

Workforce training funding programs are intended to support Americans seeking new direction or re-entry into the employment sector with enhanced skills, so they remain

well-prepared for the workforce environment and theoretically, the positive end result is an improved human capital that supports a globally competitive workforce (Kazis, 2011).

Kazis (2011) promotes the importance of supporting the community college consortium partnerships with the United States Departments of Labor and the regional employer networks, contending that the success of career training grant programs is dependent upon properly targeting high-growth industries. Jacobs and Dougherty (2006) further support the expansion and transformation of workforce development programming and contend that participating in workforce training programs is advantageous for community colleges. They promote workforce development training as an enrollment booster, particularly attracting marginalized populations of students (Jacobs & Dougherty, 2006).

Gutierrez (1997), however, argues that there are many challenges to the United States' workforce training programs; specifically noting reform initiatives that are moving to a more comprehensive approach to workforce development. He argues that the collection of education and job training programs all target different populations; thus resulting in a system that becomes fragmented and confusing for workers, employers, and training partners. He notes that training recipients must make their way through endless amounts of red-tape and meet with countless persons before finally enrolling in workforce training. For an employer seeking job-ready applicants, the frustration comes from trying to find the single point contact person, but Gutierrez (1997) suggests that the problem might be minimized if the community colleges were the One-Stop Career Centers themselves.

A mission conflict seemingly exists at the community college, as Bragg (2001)

suggests, when community college critics blame vocational education for tracking students away from four-year degree programs, continuing the same conversation as Brint and Karabel (1989, as cited in Jacobs & Doherty, 2006), who suggest that the workforce programs squelch the possibility of upward mobility. Nora (2000) agrees that vocational workforce programs perpetuate the concept of tracking; thus creating inequitable educational opportunities for minority populations.

Pros and cons in perspective. Grubb (1998) refutes many of the *con* arguments, proposing that completion of an associate's degree in vocational education affords graduates an opportunity for more earning power and that minority students who do persist have greater earning potential with a vocational degree or certificate than without. This argument supports the purpose of the workforce development mission, as designed by the workforce industry partners, in creating opportunities for all citizens of New Jersey and the nation at large. Bragg (2001) agrees, and further contends that although college degrees and credentials are important, enhanced skill may be even more valuable to employers in this new economy.

Workforce development grant recipients. Many of the grant recipients of workforce development grant funding are disadvantaged adults who may or may not be collecting unemployment (Bird et al., 2014) and have no other means of income or support, which Visser and Fowler (2006) indicate is a reason that these students cannot afford to spend an extended amount of time in school to get training. Holzer (2009, 2012) sees workforce development training as an antipoverty strategy, whereby modest expenditures of training grant monies provided to adult students produce modest positive impacts on earnings after job training completion. Shaw and Rab (2003) contend that the

promise of employment for training grant funded adult students is supported by business-friendly workforce development cultures in community colleges and an employer base that supports and actively recruits from partnerships with community colleges. However, Shaw and Rab (2003) suggested that because of WIA's (now WIOA) strict accountability measures that focus on job placement and earnings, the one-stop career centers tend to screen their clients and enroll only those clients who are likely to produce positive results on these outcome measures.

History and Progress of Competency-Based Education

There is evidence in the research that suggests competency-based education is the preferred method of instruction for learning in healthcare related fields of study in the post-secondary academic environment (Frank, 2010; Gruppen et al., 2012; Lurie, 2012). Formal assessment of allied healthcare trainees was originally based on the mastery of factual knowledge and time-based completion of clinical training programs; neither of which ensured clinical competency, according to Lurie (2012). Standards set forth by accrediting agencies were too rigid and the curriculum too inflexible; thus, the health education programs were not keeping up with the emerging changes in the workforce (Stephenson et al., 2002).

Attitudes have changed in the past 20 years and researchers agree that competency-based healthcare education is a paradigm that is learner-centered, with a strong focus on performance and measurable behavior, rather than time-based training or an over emphasis on testing (Frank, 2010; Gruppen et al., 2012; Lurie, 2012). Frank (2010) and Gruppen et al. (2012) contend that with a standard for judging performance that does not depend on other learners, the competency-based curriculum has the

potential to transform the learning process. Stephenson et al. (2002) concur, but emphasize that the curricula should be based on interdisciplinary competencies that create a more holistic approach, including relevant workplace expectations and service-learning approaches, rather than front-loading instruction.

According to Gruppen, et al. (2012), competency-based learning in health professions may improve the efficiency and effectiveness of programmatic and/or institutional missions and student performance. They contend that it also informs both learners and stakeholders of the expectations and intended outcomes despite some inherent issues that challenge its success (Gruppen, et al., 2012). Fernandez, Dory, Ste-Marie, Cahput, Charlin and Boucher (2012) argue that the implications for teaching and learning must be considered, including how competence is conceptualized, how curricula are structured, and how competence is assessed; claiming that it is difficult to assess values, emotions and character attributes.

Others warn, however, that competency-based instruction may result in reductionism, logistical chaos, and loss of authenticity (Frank, 2010; Fernandez et al., 2012). While Frank (2010) sees the need for additional instructional and learning technologies as a programmatic burden, Stephenson et al. (2002) see these technologies as tools to be integrated into the curriculum that will prepare students to achieve and enhance skills sets and competencies that are essential for employment; noting that the healthcare industry recognizes inefficiency and ineffectiveness in the delivery of healthcare by its current workforce.

Impact on Student Performance

The literature also describes the diverse needs, expectations, and preferences that have a direct impact on an adult student's performance in the post-secondary learning environment (Ben-Yoseph et al., 1999; Knowles, Swanson, & Horton, 2014; Merriam & Brockett, 2007; Ross-Gordon, 2002; Vella, 2002), including the importance of student-centered scheduling (Capps, 2012). Knowles, Swanson, and Horton (2015) address the relationship between adult learners in training programs that are competency-based, warning that they can be overly prescriptive for adult learners; a phenomenon supported by Merriam & Brockett (2007), who contend that competency-based learning is not an effective way to promote critical thinking in adult students.

Cavanaugh (2012) discusses findings that indicate instructors spend the majority of their class time lecturing using direct instruction, rather than integrating instructional strategies that promote critical thinking and a more active teaching/learning style to meet the diverse needs of all students. There is compelling evidence in the readings to suggest that enhancing the delivery of instruction using a variety of strategies that promote cooperative learning makes learning more heterogeneous and has a profoundly positive effect on student outcomes (Amstutz, 1999; Ben-Yoseph et al., 1999; Mac Kinnon, 2004; Fernandez et al., 2012; Condon, Morgan, Miller, Mamier, Zimmerman, & Mazhar, 2013). These findings and arguments are particularly significant to my study, as I explore student perceptions of their success in the competency-based medical assisting program.

Connecting Competency-Based Education and Workforce Development

Dall et al. (2013) note that the growing aging population has a profound impact on the demand for allied healthcare workers in the United States. Health education

training programs have evolved over the past 10-15 years, reflecting emerging changes in the workforce (Stephenson et al., 2002) that promote competency-based healthcare education as a model that is more learner-centered, with a strong focus on performance and measurable behavior, rather than time-based training or an emphasis on testing (Frank, 2010; Gruppen et al., 2012; Lurie, 2012). Frank (2010) and Gruppen et al. (2012) contend that competency-based curricula have the potential to transform the learning process, while Stephenson et al. (2002), emphasize the importance of curricula that take a holistic approach to preparing adults for workplace expectations and service-learning approaches.

Dannefer and Henson (2007) further the discussion on curriculum development for competency-based learning. However, they place a stronger focus on the rigor of competency assessment and the importance of rigorous faculty development in order to ensure validity in the observation-based narrative feedback that students receive during clinical evaluation. Although both they and Epstein (2007) focus on medical training for physicians, they do conceptualize competency-based learning and the rigors of assessing student competency.

Educational institutions must continue to adjust to the changing needs of both employers and individual students in an ever-changing workplace environment, according to Van Noy and Jacobs (2009), considering not all jobs require a college degree, but rather industry specific training and/or certification. Non-credit, short-term workforce development programs are just as terminal as the occupational degree (A.A.S.) programs; however, both have high potential for leading to workplace employment immediately upon completion, based on the findings of Kazis (2011), the New Jersey

Consortium for Workforce and Economic Development (2010), and others. Students enroll in shorter-term non-credit workforce development programs to achieve individual goals for personal and professional development, including the opportunity to improve literacy, upgrade skills, and become contributing members of the workforce. This often results in an improved college readiness for those who wish to continue their education as degree-seeking students and particularly for the underprepared or marginalized students.

Becker (2011) evaluated the academic journeys of ESL students enrolling in non-credit ESL programs at a community college in California, noting the low cultural capital of those with a sense of marginality in the academic setting. Completing non-credit ESL programs provides these marginalized students an opportunity to continue on their academic journey by enrolling in non-credit workforce development career track programs that increase their cultural and human capital and prepare them for the workplace environment. Advancing ESL and marginalized students through the academic environment helps support the equity agenda, as proposed by Bailey and Morest (2006). Creating associate degree options that allow non-credit graduates to matriculate and receive college credit for their certification completion may lead to higher retention and completion rates for the institution. Students who were successful in completing workforce development non-credit programs are likely to be more prepared for the rigors of college level learning; particularly if their prior learning experiences are validated. Van Noy and Jacobs (2009) promote this concept, noting that identifying “transferrable forms of learning that address both short-term training needs and longer-term educational needs” (p 92) supports new models for articulating non-credit and credit programs.

Conclusion

The relevance of the literature is critical to my study and has informed my strategy of inquiry. The literature supports the success of workforce development training as a means for removing the barriers to employment and economic success as described by Bird et al. (2014) and it is anticipated that the adult students chosen for this qualitative research study at WCCC will share similar needs, barriers, and challenges that are recognized in theory throughout the literature. While the literature describes the diverse needs, expectations, and preferences that have a direct impact on an adult student's performance in the post-secondary learning environment (Bird et al., 2014; Vella, 2002; Ben-Yoseph et al., 1999; Knowles, 2005; Merriam & Brockett, 1997, 2007; Ross-Gordon, 2002), none of the authors focus on those same struggles for students enrolled in competency-based learning or medical assisting programs, specifically.

The focus of the literature I read seems limited to the rigor and pace associated with competency-based learning as a preparation for achieving competence and professional workforce readiness in healthcare related fields (Dannefer & Henson, 2007; Epstein, 2007; Stephenson et al., 2002; Frank, 2010; Gruppen et al., 2012; Stephenson et al., 2002), yet nothing addresses how the needs, barriers, and challenges affect a student's readiness for that rigor and pace. None of the authors focus on those same struggles and phenomena that specifically affect or influence the success of students enrolled in competency-based workforce development funded medical assisting training programs. Therefore, my research questions were designed to make those connections.

The literature also suggests that social identity theory is a significant phenomenon that influences adults in groups (Jarvis, 2012, Kasworm, 2005; Jones & Abes, 2013).

Although not the major focus of this study, I am interested in learning how students perceive themselves and identify as a cohort of adults who were referred and funded through the WIBs' One-Stop-Career Centers and whether or not students feel that participation in groups helped or hindered their success. The development of my research questions and the protocol for my individual interviews was based on the premise that I could find answers to make these connections.

Chapter 3

Methods

This chapter describes the purpose of my study, the research design and scope of the study, including the setting, participants, data collection, instrumentation, data analysis, and how I intended to ensure validity and reliability. This research is a qualitative case study examination that was conducted with a holistic approach (Yin, 2014; Creswell, 2015), collecting evidence from workforce development grant funded medical assisting students, faculty, and workforce development staff at Warren County Community College. The nature of this study reflects an approach that relied on the convergence of evidence gathered through the use of various instruments and multiple sources of data within the scope of study. This triangulation of data collected, coded, and interpreted using qualitative methodologies suggested by Yin (2014), Creswell (2014) and Saldana (2013) helped strengthen the construct validity of this case study and provided multiple perspectives of the same phenomenon (Yin, 2014).

Purpose

The purpose of this holistic, single case qualitative case study (Yin, 2014) was to examine the needs, barriers, and challenges faced by adult students participating in competency-based, workforce development, medical assisting training programs at Warren County Community College and how these obstacles were affecting performance outcomes, such as the ability to meet weekly competency. While the literature suggests that workforce development funding recipients are primarily low-income adults with similar socio-demographic status and barriers to economic success (Bird, et al. 2014), the intention was to generate knowledge, learn, and understand the extent to which medical

assisting students and faculty perceive *how* these obstacles impact students' performance and *how* an adult student's ability to succeed is affected by the specific factors that distract them.

This study explored student, faculty and workforce development professionals' perceptions of these obstacles, as well as the strengths and weaknesses of competency-based learning, from a post-positivist worldview (Creswell, 2014; Guba & Lincoln, 1994). The literature provided conflicting theory on the strengths and weaknesses of competency-based learning (Frank, 2010; Fernandez, et al., 2012; Gruppen, et al.; 2012; Lurie, 2012 and Mirriam & Brockett, 2011). Therefore, it was important that my research questions and protocols address this, allowing me to explore an adult student's experiences through the lens of critical realism (Maxwell, 2013); affording me an opportunity to step beyond what was found in the literature and to contribute to our understanding of this topic of study.

I anticipate faculty and programmatic leaders can explore a different approach to competency-based learning, including the development of strategies aimed to improve student success and outcomes. This effort supports the institutional mission of providing *"accessible, quality learning opportunities designed to meet educational goals and aspirations"* (WCCC mission statement, 2017). Therefore, it is possible that the outcome of this study will be used as a model for curricular change and potentially adopted by all allied health education programs at WCCC, as well as other institutions of higher learning and the various allied healthcare accrediting agencies.

The literature also suggested that belonging to a group creates a social structure for students that helps build confidence and self-esteem, yet can also create a

psychological interdependence amongst the individuals in that group (Tajfel, 2010), which could inadvertently become a barrier in itself. It is important for me to explore this phenomenon more closely to understand the extent to which medical assisting students and faculty perceive *how* participation in a group impacts students' academic success and whether or not belonging to a group encourages active engagement and assimilation within the learning environment.

Research Design

Since the purpose of this research was not to measure performance, but rather to explore the perceptions of adult students, faculty, and workforce development administrators, a qualitative rather than quantitative approach was chosen. Gathering information through a) the use of recorded interviews, b) the completion of graphic elicitations, c) researcher journal, and c) field notes was a holistic approach that reflects how Yin (2014) and Creswell (2014) approach the single-case qualitative research study. This procedure offered somewhat of an emic perspective (Rossman & Rallis, 2012; Fraenkel & Wallen, 2014), whereby participants were prompted by protocol questions that provided insight into the social realities of students' academic experiences; thus eliciting authentic responses to help answer my central research questions. The research questions and related propositions for this study were the following:

1. What are the needs, barriers, and challenges of grant-funded adult students enrolled in competency-based, workforce development medical assisting training programs in the post-secondary educational setting?

Proposition #1: Grant-funded adult students will describe themselves as self-motivated, independent seekers of meaningful, useful, and purposeful knowledge that

will help them achieve their personal and professional needs and goals; reflective of Knowles' (1980, 1984) and Knowles et al. (2015) assumptions of adult students' need to know, self-concept as learners, and readiness to learn. However, they are challenged by a) the biases and presumptions that they bring to the classroom as a result of their life experiences; reflective of Knowles' (1980, 1984) and Knowles et al. (2015) assumptions of adult students' prior learning experiences and b) the stressors of family and financial hardships, as described by Bird et al. (2014) and Jacobs and Hundley (2010).

Proposition #2: Grant-funded adult students enrolled in the medical assisting program at Warren County Community College's workforce development medical assisting program seek and rely on the support of their cohort peers facing similar obstacles and adopt a social identity as such, similar to those defined by Kasworm (2005) and Jones and Abes (2013).

2. How do students, faculty, and workforce development professionals at the One-Stop Career Center perceive that these obstacles affect student readiness for training and academic success?

Proposition #1: Students and faculty perceive the stressors and challenges of family, finance, and lack of confidence as distractions to students' academic journey and a threat to their success in the program.

Proposition #2: Students and faculty perceive that student performance in the competency-based medical assisting program is negatively affected by the stressors and challenges of family, finance, and a lack of confidence, similar to those described by Bird et al. (2014) and Jacobs and Hundley (2010).

Proposition #3: Faculty perceive that these barriers impede students' ability to achieve competency.

Proposition #4: Workforce development professionals at the One-Stop Career Center recognize the barriers faced by underemployed/unemployed/low income students and perceive the community college workforce training program as a means of improving human capital and an opportunity to overcome these obstacles, supporting the premise of the Ready to Work initiative (Biden, 2014).

Setting

The setting for this study took place at Warren County Community College's Phillipsburg Education Center, located in Phillipsburg, New Jersey. This building is a satellite to the main campus in Washington, New Jersey and where most of Warren County Community College's allied health education programs are taught, with the exception of nursing and dental assisting, which currently remain on the Washington campus. Due to the recent circumstances that reflect a decrease in performance outcomes for workforce development funded medical assisting students at Warren County Community College, I chose to use Yin's (2014) model for a critical single case study that takes a holistic approach to examining a clear set of circumstances that either confirm the propositions or provide an alternative set of relative explanations (Yin, 2014).

Having collaborated with other CAAHEP accredited medical assisting program directors as part of the New Jersey Council of Medical Assisting Educators, anecdotal evidence suggests other program directors have recognized the same phenomenon and are interested in my research, albeit none were willing to participate in my research

efforts on a formal basis. Therefore, out of convenience and appropriateness to improving outcomes at the institution where I am currently employed and where I have a vested and genuine interest in the success of my own students, I conducted this study on my home campus.

Participants

Yin (2014) suggests that one of the most important sources of evidence in a single case study is the participant interview and how those interviewees are selected. For this study, a purposive homogeneous sample (Fraenkel & Wallen, 2014; Maxwell, 2013; Yin, 2014; Miles, Huberman, & Saldaña, 2014) of currently enrolled Warren County Community College medical assisting students were chosen; primarily those who were recipients of workforce development training funds, including WIOA and DVR. It was anticipated that between 5-10 workforce program adult students (or total number available at the time of research) would be chosen to participate in the study and the sample would be limited to adults aged 24 years and older, using the criterion for identifying adults as suggested by the literature (Kenner & Weinerman, 2011; Jacobs & Hundley, 2010; Rachal, 2002; Merriam & Brockett, 2007; Merriam, Caffarella & Baumgartner, 2012 and Seiler, 2012).

Similarly, a criterion-based purposive sample of five medical assisting faculty who recently taught courses in the medical assisting program that include workforce development cohort students; excluding those faculty who have not or were not at the time of the study. I used the same criterion-based purposive sampling to identify those workforce development counselors who have had direct and recent experience working with and referring adult students to Warren County Community College's medical

assisting training program. The participants were deliberately chosen to provide information that was particularly relevant to the research questions and goals of the research; a technique suggested by Maxwell (2013) and Miles et al. (2013), in order to extract relevant experiences from those who may be privileged witnesses. In order to ensure confidentiality, these faculty and professional interviews took place in a private area; removed from the learning and counseling environment. This sampling process supports Yin's (2014) rationale that the common single case study focuses on the circumstances or conditions of a particular situation; therefore, the study subsequently serves to provide information that is relative to a theoretical interest of the researcher.

Data Collection

Data were collected for this study using a semi-structured interviewing processes, as described in Rubin and Rubin (2012), using a prescribed protocol as suggested by Yin (2014), Creswell (2014), and Rubin and Rubin (2012) that included a limited number of questions designed to elicit responses that helped answer my research questions. Additionally, I used a graphic elicitation where participants situated themselves on a pre-designed drawing with a character, a timeline, and barrier blocks between the character and the academic goal box. This instrument was chosen to reflect Bagnoli's (2009) theory that graphic depictions encourage a more holistic description of self and help participants overcome the fear of describing events in one's life that may be sensitive or difficult to discuss in words during the verbal interview. Since I was the sole data collector for this research study, instrumentation and protocols were carefully designed to minimize the threat of reflexivity, as described by Yin (2014) and Creswell (2014).

Instrumentation

My protocol for this study included recorded interviews and the completion of graphic elicitations using responsive interview techniques (Rubin & Rubin, 2012; Bagnoli, 2009). Protocols for this qualitative study are shown in Appendices A, C, & E. Reflecting on Knowles' (1980,1984) theory of andragogy and his six assumptions of the adult learner, questions were designed to explore participants' need to know, self-concept as learners, prior experiences, readiness to learn, orientation to learning, and motivation to learn (Knowles, 1980;1984). Questions were also designed to explore the individual experiential differences and learning preferences that affect student outcomes, as suggested by Merriam et al. (2006, 2012) and Christie et al. (2015). Specific questions related to both the learner-centered approach and the prescriptiveness of competency-based learning, as described in the literature (Frank, 2010; Gruppen et al., 2012; Lurie, 2012; Stephenson et al., 2002), were included in the personal interview sessions.

Interview protocols. This protocol consisted of the informational consent form to be signed by participants and is reflective of the semi-structured interview process (Rubin & Rubin, 2012) that includes individual interviews that are more fluid than rigorous, as suggested by Yin (2014). The *Interview Protocol* sheet began with the purpose statement that was read aloud to interviewees, followed by the specific, unbiased interview questions (Yin, 2014) that were designed to serve the needs of the researcher's line of inquiry.

During the interviews, I used probes to manage, interpret, and clarify the conversation, as suggested by Rubin and Rubin (2012); making every attempt to minimize and avoid the methodological threat of reflexivity, as recommended by Yin

(2014). Graphic elicitations, also known as visual elicitation stimuli (Crilly, Blackwell & Carson, 2006; Bagnoli, 2009), were used as part of the individual interview to encourage participants to express their feelings and experiences through drawings and depictions. In an effort to protect the identity and privacy of participants, all data collected were stored in a locked and secure location.

Student interview questions. A protocol of questions was created, along with a scripted introduction and overview that states the purpose and nature of the study that was read to each participant at the start of each interview. Once written consent was obtained, participants were invited to pose any questions they may have had with respect to the protocol and/or purpose. In an attempt to ensure privacy and confidentiality, each participant was interviewed away from the learning area, in a small, private conference room. The protocol began with easy, basic background questions, followed by more thematic and expansive questions designed to elicit specific responses to support the research questions; a technique suggested by Rubin and Rubin (2012) and Stringer (2014). While the interview questions and order of presentation of those questions were pre-determined, the questions were open-ended to allow for further elaboration. Participant responses were recorded to capture the essence of each response and afforded me an opportunity to take field notes and use a researcher journal. Mirroring a phenomenological genre of study, as described by Rossman and Rallis (2012), these interviews were intended to help me understand the experiences of each individual participant.

Although an in-depth inquiry into participants' life history was not necessary for this study, factors that might significantly contribute to or affect student success were

valuable to the research and the subsequent coding and analysis. This included factors related to adult student readiness for the learning environment, as described in the literature by Knowles, Swanson and Holton (2015), and the characterization of the workforce funded adult student's barriers, as described by Bird et al. (2014). In addition to the lead questions, the protocol questions will prompt participants to discuss specific expectations, experiences, progress, and concerns about their academic journey.

Because the interviews were recorded, there was no need to document responses during the interview; I transcribed the recorded questions and responses later into an analytical memo. This allowed me to document non-verbal responses and other observations of the participants during the interview. In order to address the concern of validity and reliability, participants were provided with a copy of the analytical memo describing the major findings and authored by this researcher, as a form of member-checking (Creswell, 2014). Participants were encouraged to validate the researcher's transcription of their particular interview.

Student graphic elicitation. At the conclusion of each recorded interview, students were asked to complete a graphic elicitation that depicts their experiences, barriers/challenges, and goals; affording them with an opportunity to tell their story in a graphic manner. Participants were guided to situate themselves in the pre-printed drawing that depicts a student in the bottom left hand corner with barrier blocks and a ladder in between the character and the top box that reflects their success. Participants were instructed to create a timeline and identify, within the drawing, the barriers that depict their obstacles to success and to situate themselves as part of the medical assisting cohort group.

This interview tool, proposed by Bagnoli (2009), allowed participants to go beyond a verbal mode of thinking to depict meaning on a more visual level. Bagnoli (2009) sees this as a safer way for some participants to describe an experience, since they may not be confident enough to use the spoken word to describe an experience or event during the personal interview. While it was anticipated that participants may exhibit some hesitancy towards drawing and documenting their experiences, it was hopeful that this will be somewhat of a cathartic drawing of their experiences.

Faculty & workforce professionals interview questions. A protocol was created, along with a scripted introduction and overview, stating the purpose and nature of the study which was read to each participant at the start of each interview. Once written consent was obtained, participants were invited to pose any questions they may have had with respect to the protocol and/or purpose. In an attempt to ensure privacy and confidentiality, each participant was interviewed away from the learning area, in a small, private office. The protocol began with easy, basic background questions, followed by more thematic and expansive questions designed to elicit specific responses to support the research questions; a technique suggested by Rubin and Rubin (2012) and Stringer (2014). Mirroring a phenomenological genre of study, as described by Rossman and Rallis (2012), these interviews were intended to help me understand the experiences of each individual participant.

In addition to the lead questions, the protocol questions were designed to prompt participants to discuss their perceptions of the obstacles that impact the students being studied. Because the interviews were recorded, I did not document responses during the interview, but transcribed the recorded questions and responses later into an analytical

memo. This allowed me to document non-verbal responses and other observations of the participant during the interview. In order to ensure validity and reliability, participants were provided with a copy of the analytical memo describing the major findings and themes authored by the researcher, as a form of member-checking as suggested by Creswell (2014). Participants were encouraged to validate the researcher's transcription of their particular interview.

Data Analysis

Data were analyzed using Yin's (2014) model for a holistic single-case study where data from multiple sources of evidence were examined, categorized, tabulated, tested and otherwise recombined to produce empirically based findings. According to Yin (2014), the convergence of evidence and triangulation of data helps to strengthen the validity of the case study and is more likely to be convincing to the reader. Data from the recorded interviews and graphic elicitations were transcribed, hand-coded and mapped into a code book, using *In Vivo*, *Emotion*, and *Descriptive* (Saldana, 2013) coding during the first cycle and *Axial* and *Pattern* (Saldana, 2013) coding in the subsequent second cycle. Analytic memos were written for each of the transcribed interviews and the accompanying graphic elicitations, which were used during first and second cycle coding, contributing to the process of analyzing data across participant responses, as suggested by Flora and Hirt (2008), Creswell (2014), and Yin (2014).

Yin (2014) suggests several analytic techniques for single case studies, including a parallel explanation building procedure for exploratory case studies. Noting that the process of explaining a phenomenon is often difficult, Yin (2014) asserts that relying on

those theoretically significant propositions that led to the development of the case study helps to shape the data collection plan and the ability to identify analytic priorities.

Significant data were extracted for the purpose of further analyzing and comparing data (Saldana, 2013). Coding and analyzing data results culminated during the interpretation phase, where inferences were made to help this researcher draw conclusions to the study and answer the research question (Teddlie & Tashakkori, 2009; Creswell & Plano-Clark, 2011). Using a convergence technique, I triangulated data to evaluate, corroborate, and/or differentiate the findings from the separate participant groups (Yin, 2014). From this point, a prioritized list was created based on the data that was most significant to the study and used to create trinity configurations to plot major themes/categories from the priority codes (Saldana, 2013); thus limiting the aggregation of data to a limited number of major themes, as suggested by Creswell (2014).

Theming/categorizing the data (Saldana, 2013) allowed me to construct meaning from the data, particularly recognizing relationships and commonalities amongst participant perceptions. From these interpretations, the findings were reported using both written discussion and visual diagrams.

Overview of the Case Study

An introductory statement was provided to members of the WCCC administration and participants, describing the purpose of the study, the research questions, and the protocol agenda. This overview was necessary when authoring Institutional Review Board (IRB) documentation for both Rowan University and Warren County Community College. Permission was granted from both IRB committees, without revisions.

Data Collection Plan

This plan included the names of participants/interviewees and their respective cohort designation, the date/time/location of the interviews, the evidence that was expected, the procedure for recording interviews, and the procedure for taking field notes and documenting observations. Embedded in this plan were procedures for addressing threats such as objectivity and participant confidence, which included affording participants an opportunity to review transcript summaries from the recorded interviews and ensuring, in writing, that their identities were protected by anonymity when analyzing and reporting data.

Data Collection Questions

This section consisted of the protocol questions that I asked myself, the researcher. The purpose of these questions, as suggested by Yin (2014), were to remind me of the information I sought to collect and as prompts to the questions I developed for my interviews. This helped me stay on track during the research process.

The Case Study Reporting Procedure

This section, as proposed by Yin (2014), consisted of the procedures and processes used and the presentation of my data, including the outline, format for data, use and presentation of documentation..

Ethical Considerations

While the potential for researcher bias exists in any case study where the researcher seeks to examine a known or existing problem within their own institution of higher learning, this study sought to minimize this threat by remaining open to contrary evidence that may present itself during the process of data collection and interpretation. I

was careful not to invite or select students who were currently enrolled in a course that I was teaching at the time of the interview, as recommended by Seidman (2003), supporting the assumption that students are less likely to open up to their own current instructor. By using this criteria, this study avoided any ethical issues that may have been construed as a conflict of interest and/or threat of diminishing the credibility or validity of the data.

As recommended by Rubin and Rubin (2014) and Yin (2014), I demonstrated respect for the interviewees and took all reasonable measures to protect them from harm by honoring promises to maintain confidentiality. These promises were clearly indicated in the consent form that the researcher and participants signed; however, no participant was pressured to sign or participate after disclosure of the purpose and process for this study.

Validity

As Yin (2014) and Maxwell (2013) suggest, it is prudent to remain aware of the threats to validity when conducting a qualitative case study. Yin (2014) proposes that the researcher focus heavily on maintaining a chain of evidence that informs and addresses both the research questions and the propositions, while Maxwell (2013) argues that validity is a conceptualization of not only the threats one perceives but the strategies one uses to determine their plausibility. Yin (2014) further defines validity into three categories-construct validity, internal validity, and external validity; he then notes the concern for reliability.

Construct validity. Addressing the concerns about using correct operational measures in case study research (Yin, 2014), a chain of evidence from multiple sources

was obtained and all instruments were pilot-tested to ensure their reliability and validity. Adjustments were made as a result of the outcome of the pilot testing. The process of converging the multiple sources of evidence and triangulating the data helped to strengthen the construct validity of my case, as suggested by Yin (2014). As a result of the pilot interviews I conducted, minor changes were made to the interview questions for all three participant groups.

Internal validity. While Yin (2014) suggests internal validity is more relevant in explanatory or casual studies, I did recognize a small threat to internal validity because of the proposed causal relationship between participants' perceptions of obstacles and the proposals I have stated. As Yin (2014) suggests, I used the tactic of pattern matching and explanation building as it is critical in minimizing this threat during the data analysis portion of this research.

External validity. This is the extent to which the findings from this case study can be generalized to situations outside of the study (Yin, 2014). I have addressed this by introducing various theories about adult learners, social identity theory and competency-based learning in my literature review, which helped to inform the design of the research questions and propositions, as well as my instruments. Yin (2014) contends that the form of the questions can help or hinder the preference for seeking generalization and recommends using more "how" or "why" questions in the protocols to improve external validity. Therefore, I was careful to design my interview questions accordingly.

Reliability. The reliability of this case study was dependent upon the case study protocol I developed and whether or not I was able to effectively "minimize the errors and biases" (Yin, 2014, p. 49) that posed threats to my study. As suggested by Yin

(2014) and Creswell (2014), in order to increase the reliability of my study, I was careful to document and follow my established protocols as designed and took careful steps to ensure my transcription accurately reflected what was recorded and that my codebook was congruent with my memos.

Conclusion

Through the design and implementation of the protocols for this holistic single-case study (Yin, 2014), it was hopeful that the data gathered, analyzed, interpreted, and reported would inform my research questions and address my propositions. Examining and understanding the needs, barriers, and challenges faced by adult students enrolled in competency-based, workforce development, medical assisting training programs is critically important in my quest to address the issue of decreased student performance and outcomes. This information may be of tremendous benefit to the program, the institution, the Workforce Development staff, and to other CAAHEP accredited workforce development medical assisting training programs across the country.

Chapter 4

Findings

The purpose of this qualitative case study was to explore the needs, barriers, and challenges, faced by adult students participating in competency-based, workforce development, medical assisting training programs at Warren County Community College from the perspective of the students, faculty, and workforce development professionals at the One-Stop Career Center. While this study did not quantitatively measure academic performance, it did seek to explore the factors that could impact students' performance during their training period, including students' ability to meet weekly competency. The intention was to generate knowledge, learn, and understand the extent to which medical assisting students and faculty perceive *how* these obstacles impact students' performance and *how* their ability to succeed is affected by the specific factors that distract them.

In this chapter, I focus on the data collected and interpreted from participants' recorded, transcribed, and coded interview transcripts, my analytic memos, and the graphic elicitations that students completed. Using the case study method, as proposed by Yin (2014), data were collected from multiple sources, analyzed, triangulated, and sorted into distinct themes that describe the needs, barriers, and challenges that impact adult students enrolled in competency-based allied health workforce development medical assisting training programs. Theming the data allowed me to construct meaning from the data, particularly recognizing relationships and commonalities amongst participant experiences. I used this data to inform my research questions and propositions, which were as follows:

1. *What are the needs, barriers, and challenges of grant-funded adult*

students enrolled in competency-based, workforce development medical assisting training programs in the post-secondary educational setting?

Proposition #1: Grant-funded adult students' need to know, self-concept as learners, prior experiences, readiness to learn, orientation to learning, and motivation to learn, as Knowles (1980, 1984) and Knowles et al. (2015) describe in their assumptions of adult learners, are corroborated through the interview sessions.

Proposition #2: Grant-funded adult students enrolled in the medical assisting program at Warren County Community College's workforce development medical assisting program seek and rely on the support of their cohort peers facing similar obstacles and adopt a social identity as such, similar to those defined by Kasworm (2005) and Jones and Abes (2013).

2. How do students, faculty, and workforce development professionals at the One Stop Career Center perceive the extent to which these obstacles affect student readiness for training and academic success?

Proposition #1: Students and faculty perceive the stressors and challenges of family, finance, and lack of confidence as distractions to students' academic journey and a threat to their success in the program.

Proposition #2: Students and faculty perceive that student performance in the competency-based medical assisting program is negatively affected by the stressors and challenges of family, finance, and a lack of confidence, similar to those described by Bird et al. (2014) and Jacobs and Hundley (2010).

Proposition #3: Faculty perceive that these barriers impede students' ability to achieve competency.

Proposition #4: Workforce development professionals recognize the barriers faced by underemployed/unemployed/low income students and perceive the community college workforce training program as a means of improving human capital and an opportunity to overcome these obstacles, supporting the premise of the Ready to Work initiative (Biden, 2014).

Participants

A purposive homogeneous sample (Fraenkel & Wallen, 2014; Maxwell, 2013; Yin, 2014; Miles et al. 2014) of 10 Warren County Community College medical assisting students who were enrolled in the workforce development training program were invited to participate. Eight students responded with interest; however, two were eliminated because they did not meet the adult age criteria. One student did not show to the interview and did not respond to subsequent communication. Therefore, the sample was limited to five female student participants who self-disclosed themselves as adult students (Table 1). Four identified as Caucasians and one identified as Hispanic. Two women were divorced with school-aged children, one was married with grown children, and two were single with no children and no previous marriages. The Hispanic participant received her primary and secondary education outside of the United States. Although both male and female students were invited to participate, no males responded.

A criterion-based purposive sample of five medical assisting faculty and three workforce development counselors were invited to participate in this study. All five of the faculty participated in the interview process; however, only two of the workforce development counselors participated (Table 1). One of the counselors originally invited had separated from her employment at the One-Stop Career Center shortly prior to the

data collection phase of this study. The first workforce development counselor I interviewed had over 20 years of experiencing working with, referring, and counseling adult students enrolling in the workforce development medical assisting program at WCCC. Although the other specialist (Deirdre) had fewer years of experience, and counsels mostly the “youth group-ages 18-24”, she was an appropriate participant because for this study students at the age of 24 are considered adults. She spoke of only her adult students during her interview. Additionally, she recently worked with another funding program, the Health Professions Opportunity Grant (HPOG), supporting adult students enrolling in the medical assisting program at WCCC.

Table 1

Research Participants

Participant Category	Participant Pseudonym
Student	Bettyanne
Student	Carmela
Student	Eliza
Student	Matilda
Student	Dorothy
Faculty	Elena
Faculty	Joanna
Faculty	Chris
Faculty	Penelope
Faculty	Ginger
Workforce Specialist	Deirdre
Workforce Specialist	Stephanie

Themes

Data from this study is categorized to reflect a number of themes that support the *Assumptions of Adult Learners* and identify participants’ perceptions of the *Needs*,

Barriers, and Challenges that impact students' performance in workforce development medical assisting training programs at Warren County Community College.

The evidence gathered and interpreted is organized purposely as it relates specifically to the theories on adult learning as discussed and summarized in the Chapter Two literature section.

Assumptions of Adult Learners

Participating students described their *Need to Know, Self-Concept as Learners, Prior Experiences, Readiness to Learn, Orientation to Learning, and Motivation to Learn* throughout the interview process, which included both the recorded/transcribed interview and the graphic elicitation. Faculty and workforce development counselors also described these characteristics, but to a lesser extent and mostly as it related to the needs, barriers, and challenges that impact their success. These were all contributing factors that affected how adult students learn and perform in the learning environment.

Need to know. Students viewed the medical assisting orientation as a positive experience and appreciated having received the program curriculum outline, syllabi, course schedule, and expected outcomes; noting that it re-assured them that they were going to learn *what* they needed to know, *when*, and *how* they would be taught in a competency-based learning environment. Furthermore, they felt it helped them understand how to succeed in the program and how to navigate the healthcare profession to understand how their role as certified medical assistants contribute to the healthcare delivery system.

Eliza commented that “throughout the program we got tips and tricks on how to handle everything that was due when and how to study and take tests”, which was much

better than in her previous learning experiences where “it was always just about reading a book and answering questions. But it was still hard.” (August 15, 2017). Matilda explained that she expected to be well prepared for her role as a certified medical assistant in the healthcare profession and needed to have all the tools necessary to succeed in the field. “I expected them [faculty] to CARE” (Matilda, July 25, 2017). Student participants also shared the need to know how “to open the doors to get back into the medical field” (Bettyanne, August 15, 2017), “how to do clinical skills, how to talk to patients, and how and when we would be tested off” (Dorothy, August 9, 2017), and “what exactly do I need to know to do the job” (Eliza, August 15, 2017).

When discussing students’ readiness for the program, faculty described students’ need to know as the need to know *exactly* [with emphasis] what would be happening and when. According to Joanna,

Students ask us exactly what [competency/skill] is going to be on the test, exactly what will be on the CMA exam, and exactly what will be part of their job when working in the healthcare field” (July 20, 2017).

Chris acknowledged an understanding of students need to know, stating “they want to know what it will take for them to be successful in my class and why medical terminology is important” (July 26, 2017).

Self-concept as learners. The data indicated that although student participants disclosed a lack of self-esteem coming into the program, they were self-directed to some extent, with a very strong sense of responsibility for their own success. Student participants’ concept of themselves as learners was characterized as dedicated and hardworking, despite some reservation about their own potential.

Matilda described herself as a “very hard working student” (July 25, 2017) and spoke of her self-direction and dedication. When speaking of her study habits, she said “I was dedicated and I spent the entire weekend at the kitchen table studying each weekend. All weekend!” (July 25, 2017). Bettyanne described herself as “enthusiastic..... I soaked up everything I was taught” (August 15, 2017). She further explained that since she identified herself as an older adult learner she felt self-directed and determined to do well, despite her lack of self-esteem.

Dorothy was proud of her accomplishments as a student and expressed a more positive self-concept after completing the program, stating,

I shocked myself. I was always a C average student, some Bs. I worked my butt off and I did really, really good. I also helped other students. A lot of girls were confused, but they were not as organized” (August 9, 2017).

Eliza also described herself as highly self-directed but that she found herself worried all the time. She said [with eyes rolling and wringing her hands], “I was constantly busy [pausing] constantly working so hard on my work [pausing] so busy [pausing] and worried all the time [pausing] all the time.” (August 15, 2017).

Prior learning experiences. Student participants discussed how they entered the program with preconceived ideas of what the expectations for learning would be and what skills/competencies a medical assistant must know, based on their prior learning experiences. While some prior learning experiences were academic, others were job-specific.

Carmela’s prior learning experiences included primary and secondary education in Columbia prior to coming to the United States. Although some post-secondary training

in Columbia included courses in healthcare, she described that experience as “not as in-depth. It was lecture, not so much hands on competency training. So much more theory (September 13, 2017). She found the competency-based learning to be very different at Warren County Community College.

Dorothy described her preconception of what a medical assistant’s duties truly entailed based on her prior learning and personal experiences as a patient in a medical office. She was happy that some of what she knew from prior learning and experience was validated, but stated:

Well, I really didn’t realize medical assistants learned so much. Never thought I’d be calling patients about results, never thought I’d need to know about medications or that I needed to dose them out. Everything was cleared up for me (August 9, 2017).

Eliza admitted her prior knowledge was limited because she had very few learning experiences outside of high school and in the absence of any real job or career coming to the medical assisting program. When asked what she felt differently about as a result of her experience as a student in the medical assisting program, she said “Everything I thought before going it to it. Everything. Blood pressure, I thought would be easy, listening to chest sounds didn’t look hard, and I thought giving a shot would be so easy. NO! (August 15, 2017).

In Matilda’s case, she described how her learning was transformed. Matilda noted that she possessed years of prior experience in management and confessed that:

I just couldn’t understand why I couldn’t just run a medical office because I had a lot of business background and I didn’t understand why I couldn’t just go in. But

it is so clear now. There is now way. There is so much you need to know clinically. It is kinda like, I don't know..... I feel like you really needed to know what kind of equipment is necessary or what procedures are necessary. It isn't just about purchasing the best price or why does this butterfly work better than this. It is about understanding what is needed or what is going to be the impact on the patients in the long run (July 25, 2017).

Faculty felt that students' prior learning experiences were an important factor that impacted their readiness to learn. Joanna felt that "a student's previous life experience are important. A lot has to do with what they learned and where. It influences how they interact with people and what their expectations for learning are" (July 20, 2017). Elena commented that "I do see the ones who have prior learning and background in healthcare being able to pull some things into medical assisting training" (July 12, 2017).

Ginger noted that in some cases, those adult students who may have entered the medical assisting program with some college or completed degrees "have a misconception that they don't need to work as hard". However, she felt that in other cases, those with prior college or healthcare related learning experiences "were able to help support other adult students who did not have the same experiences" (July 20, 2017).

Readiness to learn. The data suggested that students perceived their readiness to learn as an opportunity that finally presented itself. Students described being at a time and place in their lives when they felt they could enter the learning environment and accomplish their personal, academic, and professional goals. A few of them did admit, however, that having the WIOA grant money supported their financial needs and allowed them to act upon that readiness. Dorothy spoke about always wanting to enter the

healthcare field and that “this was an opportunity that presented itself at the right time” (August 9, 2017). Matilda realized “this was an in-demand occupation” and she was “ready to make a change” when the opportunity for funding existed (July 25, 2017), noting that she could not have afforded to pay for the program on her own. Carmela recently gained legal residency in the U.S. and she was now legally eligible for funding to pursue her professional goals (September 13, 2017).

Faculty and workforce development specialists also commented on students’ readiness to learn and emphasized that it is often a time when “a change in life takes place for an adult” (Ginger, July 20, 2017) and that the older a student is, the more mature and ready they are for a new learning experience” (Elena, July 12, 2017).

Deirdre and Stephanie noted that most adult students they counsel are ready to learn and that this is an opportunity that has now presented itself to those in need of a change, particularly if they are “dislocated workers looking to get trained and back to work” (Stephanie, October 3, 2017).

Orientation to learning. Students described their orientation to learning as it applied to the knowledge, skills, and competencies they had learned. Their learning was task-centered, rather than in previous learning experiences where they were focusing on theory only. Their orientation to learning in the clinical externship was focused on the job-ready skills that they would be performing. Matilda described it well as she stated:

The concept of taking theory and doing what real life skills are expected in the real world in healthcare is what it is about and we were expected to learn the skills that were required for us to do in the job. It is much more practical and hands on than I think some people realized (July 25, 2017).

One faculty participant noted that adult students' orientation to learning was more focused when working in the open lab sessions and subsequently during the externship rotation. Students enjoyed the real-life circumstances and hands-on experience during the clinical rotations (Elena, July 12, 2017).

Motivation to learn. When asked the question of why they chose the medical assisting program at WCCC, student participants spoke of their motivation to learn how to work in a profession where they can help others. Bettyanne spoke of her initial motivation as “the desire to return to the medical field” (August 15, 2017) where she had previously worked, and in a subsequent conversation during that interview she described being equally as motivated by her successful classroom experiences, those who offered “a lot of encouragement” (August 15, 2017), and how she remained motivated despite her barriers and challenges (August 15, 2017).

Similarly, Matilda described her passion for learning and how motivated she was to work long hours studying each weekend, despite being academically challenged and having to overcome many distractions from her personal and family circumstances. Through this, she described being “motivated to earning the highest GPA in the class and scoring in the 99th % on the CMA certification examination” (July 25, 2017). She also noted this as her academic success goal on her graphic elicitation (See Figure 1). Her face lit up when describing her motivation to succeed (July 25, 2017) and her personal aspirations beyond the training program.

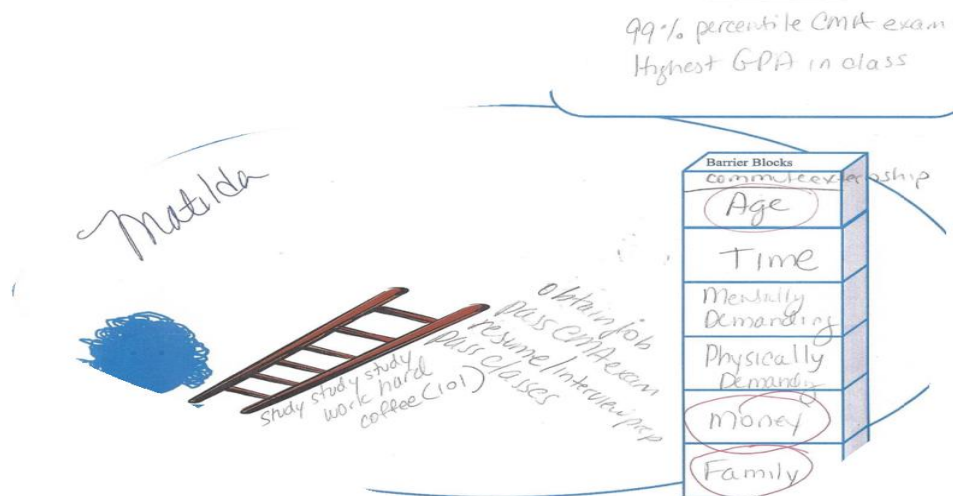


Figure 1. Matilda Graphic Elicitation (July 25, 2017)

Faculty noted that despite the many needs, barriers, and challenges that adult students faced and had to overcome, they were highly motivated to learn individually and as a peer group. Ginger noted, “Sure, a lot of them have obstacles, but they are eager to learn and grateful for the opportunity. They come prepared with their binders all ready at orientation and they are prepared to learn” (July 20, 2017). Penelope added, “Some students have, in the first place, a little difficult start but this is the world for them and they want to make the best out of it”. She added that those who were motivated were able to “move beyond those barriers more easily” (August 9, 2017).

Deirdre, who was quite passionate in her response about the readiness and motivation of the students she counsels through the One-Stop, added “So many of them are highly motivated to get out of a situation they are in” (October 2, 2017), referencing a lack of post-secondary educational training and either a dead-end, low paying job or a less than desirable current home life and living situation.

Needs, Barriers and Challenges

While the evidence supported the theories of adult learners and student participants described themselves as highly motivated and proud of their final outcomes, the data does reflect heavily on the personal struggles they were faced with. Three factors specific to the theme of *Adult Students' Needs*, three factors specific to the theme of *Adult Students' Barriers*, and four factors specific to the theme of *Adult Students' Challenges* are identified and described in order of affect and supported by the evidence gathered and interpreted through my data collection with all participants. These factors are organized purposely as they relate specifically to the students' needs, barriers and challenges that impacted their performance or distracted them while enrolled in the workforce development medical assisting training program.

Adult Students' Needs

A Sense of Immediacy, the desire to *Improve One's Human Capital*, and basic *Financial Support* are three of the themes derived from my data that defined the most vital needs of students. Interviewees in each of the participant groups identified these needs as critical and contributing factors for adults choosing the shorter term, workforce development medical assisting training program.

Immediacy. Student participants interviewed in this study identified reasons why they chose the workforce development training program over the two-year degree program, speaking of an immediate or urgent need to complete training and get into the workforce quickly for a variety of reasons. This immediate need is also recognized by the workforce development specialists who counsel adult students wishing to enroll in the medical assisting training programs at WCCC. The data suggests that not only did the

adult participants possess this sense of immediacy, but they had the willingness to endure all challenges and made every attempt to overcome barriers due to their personal, professional, or financial situation at the time of enrollment.

For some it was a recent separation from employment or marriage, while for others it was simply the need to earn more to support their personal and family needs. Matilda, who had recently become divorced and was raising children as a single mother stated:

I truly needed something that would get me into the workforce quickly as this [medical assisting] is an in-demand occupation that was available in a six month period to get me trained and out there. It was a no brainer because of the cost. Honestly, everything was at my fingertips in terms of access but my biggest concern was my children and whether or not I was going to get a job immediately afterward. (July 25, 2017).

Similarly, Carmela expressed her need for immediacy, stating “the marriage ended and I didn’t have a lot of background working, since I have been a homemaker for many years. I had to find something to do with my life now that I am a single mother” (September 13, 2017). On her graphic elicitation, (See Figure 2.), she noted “single mom” in one of her barrier blocks.

Another student, Dorothy, expressed that she had attended two other colleges, had earned a degree and entered the workforce but was not realizing her true potential and “not doing what I felt like I belonged doing” (Dorothy, August 9, 2017). Dorothy was very concerned that having been independent for some time as a young adult, the transition back to school would make her once again dependent on others-both personally

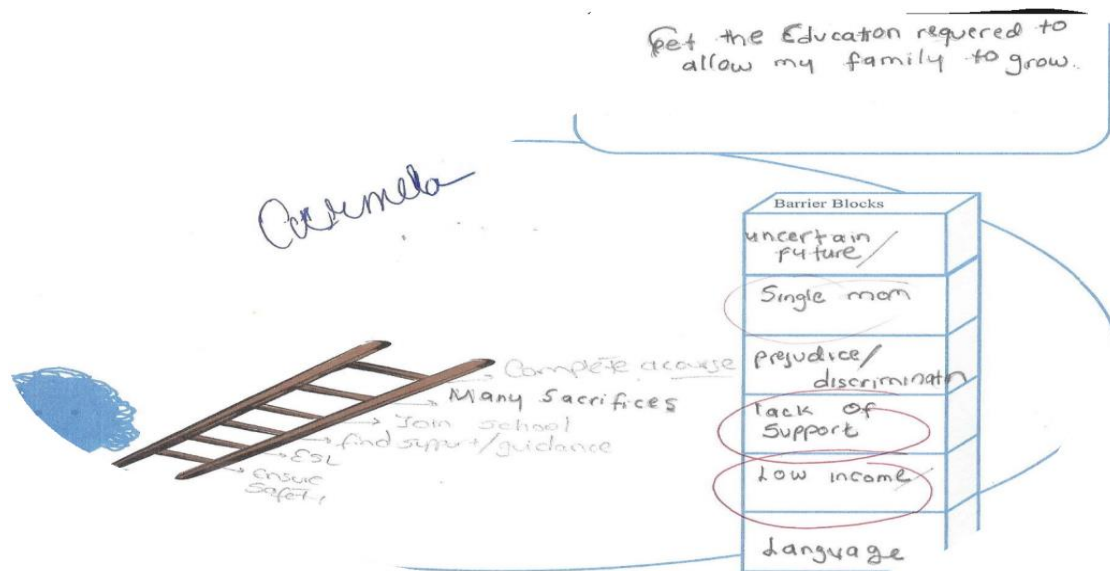


Figure 2. Carmela Graphic Elicitation (September 13, 2017)

and financially. Therefore, this short-term training program would minimize the length of her dependence on others and allow her to enter the healthcare profession immediately upon completion. She stated, “Leaving my job to change careers changed the way I live my life. I had to ask for help and change my life set about being dependent for a short time” (August 9, 2017). While she was grateful that her parents extended the invitation, she was forfeiting her privacy and independence. However, she noted this was a temporary situation.

The workforce development counselors I interviewed also confirmed that many students who are grant-funded have an immediate need to return to the workforce because of a recent separation from employment or a divorce situation. Stephanie pointed out that “many of them are currently receiving unemployment benefits” (October 3, 2017) and she added that while some students are able to continue receiving benefits

while attending school, there is an end to the benefit period; thereby creating an immediate need to return to the workforce with employable skills.

Faculty also recognized that students expressed the need for immediacy. One of the instructors, Ginger, empathized with this need stating, “having been through a divorce and employment layoff myself, I understand when they tell me they need to get trained and back to work soon ” (July 20, 2017). Although she admitted to recognizing and appreciating their need for immediacy, she also found that while short-term training as a solution to getting back into the workforce immediately may be attractive to students, she warned that students must be aware of the rigor and pace of the short term program.

Human capital. Participants described adult students’ need to gain knowledge and improve their current socio-economic status as one of the primary reasons why students seek training in the healthcare profession and one of the factors that draws them to the medical assisting training program at Warren County Community College. Bettyanne discussed her previous experience working as an LPN; however, due to personal family obligations she was separated from the profession for many years.

Although she enjoyed her most recent job, she was not professionally fulfilled and was not realizing her real potential. “The opportunity came up for this program and I wanted to get back into the medical field” (Bettyanne, August 15, 2017). Depicting on her graphic elicitation (See Figure 3.) the goal of obtaining an associate degree in medical assisting and applying those credits to the RN program, she drew herself as climbing the ladder of professional success and overcoming finances as one of four barriers in her barrier blocks that she sought to overcome during her climb to academic success.

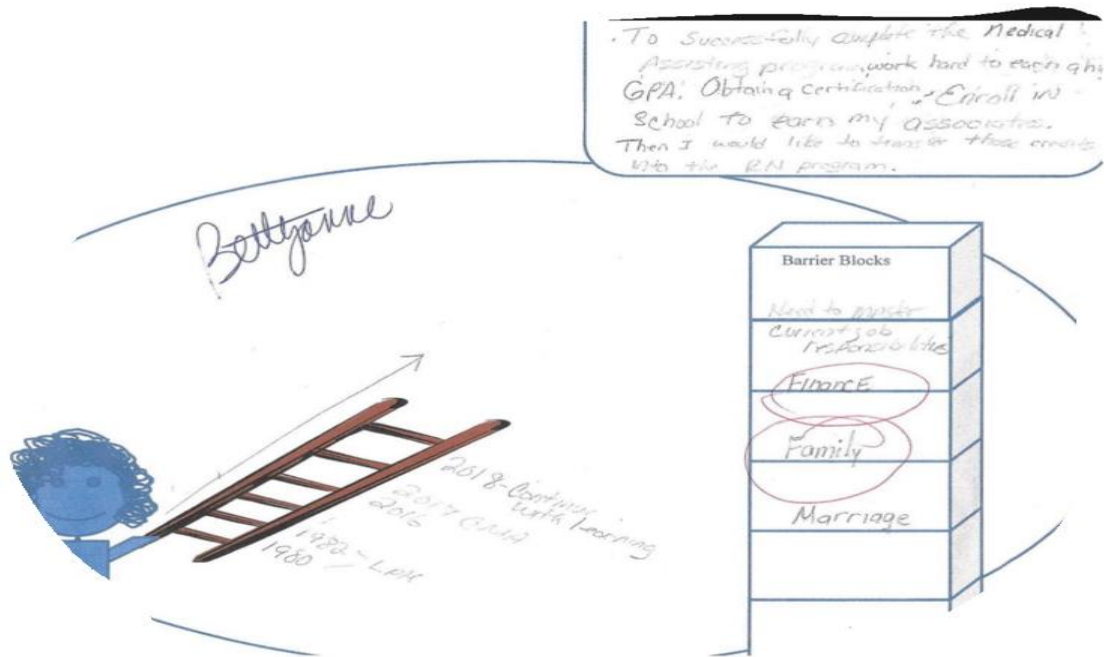


Figure 3. Bettyanne Graphic Elicitation (August 15, 2017)

Eliza, who is a first generation college student, was beaming when she stated that “once I got out of this program, I looked at things much differently. I’m the only one who went to college. I realized I could better myself and I can have a real job [pausing] better than what I ever thought could be possible for me” (Eliza, August 15, 2017). She also stated that the program was “a good head start into the nursing program” (Eliza, August 15, 2017), which she viewed as the next step in her professional goals.

Carmela described the struggles she encountered going through a divorce, stating “The marriage ended and I didn’t have a lot of background working [pausing] being a homemaker for many years. I had to do something better.” (Carmela, September 13, 2017). She worried that her current skill set and employment prospects were limited.

Financial support. As prospective students, some participants shared that while they viewed the opportunity to improve human capital as one of the reasons for entering the program, they also realized that the WIOA funding was the primary means of obtaining the financial support needed to partially fund their enrollment. For some it also meant an extension of their unemployment benefits. On the graphic elicitation, students were instructed to identify things that they viewed as barriers to success in the attainment of their academic, personal, and professional goals. The WIOA recipients identified financial struggles as a barrier block to enrollment and success on their graphic elicitation, primarily identified with the words *money, finances, and low income* (See Figures 1., 2., 3., & 5.) These words can certainly be interpreted as both a lack of finances to support their education and as a lack of financial income to carry them through the period of training.

Carmela was initially concerned about the WIOA grant and what her financial obligations would be if she accepted the money. In her case, low income is interpreted to mean both lack of funds to pay her tuition and a lack of funds beyond her alimony income to pay any residual costs if she failed in the program. In her face I noticed that she expressed the panic she once felt, as she shared her thoughts:

I was unsure if WIOA would pay all of it [the cost of the program] or if it was a loan or if I didn't succeed would I have to pay it back! Financially, I had the safety net through the divorce alimony and child support, but that did not pay for my education (Carmela, September 13, 2017).

Students shared that they were initially concerned that the approval process would be lengthy and worried that they may not find out whether their program would be

funded until just a few weeks prior to the start date. A few shared that it was stressful trying to plan the next year of their life while waiting to hear whether or not their training grant was approved.

However, Eliza beamed and raised a thumb when I asked her about the relationship she had with her One-Stop Career Counselor and whose body language I interpreted as being utterly delighted, stated “I had such a good relationship with her [funding counselor]. She was so supportive and she reassured me not to panic about funding coming in on time” (Eliza, August 15, 2017). Matilda shared that “although it did take some time to get an appointment [with the counselor], applying was a very quick and easy process. She [the workforce development specialist] pushed to get the paperwork through for me” (Matilda, July 25, 2017). Matilda (July 25, 2017) noted that the paperwork was not difficult to complete but very time consuming.

Barriers

There were many barriers similarly acknowledged by the participants, including *Low Self-Esteem or Lack of Confidence, Lack of Family Support, and Financial Instability*. While she did not speak specifically of Age as a barrier during the recorded interview, Matilda (July 25, 2017) labeled one of her barrier blocks as “AGE!” (See Figure 1.) on the graphic elicitation. This barrier was discussed with workforce development counselors as well during the interview discussions, as a concern that many adults share with their One-Stop Career Center counselors (Deirdre, October 2, 2017; Stephanie, October 3, 2017). The data suggests that Age may be a perceived barrier that contributes to an adult student’s lack of self-esteem and lack of confidence. The Lack of Family Support is not only a barrier or distraction for divorced adults, but also those

living at home with family as well. Workforce development counselors commented that students are often concerned about their age and ability to succeed after a separation from the academic learning environment for a period of time, which in some cases is many years (Stephanie, October 3, 2017; Deirdre, October 2, 2017).

While financial support towards the cost of enrollment was a need that student participants shared during the interviews or with funding counselors, financial instability due to a lack of adequate or regular income during the months of training, coupled with a risk of an end of unemployment benefits, creates a huge barrier and distraction for students. Faculty commented that students are often out of the classroom calling in to unemployment to check on their benefit status. “They’re distracted and they lose valuable class time when that happens” (Joanna, July 20, 2017). According to faculty, these departures occur frequently.

Low self-esteem or lack of confidence. Students not only spoke of their lack of confidence and low self-esteem, but they depicted or described it on their graphic elicitations (See Figures 3. & 4.). The data suggests that these characteristics are seemingly linked. Eliza described how she contributed her lack of confidence and low self-esteem to her home life. She stated that “my level of confidence before and during the program...well, there was none, but then it got up to about a 6. Now my confidence is a 10 and I know that I’m a good medical assistant” (August 15, 2017). She further described her fear of failure by stating, “I was terrified I was going to fail because I am horrible in school and I was very scared I would fail” (August 15, 2017). On her graphic elicitation she drew the words [not] *being smart* in one of the barrier blocks (See Figure 4).

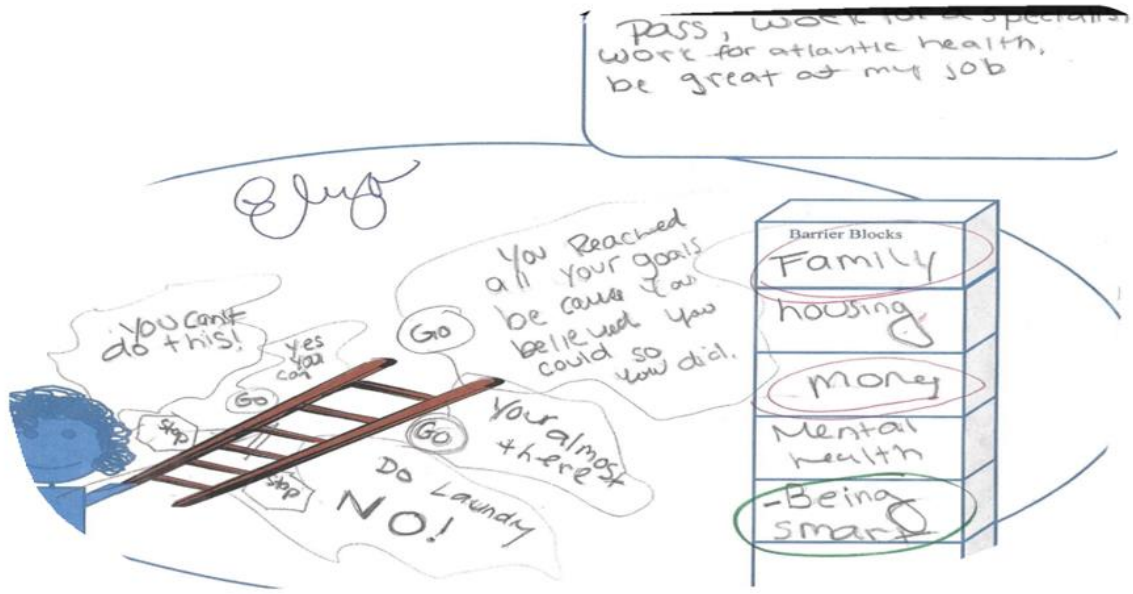


Figure 4. Eliza Graphic Elicitation (August 15, 2017)

Bettyanne expressed that she did not have concerns about low self-esteem or confidence prior to enrolling; however, she admitted that “When I got home the first day, I worried [pausing to reflect] and I didn’t have the confidence I could do all that” (August 15, 2017). While Carmela’s greatest fear was also “a lack of confidence” (September 13, 2017), she attributed that to the fact that English was a second language for her and a multitude of other personal and family barriers that she continues to deal with.

Dorothy stated that her greatest barrier was her fear of failure and “a lack of self-confidence. I wasn’t sure I was smart enough. I had dropped out of college before and was unsure I could do this” (August 9, 2017). On her graphic elicitation, she drew in her barrier blocks *no self-confidence* and *nervous-can I actually do this* (See Figure 5).

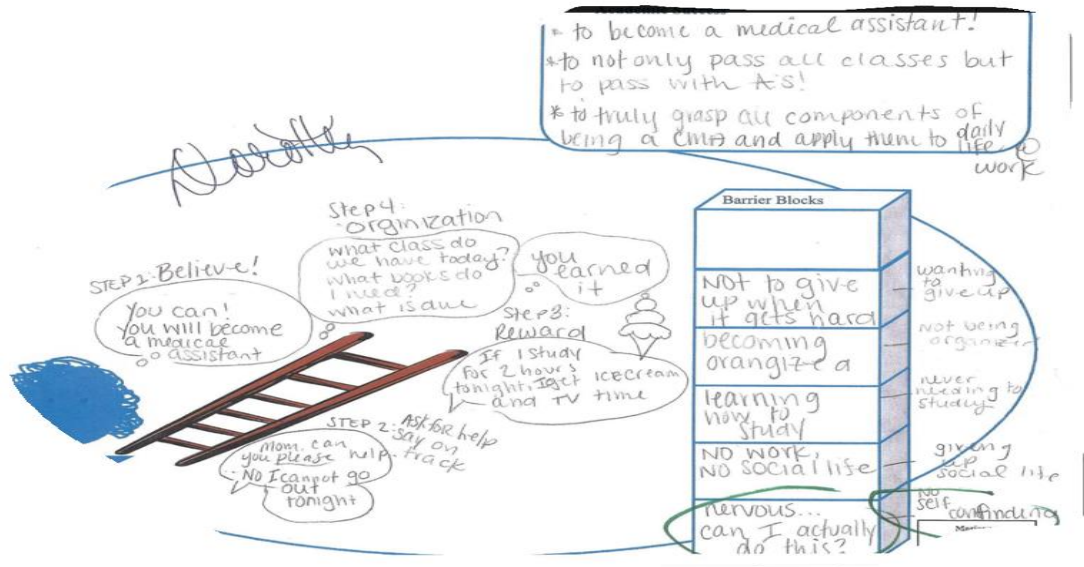


Figure 5. Dorothy Graphic Elicitation (August 9, 2017)

Seemingly more confident than the other participants, Matilda expressed that although she did quite well when studying business in her prior academic experience, she didn't have any experience or training in the sciences. "I was a little bit concerned about adapting and the program was challenging, but I was able to pull it off" (Matilda, July 25, 2017), noting that she was most concerned about learning anatomy. Although she felt she did well [academically] in that course, she mentioned that she had to devote much more time studying than she anticipated.

The two workforce development counselors, Stephanie and Deirdre, characterized low self-esteem and lack of confidence as a pair of the most common barriers that the adult students face prior to entering the training programs (Stephanie, October 3, 2017; Deirdre, October 2, 2017). "Sometimes it's themselves!" (Stephanie, October 3, 2017). Stephanie further explained that:

For those who have been out of school for years and have been working [pauses] and then all of a sudden they have to go back to school, it can be scary for them. Many times it is the fear and lack of confidence. The older they are the harder it is. They have so many things to handle. (October 3, 2017).

Deirdre described the lack of confidence in adult students she counsels similarly, and added that she often hears statements such as “I’m alone and I don’t have anyone to support me” (October 2, 2017). She asserted that the lack of support contributes to their lack of self-esteem and lack of confidence in their ability to succeed in the class. She emphasized that it is helpful when they form a social network with other workforce funded cohort peers who have similar issues that they have to overcome. In these groups, they are able to support one another, develop close relationships and gain more confidence. This, in turn, helps improve their own self-esteem (Deirdre, October 2, 2017).

Faculty identified many barriers that impeded student success, including “A lot of low self-esteem and no confidence in their ability to learn and grasp the material” (Joanna, July 20, 2017) and “a lot of them don’t have any self-esteem at all. They are scared because they haven’t been in school for a long time and they are learning a new occupation” (Ginger, July 20, 2017). She went on to state, “Sometimes that gets in the way of their ability to complete projects and assignments on time” (July 20, 2017). Faculty felt that when students dwell on their feelings of inadequacy, they tend to panic and shut down.

Faculty and the workforce development counselors did, however, emphasize that the level of self-esteem and confidence varies among the adult students. “Some do have

much more self-esteem and confidence than others. I have people who are afraid to learn and do not know anything and the other ones who think they know it all and are overly confident” (Joanna, July 20, 2017). Faculty did mention that those with greater levels of confidence tended to be peer supporters. This was especially true of Eliza (August 15, 2017), who discussed how she appreciated the support she received from her peers when she was feeling less confident.

Lack of family support. While lack of family support was also characterized as a challenge, it was more widely identified as a barrier. Stephanie shared that

They [students] hear that negative attitude from people who are family-the people who are supposed to love them and encourage them, but they don't. No wonder they have low self-esteem. Even the older students say that their mother or their husband says this is ridiculous, you aren't going to be able to do it. Can you imagine living with that? It's hard. (October 3, 2017)

Every one of the faculty participants touched upon the lack of family support as a barrier for students. According to Elena:

Some of them don't have the support at home. Life goes on, and they cannot commit to study for long periods of time. Their lives [family] come first and studying comes second. This affects their grades and sometimes they don't pass a test” (July 12, 2017).

Chris added that if family “is non-supportive that is an issue or if they have kids, day care can be an issue and cause them to miss class” (July 26, 2017). Faculty noted that family did not seem to understand that absenteeism from school is a barrier for students. “A lot of them do not have the conversation (about barriers) with their family

members. Unfortunately, some of our students don't have a team at home" (Ginger, July 20, 2017). "The big one," according to Joanna, "is conflicts with family. They are either non-supportive or the students don't have people to back them up to watch their kids and it can really mess them up [academically] and they fail" (July 20, 2017). "The main reason they don't pass tests is because they didn't study, not because they aren't smart enough" (Elena, July 12, 2017). Joanna (July 20, 2017) mentioned that she and other faculty often provide students with an option to re-test when they perform poorly on tests or during competency testing, however, they don't always show up.

Penelope very passionately expressed her sympathy for her adult students who lack family support, by sharing

Many of them feel that they need someone to talk to, to get advice from, to give some direction that they do not get at home. We cannot get involved and direct them through divorce or address their lack of sleep or that they just came back from court.....I'm by nature not an invasive person, but sometimes they come to me and I LISTEN [stated emphatically and with emotion] (August 9, 2017).

For Eliza, whose parents did not attend college, one of her greatest barriers was "My home life. Never stability. I was always everywhere. My family thought that I should be cooking dinner, washing clothes. I had NO support at home" (Eliza, August 15, 2017). On her graphic elicitation she drew along her ladder of success several STOP signs. Next to those signs she wrote *No! Do the laundry* (See Figure 5).

For Carmela, a single mother, the lack of family support was due to a recent divorce and she stated that she was still "experiencing a bad relationship with the father of my children" (September 13, 2017) who did not support her return to school.

Matilda, who is also a single, divorced mother with two teenaged daughters living with her at home, stated:

You know my daughters were upset. It was a little upsetting to me. They said Mommy we never see you, you never talk to us, you don't have time for us, you know [pausing] [Crying]... [pausing]. Well, you know [pausing] they did embrace the whole I'm not going to be doing laundry and the house has been a mess for six months thing, but it was more about the time I lost with them. (July 25, 2017).

Financial instability. Participants discussed how the lack of financial stability due to the absence of regular income or financial support during training became a barrier that affected them while in school. Near tears, Matilda expressed that she could not have enrolled without the financial support of the WIOA grant. "The finance thing is horrible. My credit cards are so maxed out, I borrowed so much money from my family, and I don't know how I'm going to repay them" (Matilda, July 25, 2017). Stephanie (October 3, 2017) emphasized that the WIOA grant does not cover the entire cost of the \$5,449 tuition and fees and additional \$1,890 for books in the medical assisting training program. The grant, she stated is typically "only \$4,000 for adults, although the youth grant is typically \$5,000 for those between the ages of 18 and 24" (Stephanie, October 3, 2017). WIOA grant recipients must come up with the additional funds, which are approximately \$3,339 themselves for the balance of tuition and fees and for the cost of books. According to Stephanie,

Financial responsibility is a barrier. Especially because we cannot cover the whole cost unfortunately. With or without unemployment they still must need financial

assistance. Financial reasons are among ones that sometimes they drop out because of. They need a full time job and they want to do better, but they don't always have enough to get through [the training period]. (Stephanie, October 3, 2017).

Chris identified some of the issues that his students have shared which are related to how financial instability affects students and their families, including issues with housing, the need to work, and poor nutrition (July 26, 2017). He stated that he reminds his students “if you are really hungry or if you're not eating that's going to affect how you are thinking...your cognition” (Chris, July, 2017) and he uses his lesson on the digestive system to emphasize this.

According to Joanna (July 20, 2017), “Financially, they have to work two jobs because you know, even though they are getting some money to go to school, it isn't enough so that is another thing that can really mess them up [academically]”. Faculty participants acknowledged students' financial struggles and recognized that many of them work midnight shifts, evening shifts, and on the weekends. However, they also noted that working adults used work as an excuse for absenteeism.

Challenges

There were four factors that presented as challenges for adult students during their medical assisting training, including their *Level of Readiness*, the *Rigor and Pace of the Program*, *Meeting Competency* and the *Support* they sought from peers and faculty that they did not receive at home. While participants spoke of the lack of support as a barrier, they also felt that gaining support from others was a challenge. Student participants were concerned about their own ability and readiness to re-enter the

academic environment after a gap in time since their last formal learning experience. Student participants confirmed that the workforce development counselors and instructors preemptively informed them about the tremendous rigor and fast pace of the program prior to enrollment; however, it was a greater challenge than they had anticipated.

Eliza spoke of her struggles with Dyslexia and other learning disabilities (August 15, 2017), Carmela was concerned about her ability to learn because English was not her first language (September 13, 2017), and both Matilda and Bettyanne revealed concerns about having been away from the learning environment for many years (July 25, 2017; August 15, 2017).

Faculty and workforce development counselors recognized that students entered the learning environment with various levels of preparedness and according to Elena, They probably don't know what to expect until maybe the second or third week in. I don't think some of them are fully prepared for the rigor... I think a small percentage expects it, but I think they have a lot going on in their lives and they probably are not fully aware of what it takes to succeed (July 12, 2017).

One of the greatest challenges for students was the ability to manage their time and of particular challenge for those who were trying to balance family and work schedules. Participants characterized family issues and work commitments as distractors that adversely affected a student's ability to be well prepared and ready for learning and, in some cases, equally identifiable as barriers to academic success. Eliza spoke of her mother's anger about not having help with the laundry and other household chores.

Matilda spoke of her challenges in making time for herself to study and the “time taken away from my girls” (July 25, 2017).

Joanna spoke of students’ inability to manage their time while trying to balance work, family, and school, noting that these are challenges that attribute to increased absenteeism. “Sometimes that just messes them up [stating emphatically and with passion] and they can’t keep up” (July 20, 2017).

Faculty participants felt that by the end of the semester students were on a more level performance ground and that “they really have more confidence that they know all this information and they can now perform all these skills” (Ginger, July 20, 2017) but that the challenge will continue as they enter the healthcare working environment. Joanna pointed out that “someone who has been working in a medical office situation grasps the concepts better than others because they’ve had to live and work with it” (July 20, 2017) and therefore, there may be less of a challenge for that student.

Rigor and pace. Participants recognized that the rigor of the program was challenging and the pace was fast. However, student participants and faculty felt these were completely manageable if students had the ability to manage their time and overcome the barriers they faced.

Student participants acknowledged that they were challenged by the rigor and pace, with comments such as “Very rigorous and fast paced [rolling eyes], with 10 classes and such a high load of work” (Eliza, August 15, 2017), “it WAS [stated emphatically] fast paced and it WAS [stated emphatically] rigorous” (Bettyanne, August 15, 2017), “Difficult. Very difficult. You had to study. It was FAST [stated emphatically] (Eliza, August 15, 2017).

However, they also added “Without that rigor and fast pace, we would not be prepared for the real world” (Matilda, July 25, 2017), “I think if it wasn’t as fast I don’t think I would have done as well. While you are learning so fast, you are remembering it” (Eliza, August 15, 2017), “It commanded a study time and to come home and get ready for the next day” (Bettyanne, August 15, 2017).

The workforce development counselors did feel that for some a slower pace or the option of splitting the program courses over two semesters might be beneficial to those for whom the needs and barriers impacted their ability to complete the program successfully at the current pace. “ I think it might be helpful as long as they could do 20 hours per week, but the maximum time we can fund them is for a whole year”, stated Stephanie (October 3, 2017).

During the discussion about rigor and pace, Stephanie commented, “I’ve heard from people who handled it and graduated. They appreciated it [the rigor and fast pace]. Those who can’t handle it, have personal issues that get in the way” (October 3, 2017). Deirdre added “I tell them that this is going to be a lot of work and that they will be doing just as much work at home. I ask them if they can actually commit to 10 classes” (October 2, 2017).

Faculty felt that while students were certainly oriented and warned about the intense rigor and pace of the program, that they did not fully understand prior to or at the start of term. Elena said

I think the pace is totally achievable if they open their mind to it, if they have an interest. I’d say 50% of the students have been able to keep the pace and from what I see, develop their own plan for learning, while others [shrugging her

shoulders] don't really have a plan. [Shrugs]. Sometimes I see them just trying to get by with a passing grade. I guess their barriers get in the way and this is a challenge for them (July 12, 2017).

Joanna acknowledged the same and felt that work, family stressors, and a multitude of barriers affect students' ability to keep up with the rigor and pace. She commented "I think a lot of them fall behind" (July 20, 2017). She did, however, feel students have opportunities to catch up. She stated "That's where the tutors come in and I also stay during lunch and we do lunch and learns. But that's quick. You gotta grab that and go with it" (July 20, 2017).

Penelope stressed that the structural frame is in place for students and that the material is purposefully divided over time, thus providing students with a clear picture of the expectations for completing all course material and competencies over a certain time frame. She felt that the program clearly delineates theoretical instruction from those activities that prepare students for achieving competency. She commented that

The pace is pretty moderate to slightly intense. I would say that considering their different situations, each of them has their own challenges and sometimes some students are just trying to catch up on things. These are students that have, in the first place, a little difficult start (Penelope, August 9, 2017).

Penelope noted that although there are some who struggle, the majority do well. She added "In some cases I stay behind after class and I work with those who have some unclear ideas" (August 9, 2017).

Chris also recognized that that the rigor and pace are challenging, adding that when students begin to complain about how challenging the rigor and pace of the

program seems to be he responds by saying “So, it’s challenging. Yes. But the things that are worth anything in life are challenging. This is challenging and tough, but hey, I tell them [shrugs shoulders], others have done it before you and others will do it after you” (Chris, July 26, 2017). He noted that he acknowledges their struggles and recognizes that some of them get overwhelmed by life. However, he warns them that they are going to have challenges when they get into the field [healthcare] and that they need to learn to do hard things and how to handle life so when they get into the field they aren’t going to be overwhelmed (Chris, July 26, 2017).

Preparing for weekly competency. Within 12 content/subject areas, medical assisting students are required to demonstrate knowledge proficiency in the MAERB competencies. While student and faculty participants did not discuss performance measures during the interviews, they did discuss preparing for and meeting competency each week. Student participants revealed that they were stressed having to meet weekly competencies on top of studying for tests and quizzes on a weekly basis.

Dorothy stated that meeting competency on a weekly basis made her nervous in general because there were 10 classes students had to focus on. “You know you had to do two [competencies] in one class, three in another and so on. You needed to stay very organized and use good time management” (August 9, 2017). Eliza expressed something similar, but added “Certain ones were hard. Doing them [pausing] sometimes. There was a lot of pressure when getting checked off on drawing blood. For some things there was pressure, but others there was not” (August 15, 2017). Matilda stated that “for me it was the challenge of time and the demands of my life” (July 25, 2017) that she grappled with when preparing for competency check offs, along with weekly exams.

Faculty discussed their own challenges in helping students learn theory and practice skills prior to meeting proficiency in the required MAERB competencies. According to the faculty participants, absenteeism/poor attendance plays a big factor in students falling behind in meeting competency in all areas. In theory, however, faculty embraced the practice of competency-based learning and characterized it as rigorous and necessarily prescriptive. One faculty participant seemingly refuted any idea that meeting competency was unattainable or *overly* prescriptive

They have plenty of [scheduled] time to practice. They ask questions and they practice using their critical thinking skills. They [the students] are able to explain the rationales behind what it is that they are doing, why they are doing it, and then demonstrate what it is they are supposed to be doing. Then we assess them”

(Elena, July 12, 2017).

Ginger focused on the importance of getting students to understand that “competency-based learning focuses on the skills you need to use and that this is life and death when you get into the field [healthcare]” (July 20, 2017) and not just the check off lists with exactly what exercise they’ve performed. Faculty participants felt that assessing students on a weekly basis is a challenge when students are absent or under-prepared because of some personal circumstances that precluded them from being ready.

Support. Student participants repeated that a lack of support from family was one of their barriers as they identified their peer learners and faculty as those who filled that void as their support network during training. Faculty interviews supported this as well. While student participants did confirm that they “developed strong relationships with the workforce group” (Matilda, Jul 25, 2017) and that they “got close [smiling], very close”

(Dorothy, August 9, 2017), they made comments such as “I didn’t know who was or wasn’t funded” (Bettyanne, August 15, 2017), “to be honest, I didn’t know who was funded by WIOA” (Carmela, September 15, 2017) and “we were ALL [the entire cohort] struggling and we had to keep each other afloat” (Eliza, August 15, 2017).

Student participants discussed at great length how those close bonds were developed with all members of the medical assisting training cohort and that students were more likely to self-segregate by personality traits than anything else. Matilda stated, “I learned it [supporting cohort peers through their similar challenges] was practice for helping patients” (July, 25, 2017). When speaking about having close relationships and getting the support of other students enrolled in the program, Carmela admitted, “It helped, definitely” (September 13, 2017). Dorothy stated:

WE [said emphatically and gesturing a circle with her hand] kept each other on track. We got close. Very close. We saw each other every day for eight hours per day in school. Students really relied on each other. If you missed a class, you had your girls there that helped you catch up. Some students had to miss class to deal with family issues. But we were close. Having people you could text was helpful.

These people were not my friends before but I still talk to them now.

Faculty interviews revealed similar observations about students gaining support from their general peer group, regardless of their cohort track. Elena stated:

“I think that they look at each other and say you know we are all in this together, we all have to do the same things, and if I can do it why can’t you do it? They might be open to discover things about each other too” (July 12, 2017).

Joanna stated “well, they support each other, they help each other out. Sometimes they have to. One person may be good and someone may not be [hesitates] they sorta pool their talents to try and help each other” (July 20, 2017). Ginger found amusement in how they interact socially, stating, “Sometimes they will seek help together and support one another. Sometimes students who need help are offered the help but because they become a burden to the group, they end up being by themselves” (July 20, 2017). Chris added:

Oh. Ok, because as part of a group, you [the students] have the support of the group. As from my perspective, those that are kind of a loner [hesitates] they have more challenges (July 26, 2017).

The data reveals that workforce funded students did not self-segregate themselves from the general medical assisting training cohort, nor did they establish a social identity as *workforce funded students*. The data suggests, rather, that medical assisting students bonded as a cohort of learners, inclusive of the self-paying and credit students. Faculty described study sessions that witnessed students conducting before and after class sessions, often in early evening hours. Ginger (July 20, 2017) who teaches both day and evening classes occasionally meets with students who need extra help. She noted no difference between funded and non-funded, traditional and adult or any other distinction amongst study or social groups. Their social identity, as the evidence suggests is that of a *medical assisting student*.

Limitations

The strength of participant contributions outweighs the limitations commonly associated with qualitative case studies, such as generalizability. Yin (2014) suggests that

although single case studies may not be considered adequate samples to represent a larger population, the findings of a case study are relevant to the theoretical literature and validate the opportunity to promote future research.

While this study was limited to student experiences at Warren County Community College I realize that the experiences of students at other institutions may differ. Other variables might exist at other institutions including program scheduling, larger numbers of adjunct faculty, and whether or not the cohort included larger or smaller population of marginalized students.

The findings of this study are limited to the experiences of students who were WIOA funded and who were ultimately successful in meeting performance outcomes, despite their obstacles. Students who failed to successfully meet performance outcomes did not agree to participate.

Conclusions

The data provides evidence that the needs, barriers, and challenges faced by adult students enrolled in workforce development medical assisting training programs at Warren County Community College impacts their performance. In the following chapter, I will discuss how these findings specifically answered my research questions and addressed my propositions. Additionally, I will discuss the implications for change and the need for further research.

Chapter 5

Summary Discussion and Implications

This chapter provides a summary of the findings of this study, answers to the research questions posed in this study, and the implications for further research and contribution to existing theory, practice, and leadership. The purpose of this study was to examine the obstacles that impact adult students' performance in workforce development medical assisting training programs at Warren County Community College from the perspective of the students, faculty, and workforce development professionals. The intention was to generate knowledge, learn, and understand the extent to which medical assisting students and faculty perceive *how* these obstacles impact students' performance and *how* their ability to succeed is affected by the specific factors that distract them.

Using Yin's (2014) model and recommendations for conducting critical case studies, data were collected, transcribed, coded, analyzed, triangulated and reported to inform my research questions and to support or refute the corresponding theoretical propositions.

Summary of Themes

As suggested by Saldana (2013) and Creswell (2014), data were analyzed from priority codes and aggregated to four major categories and themes, which were identified and outlined in Chapter Four. The thematic categories, *Assumptions of Adult Learners*, *Adult Students' Needs, Barriers, and Challenges*, and the themes and contributing factors within those thematic categories, were congruent with the theoretical framework discussed in Chapter Two. However, some gaps in the literature existed which were filled through this study.

Assumptions

As discussed in Chapter Four, adult students seemingly chose to enroll in the workforce development medical assisting training program at Warren County Community College because they were at a time in their lives when they believed they were ready to learn a new skill and prepare for change. Their prior experiences were equally as diverse as they were similar, as were their orientations to and readiness for learning. Due to personal or professional circumstances, they were all seeking an opportunity for personal and professional growth; however, they needed to know what they were going to learn and why. A commonality amongst them was the motivation to learn and succeed despite the obstacles that they described as needs, challenges, and barriers.

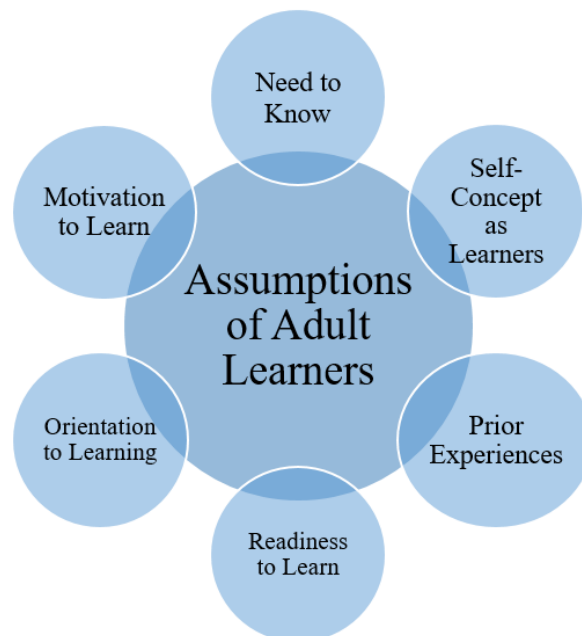


Figure 6. Representation of Knowles (1980, 1984), Knowles, Holton & Swanson (2015), Merriam & Brockett (2007), and Pappas & Jerman (2004). Assumptions of Adult Learners

Data from this study supported the *Assumptions of Adult Learners* as described in theory by Knowles (1980, 1984), Knowles et al. (2015), Merriam and Brockett (2007), and Pappas and Jerman (2004). (See Figure 6.). Those assumptions include an adult students Need to Know, Self-Concept as Learners, Prior Experiences, Readiness to Learn, Orientation to Learning, and Motivation to Learn.

Self-concept as learners. My findings support the assumption that students take responsibility for their own lives and are self-directed. Students interviewed for this study were independent, hardworking, and motivated by their personal and professional needs to move beyond their barriers and challenges.

Prior learning experiences. My findings support the assumption that adult students' prior learning experiences affect how they learn new information. Students interviewed in this study described a diverse set of prior learning experiences, both academically and professionally, that influenced their biases and presumptions about the curriculum and the duties of a professional medical assistant. While validation of prior knowledge was important to them, students welcomed the opportunity to learn new ideas. Faculty confirmed that prior learning or experience in the healthcare environment was an advantage for students.

Readiness to learn. My findings supported the assumption that adult students seek training when the learning meets their needs and they are ready to learn. Students, faculty, and workforce development specialists interviewed in this study spoke of the adult student's readiness for a change, the opportunity to learn, and the opportunities for workforce development grant funding for training that was available to them at the time they needed it.

Orientation to learning. My findings supported the assumption that adult students' orientation to learning is task-centered, focused on their current individual needs, and applicable to their own life situation. Students and faculty participants interviewed in this study described adult students' focus on the challenge of meeting weekly competency, and the desire to learn the skills required for their future role as medical assistants.

Motivation to learn. My findings support the assumption that adults are intrinsically motivated by self-fulfilling needs. Participants interviewed in all three groups of this study discussed how adult students enrolled in the workforce development medical assisting training program were highly motivated by their personal needs and desire to move beyond the obstacles to success.

Obstacles

The three remaining major thematic categories identified as *Needs, Barriers, and Challenges* are the obstacles that participants of this study perceived to have impacted and distracted adult students during their enrollment in the workforce development medical assisting training programs at Warren County Community College. These thematic categories were supported by the contributing themes that defined them (See Figure 7) and the contributing factors that participants of this study described during their interviews. When answering my research questions, I found that these themes were not always tied to any one specific thematic category, but rather interpreted as either dependent upon or combined with one or more of the other contributing themes across thematic categories.

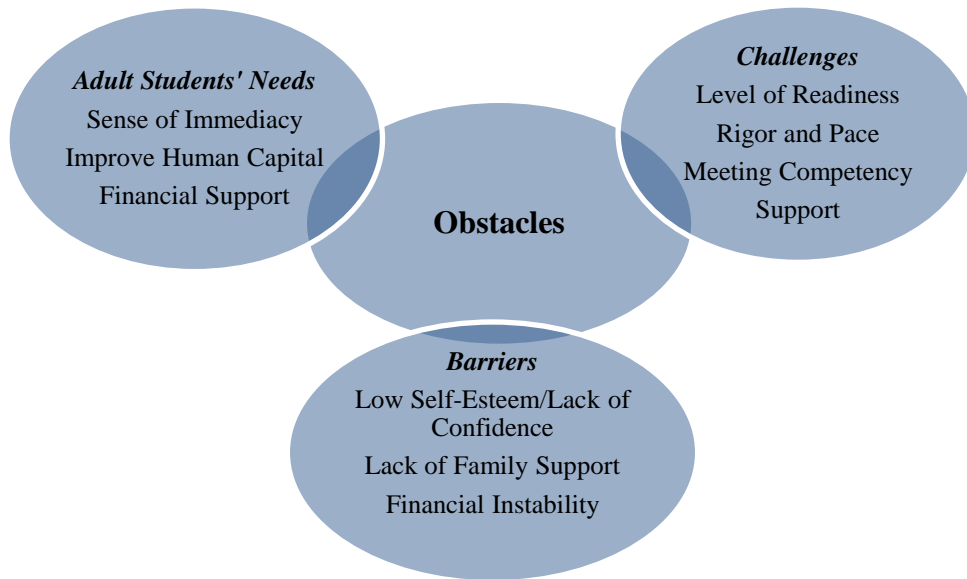


Figure 7. Obstacles that impact students' performance

Needs. The themes that contributed to the needs of adult students enrolled in the workforce development training program at Warren County Community College included: *Sense of Immediacy, Improve Human Capital, and Financial Support.*

Barriers. The themes that contributed to the barriers that impacted adult students enrolled in the workforce development training program at Warren County Community College included: *Low Self-Esteem/Lack of Confidence, Lack of Family Support, and Financial Instability.*

Challenges. The themes that contributed to the challenges that impacted adult students enrolled in the workforce development training program at Warren County Community College included: *Level of Readiness, Rigor and Pace, Meeting Competency, and Support.*

Similar to the study conducted by Matus-Grossman et al. (2002) and discussed by Bird et al. (2014), this study also revealed that students' need, barriers, and challenges

related to juggling family, work, and academic responsibility. However, this study expands upon those themes much more specifically, as participant interviews provided specific examples of how these obstacles impacted adult students enrolled in the competency-based workforce development medical assisting training programs at Warren County Community College.

Research Questions and Propositions

In the following section of this chapter, I will discuss the findings as they answer or refute the research questions and propositions. I will include how these findings are supported by or absent in the literature. In some cases, the gaps in literature are relevant to the implications for further research and changes in practice.

Research question #1. *What are the needs, barriers, and challenges of grant-funded adult students enrolled in competency-based, workforce development medical assisting training programs in the post-secondary educational setting?*

Adult students who participated in my study and were enrolled in the competency-based, workforce development medical assisting training program at Warren County Community College had similar personal needs, barriers, and challenges. They needed short-term training for immediate job placement in order to meet their personal, financial, and professional goals and as a means of improving their human capital. However, they lacked the full initial and continued financial support needed to cover the \$5,449 in tuition and fees, the \$1,890 for books and the income needed to support their living expenses during training. Despite the financial challenges, their sense of immediacy was evidenced in the interviews with the students, faculty, and the One-Stop Career Center counselors.

Adult students who participated in this study had an urgent need for training and re-entry into the workforce due to circumstances that included one or more of the following: being underemployed, a recent or prolonged separation from employment with absence of or impending end to unemployment benefits, or separation from a spouse or life partner. While students at Warren County Community College certainly have an opportunity to enroll in a two-year degree program, many choose the shorter term training to satisfy these needs.

Data from my study demonstrated the need for additional financial support beyond the current \$4,000 WIOA grant allocation given to adult students. Bird et al. (2014) were correct when they discussed the additional support services that WIOA funded students need while attending workforce development training programs. While the youth grant and other workforce training grant programs offer additional monies and support, the WIOA program is currently insufficient in covering all of the costs of tuition, fees, books, and materials. Adult students enrolled in this program are burdened by out-of-pocket costs that make it difficult to meet the financial requirements for enrollment. This lack of financial support leads to or exacerbates the barrier of financial instability caused by factors such as a lack of sufficient income. Matilda, who maxed out on her credit cards in order to survive, was an example of this.

Additional barriers that impacted students included the absence of encouragement and lack of support from family members prior to or during the academic journey, which participants in this study contributed to students' lack of confidence and low self-esteem. The lack of family support drew students' attention away from their studies and caused them to miss or be tardy for regularly scheduled class sessions. Participants of this study

used the phrase lack of confidence to describe how students doubted their ability to succeed and the phrase low self-esteem to describe a less than favorable impression of themselves or their abilities. Stephanie's discussion of how students enter the program with low self-esteem as the result of family members who ridiculed them and their decision to return to the learning environment was a powerful example. The data also suggests the lack of confidence and low self-esteem stemmed from other obstacles, such as length of time away from the learning environment, the perception of age as a disadvantage, and previous learning experiences.

Adult students enrolled in the workforce training medical assisting program are challenged by various levels of readiness re-entering the classroom environment, depending on their prior learning experiences and the distance of time that separated them from the learning environment. With or without obstacles, students were confronted by an academic program where the rigor and pace of meeting competency each week adds additional stress. These factors contributed to their lack of confidence and they found it difficult to remain positive when they lacked the support needed from family members who do not understand the prescriptiveness of competency-based education. They sought support from their cohort peers to help them through the program.

Proposition #1. I proposed that grant-funded adult students would describe themselves as self-motivated, independent seekers of meaningful, useful, and purposeful knowledge that will help them achieve their personal and professional needs and goals. However, I also proposed that despite this motivation, they would be challenged by the biases and presumptions that they bring to the classroom as a result of their life experiences and similarly challenged by the stressors of family and finance.

The findings of this study supported this proposition in part, as it was motivation that helped students move beyond their obstacles to complete the program. In addition to being highly motivated, adult students in this training program possessed a deep sense of self-direction, accepting responsibility for their own path and the outcome of their training. This is reflective of Knowles' (1980, 1984) and Knowles et al.(2015) assumptions of adult students' self-concept as learners and mirrors the manner in which Merriam and Brockett (2007) and Pappas and Jerman (2004) characterize the self-directed adult student. Based on the findings in this study, however, that self-concept did not necessarily include a sense of confidence or high self-esteem prior to or during the training. In some cases, the findings of this study suggested students' self-concept as independent learners was negatively impacted by their lack of confidence or low self-esteem.

Adult students enrolled in the workforce development medical assisting training program seek information by asking questions from the moment they are counseled at the One-Stop Career Center and continually through the orientation process, setting the stage for continued inquiry and understanding of the meaning, purpose, and promise of their training program. They are concerned with what they need to know in order to prepare themselves for their role as members of the allied healthcare delivery team and are dependent upon the workforce counselors to steer them to a training program that will help them achieve their goals. Once in the program, they expect guidance and direction from faculty on exactly what they need to know, when they need to know it, and the process for how and when they will be evaluated. They also need to know exactly how to prepare for competency testing, the CMA exam, and job readiness.

While these findings support the literature on adult students' need to know, as described by Knowles et al. (2015), they also confirm that the needs described by participants of this study existed as contributing factors that motivated adult students. Participant interviews and graphic elicitations revealed that although students were impacted by their obstacles, they were driven by their *needs* and motivated to navigate through the barriers and challenges improve their economic status and realize academic and professional success.

Knowles et al. (2015) contend that adult learners' experiences reflect a difference in quality and quantity compared to their traditional aged learning peers, by virtue of having lived life longer. Faculty did recognize and discuss the biases and presumptions that adult students brought to the learning environment; however, the data does not suggest that these biases and presumptions were obstacles that hindered their success, nor were they necessarily challenged by them. They simply existed and were recognized.

Participants in this study described how students began to think differently about their prior assumptions. Supporting the literature on transformational learning (Mezirow, 2000; Merriam et al., 2006, 2012; Cranton, 1996) students entered the classroom and clinical laboratory environment with knowledge from their past experiences that influenced their world-view of the duties of a medical assistant. Validating the work of Christie et al. (2015) whose premise is that students' assumptions can be changed, the findings indicate that this transformation occurred for two of the participants. Matilda and Eliza disclosed how their understanding the processes and procedures in the medical office was transformed as a result of their training.

My proposition that the stressors of family and financial hardships would create a challenge for students was evidenced in the findings. Participants in this study discussed how students struggled to balance family obligations, work commitments, and their academic responsibilities. These stressors served as distractions that negatively impacted their ability to keep up with weekly competency and prepare for assessments. Faculty participants described how these distractions threatened students' success.

Proposition #2. I proposed that workforce development grant funded adult students enrolled in the medical assisting training program would establish a social identity as such, based on Kasworm (2005) and Jones and Abes' (2013) theory that an adult student's social identity has a profound influence on how adults conceptualize their self, role, and position in the learning environment. While participants did state that students found commonality amongst those with similar issues and that they found support from their cohort peers, the data did not fully support my proposition.

What my findings revealed is that workforce development grant-funded adult students did not self-segregate, but rather that they identified with all medical assisting cohort peers and found support from them, regardless of their enrollment path. Because workforce development non-credit career track and associate degree track students cohabitate in the same classrooms and share common goals to meet competency, become credentialed, and enter the allied healthcare profession, the labels associated with student enrollment paths are irrelevant. Therefore, while Kasworm (2005) and Jones and Abes' (2013) theory about social identity is applicable, my presumption was not fully supported by the findings of this study. Workforce funded adult students found their role and

position in the learning environment to be similar to those of their associate degree track cohort peers, with whom they developed equally supportive relationships.

Research question #2. *How do students, faculty, and workforce development professionals at the One-Stop Career Center perceive that these obstacles affect student readiness for training and academic success?*

The obstacles characterized in this study as needs, barriers, and challenges are factors that existed and were described in detail by students, faculty, and workforce career counselors. The findings indicate that workforce funding eligible students began their entry into the training programs with varying levels of readiness that were affected, in some way, by these obstacles. Student and faculty participants in this study indicated that the stressors of family and finance affected students' readiness for the prescriptiveness, the rigor, and the pace of the competency-based training program most profoundly.

Proposition #1. I proposed that students and faculty would perceive the stressors and challenges of family, finance, and lack of confidence as distractions that negatively impacted students during their academic journey and a threat to their success in the program. Student and faculty interviews supported the proposition that these factors were distractions that weighed heavily upon students during their training period. The graphic elicitations clearly reflected these distractions and students described their concerns about whether or not they could move beyond these distractions to realize success in the program. Trying to balance time with family and the fear of financial instability during training stressed students and distracted them from the time necessary to prepare for classwork and assessments. However, these distractions were somewhat minimized as

students found support and strength through their cohort peers experiencing the same stressors and distractions.

Proposition #2. I proposed that student performance in the competency-based program would be negatively affected by the stressors and challenges of family, finance, and lack of confidence. The findings indicate that the challenges of family and financial instability made it difficult for students to remain focused and perform to their true academic potential. Missing class due to conflicting work schedules, lack of adequate child care, or limited time to study and prepare for academic assessments negatively affected student's grades and ability to meet weekly competency. However, the evidence in this study did not suggest that students failed to complete the program as a result of these stressors; only that it negatively impacted them during their training.

Proposition #3. I proposed that faculty would perceive students' barriers as an impediment to their ability to achieve competency. In addition to negatively affecting students' ability to keep up with coursework, faculty did feel that tardiness and absenteeism due to family distractions and work schedules negatively impacted students' ability to meet competency each week. Although there was some discussion in the literature regarding adult students in competency-based training programs and their ability to meet objectives (Knowles, 1984; Nadler, 1989), the literature did not specifically address the impact that these obstacles posed in meeting competency on a weekly basis in a workforce development medical assisting training program.

While students discussed being challenged by the pace associated with the schedule of weekly competencies, faculty embraced the practice of competency-based learning and characterized it as rigorous and necessarily prescriptive, supporting the

literature's descriptions (Frank, 2010; Gruppen et al., 2012; Lurie, 2012; Stephenson et al., 2002). One faculty participant refuted the idea that it was *overly* prescriptive as suggested in the literature by Merriam and Brockett (2007), who contend that competency-based learning is not an effective way to promote critical thinking in adult students.

Proposition #4. I proposed that workforce development professionals at the One Stop Career Center recognize the barriers faced by underemployed/unemployed/low income students and perceive the community college as a means of improving human capital and an opportunity for prospective students to overcome their obstacles and the findings supported this proposition. Student who participated in this study commented on the valuable advice and support they received from the workforce development counselors at the One-Stop Career Center. Concerns about age, lack of support, lack of confidence, low self-esteem, and the struggles with family and finance were revealed by prospective students to the counselors during their visits at the One-Stop Center. As a result of these encounters, the counselors remain acutely aware of students' needs, barriers, and challenges coming in to the program and their testimony demonstrates that they prepare students as best as possible for the amount of time they are expected to dedicate to their studies. While the counselors do warn prospective students about the rigor and pace of the medical assisting program, it is unclear if they fully understand the concept of competency-based learning and its prescriptiveness.

It is evident that the One-Stop Career Counselors perceive the community college workforce training program as a means of improving a prospective student's human capital and an opportunity for them to overcome their obstacles, supporting the premise

of the Ready to Work initiative (Biden, 2014). Clearly, the counselors at the One-Stop Career Center embrace the opportunity to guide students on their path to personal, academic, and professional success.

Filling the Gaps

The findings in this study helped to fill gaps in the literature to create stronger connections between the theories of adult learners, workforce development training, and competency-based learning as they relate specifically to adult students enrolled in medical assisting training programs. However, there are some remaining gaps that should be viewed as implications for further research. Much of what has been explored about adult learners is broad and lacks focus on the challenges and barriers in today's economic times and the situations that the unemployed or underemployed adult students face when they are currently enrolled in workforce development training programs.

The literature does not address measurable performance outcomes in comparative studies between students enrolled in shorter term workforce development medical assisting training programs vs. students enrolled in two year associate degree track medical assisting programs. It does not compare the needs, challenges, and barriers of traditional aged learners vs. adult learners in competency-based workforce development medical assisting training programs. The literature also does not provide empirical evidence that making substantive changes to the delivery of workforce development medical assisting training programs improves student performance outcomes in any measurable way.

Implications

As Yin (2014) proposes, the knowledge gained as a result of the single case study often serves as a valuable contribution to existing theory and provides an opportunity to examine the practical applications of what is learned to a much broader reach beyond the case home. Despite the limitations of this study, the implications for further research and longer range studies are indicated.

While the Medical Assisting Education Review Board makes continual updates to the curricular requirements for CAAHEP accredited programs every five years, little has been done nationally or within the medical assisting education community at large that focuses on the assumptions of educational leaders or how educators can anticipate the possible obstacles to successful outcomes for students enrolled in the short-term delivery of workforce development medical assisting training programs. I agree with the position taken by Knowles et al. (2015), Merriam and Brockett (2007), and Pappas and Jerman (2004) who contend that educators should focus on these assumptions when developing adult training programs. The findings of this study may be valuable to medical assisting education leaders, so that their assumptions are well-informed.

My findings also suggest that faculty and programmatic leaders can adopt a more holistic approach to promoting student success in competency-based learning, including supporting adult learners in multiple ways that help to develop the student as a whole person, rather than merely preparing them to be proficient and ready for competency testing. Strategies aimed at improving students' successful outcomes is particularly important for those who are characterized by Bird et al. (2014) as vulnerable. A more collaborative approach that involves faculty, program administrators, and other support

services is necessary for meeting the needs of the adult students facing complex obstacles that impact their performance. These findings suggest that further research and programmatic changes in practice are indicated for Warren County Community College's workforce development medical assisting program and perhaps other medical assisting training programs at large.

Further research. The findings of this study should not be considered conclusive in determining the needs, barriers, and challenges that impact adult students enrolled in workforce development medical assisting training programs, but rather an opportunity for continued research. Using reflective practice as a problem-solving strategy (Osterman & Kottkamp, 2004), faculty and programmatic leaders at Warren County Community College have an opportunity to examine and develop solutions to a problem through ongoing change and the study of those changes through further research.

A continued and longer range study that tracks how students and faculty perceive that the obstacles identified in this study impact students prior to, during, and at the conclusion of the workforce development training program is indicated. Quantitative data, measuring enrollment, retention, attrition, and job placement and retention should be examined to see if there is any relationship between student success and the obstacles that impacted them during their training period. The purpose of workforce development training is to return students to the workforce through gainful employment opportunities, with the anticipation that they can move beyond the obstacles that impacted them during training. It might be valuable to follow students six months after program completion and again in one year to examine whether or not the barriers and challenges that impacted

them during training were mitigated by the training and their subsequent entry into the workforce.

Although the findings of my study support the assumptions of adult learners and my propositions, there is no empirical evidence in the literature or from the data in this study to suggest that traditionally- aged students enrolled in workforce development training programs at Warren County Community College have fewer obstacles that impact their performance. A comparison study might be valuable in comparing how the needs, challenges, and barriers of traditional aged learners impacts their performance vs. adult learners in competency-based workforce development medical assisting training programs.

While the sense of immediacy was a theme that resonated throughout the study, workforce development counselors interviewed for this study did recognize that for some adult students, those obstacles impacted their ability to complete the program as currently designed. It may also be valuable to examine if students who split the workforce development training program into two semesters are less impacted by barriers and challenges that distract them.

Finally, future research is indicated to further understand my findings about students' social identity in order to possibly improve cohort cohesion. This research, based on Jones and Abes (2013) theory on how students conceptualize their own identity as a social construct and Kasworm's (2005) theory on community college student relationships, would further explore how adult students make meaning of their experiences and behaviors and how this impacts stress and persistence. This further study

on social identity should be situated into the theory of student development in order to understand how development occurs through social processes.

Practice and policy. While the findings of this study serve as a catalyst for further exploration and a reasoning behind the need for continued research, these outcomes prompt an urgent need to improve programmatic practice and develop new policy through effective transactional leadership and change. While both Bass (1990) and Basham (2012) describe transactional leadership as the practice of motivating followers by promising rewards for effort and good performance, the transactional leader can also effectively motivate others by sharing a clear understanding of the purpose and goals of change in a democratic way. As Cronin (as cited in Wren, 1995) and Northouse (2012) suggest, exercising a democratic approach allows the leader to guide rather than direct subordinates and fully engages both learners and followers to achieve goals with greater collective satisfaction. In this case, it is meant to include faculty in the setting and attainment of specific goals for programmatic improvement and policy changes, which may also help incentivize them to improve their own instructional and behavioral practice. Following Burke's (2014) design, this is an opportunity to implement 3rd order change, with outcomes that reflect shifts in departmental and organizational practice, behavior, and leadership affected by multiple factors.

In some cases, the conversation about the rigor and pace of the program and all that is expected of the medical assisting students is either not clearly communicated or not clearly understood by students and family. A policy for greater disclosure of expectations and time commitment at the time of the interview and acceptance into the medical assisting program may improve students' preparedness for the rigor and pace of

the workforce development training program. Additionally, disclosure in the medical assisting student policy handbook needs to be published so that students can share with family members and begin the conversation prior to or at the start of the program about the support needed during training. This would include a brief statement about the amount of time a student should expect to spend outside of the classroom for every hour in class, but it should be noted that the time may vary based on the syllabus, the itinerary for each specific course, and the individual student.

Student participants interviewed in this study were challenged by the requirements of meeting weekly competency, due to the obstacles that distracted them during their training period. Based on these findings, I suggest that rather than focusing on curriculum and competency alone; a shift towards a more student-centered approach to delivering instruction and evaluating competency should be explored. Opportunities exist to explore various ways to change the frequency and schedule of competency testing, to lessen the stressors on student schedules and potentially improve their ability to meet competency as required by CAAHEP and the MAERB. Faculty can be supported through professional development to help them fully understand how family circumstances and other complex barriers and challenges impact adult students' performance and ability to meet competency and how their role as educators impacts student outcomes.

Although the AAMA's Medical Assisting Education Board reduced the programmatic thresholds for outcomes assessments (MAERB, 2008; 2015), any continued decrease in outcomes, including completion rates, CMA exam passing scores, students' ability to meet competency, or placement statistics poses a threat to Warren

County Community College's ability to maintain programmatic accreditation. It also has a negative impact on whether or not the program continues to be approved for as a fundable workforce development training program.

Administration and faculty at Warren County Community College espouse to provide quality learning opportunities designed to meet students' educational goals and aspirations and to provide learning opportunities that reflect innovation and change (Warren County Community College, 2018). However, our theories in use may not be fully accomplishing these intentions when we are realizing a decrease in the performance outcomes that prompted this study and we continue to deliver a training program that has not made substantive changes in 22 years. The purpose of this study was to examine the obstacles that impacted students' performance. The knowledge gained from this study and any other future research provides a foundation for the need to change practice and behavior. Reflective of Argyris (1990) and Argyris and Schon's (1974) theory on the congruence between espoused theory and theory in use, a Model II leadership approach to changing behavior and practice is indicated. This would allow academic and programmatic leaders to work collaboratively to make more effective decisions based on a double-loop feedback approach, reflecting on the outcomes of each effort.

Student support services. Individual student counseling sessions with the program director, lead faculty, or the clinical instructor should be scheduled more regularly. Following up on a bi-weekly or monthly basis is critical for ensuring that students' needs, barriers, and challenges are recognized and addressed during the time students are in training. Since adult students' time is already overextended due to the complex obstacles they are faced with, as Bird et al. (2014) and Jacobs and Hundley

(2010) discuss, careful consideration should be taken to schedule these sessions during routine lunch breaks, other breaks that occur during regular class sessions, or simply by providing students with an opportunity to request times that best fit their schedules, before or after regularly schedule classes. According to Dauer (2015), counseling sessions for non-traditional adult students must focus on the challenges that adult students are faced with while attempting to achieve their academic goals. This practice may help reduce training participant stress and diminish the impact of barriers and challenges that distract students and impact outcomes.

Conclusions

As New Jersey's community college leaders are currently responding to the increased federal and state attention on workforce training, initiatives exist to increase the support for workforce development training programs that provide skilled workers to a growing economy in specific industries, such as healthcare. Bird et al. (2014) espouse that workforce training funding provides support for adults and creates opportunities for students to move beyond their barriers to achieve economic success. At Warren County Community College, a strong focus on workforce development training exists and is identified as a major goal in our strategic planning documents.

While the findings of this study support the espoused theory behind workforce training, the data suggests the need for programmatic curricular modifications and changes in behavior and instructional strategies. Community college leaders and faculty cannot change the circumstances, the social and societal factors, or stressors that adult students bring with them to competency-based workforce development medical assisting training programs. However, when implementing change and developing strategies, we

can take into consideration the assumptions of the adult learner and the complex obstacles that impact them during their academic journey. Through this approach, we have an opportunity to better serve our students by minimizing those impacts and making greater efforts towards improving student performance, persistence, and outcomes.

References

- Amstutz, D. D. (1999). Adult learning: Moving toward more inclusive theories and practices. *New Directions for Adult and Continuing Education*, 1999(82), 19-32.
- Argyris, C. (1990). *Overcoming organizational defenses: Facilitating organizational learning*. Upper Saddle River, NJ: Prentice Hall.
- Argyris, C. & Schon, D.D. (1974). *Theory in practice: Increasing professional effectiveness*. 2nd Ed., San Francisco: Jossey Bass.
- Bagnoli, A. (2009). Beyond the standard interview: The use of graphic elicitation and arts based methods. *Qualitative Research*, 9(5), 547-570. doi: 10.1177/1468794109343625
- Basham, L. M. (2012). Transformational and transactional leaders in higher education. *S.A.M. Advanced Management Journal*, 77(2), 15-23,37,2. Retrieved from <http://ezproxy.rowan.edu/login?url=https://search.proquest.com/docview/1027234874?accountid=13605>
- Bass, B. M. (1990). From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, 18(3), 19-31. 10.1016/0090-2616(90)90061-S
- Ben-Yoseph, M., Ryan, P., & Benjamin, E. (1999). Retention of adult students in a competence-based individualized degree program: Lessons learned. *Journal of Continuing Higher Education*, 47(1), 24-30. doi 10.1080/07277366.1999.10400362
- Biden, J. (2014). Ready to work: Job-driven training and American opportunity. *The White House, July*. Retrieved from www.whitehouse.gov/sites/default/files/doc/skills_report.pdf
- Bird, K., Foster, M., & Ganzglass, E. (2014). New opportunities to improve economic and career success for low-income youth and adults: Key provisions of the Workforce Innovation and Opportunity Act (WIOA). *Washington, DC: Center for Law and Social Policy*.
- Bragg, D. D. (2001). *The new vocationalism in community colleges. New directions for community colleges. The jossey-bass higher and adult education series*. San Francisco: Josey-Bass.
- Bureau of Labor Statistics, U.S. Department of Labor. (2016). Occupational Outlook Handbook, 2016-17 Edition, Medical Assistants. Retrieved from <http://www.bls.gov/ooh/healthcare/medical-assistants.htm>

- Burke W.W. (2014). *Organization change: Theory and practice* (4th edition). Thousand Oaks, CA: SAGE Publications.
- Burns, J.M. (1978). *Leadership*. New York: Harper & Row.
- Caffarella, R. S. (1993). Self-directed learning. *New directions for adult and continuing education*, 1993(57), 25-35.
- Capps, R. (2012). Supporting adult-student persistence in community colleges. *Change: The Magazine of Higher Learning*, 44(2), 38-44.
- Cavanaugh, J. (2012). Five practical strategies to improve teaching - Really? *AURCO Journal*, 1821-29.
- Christie, M., Carey, M., Robertson, A., & Grainger, P. (2015). Putting transformative learning theory into practice. *Australian Journal of Adult Learning*, 55(1), 9. Chronicle of Higher Education.
- Condon, V. M., Morgan, C. J., Miller, E. W., Mamier, I., Zimmerman, G. J., & Mazhar, W. (2013). A program to enhance recruitment and retention of disadvantaged and ethnically diverse baccalaureate nursing students. *Journal of Transcultural Nursing*, 24(4), 397-407.
- Corbin, J. & Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.
- Cox, E. (2015). Coaching and adult learning: Theory and practice. *New Directions for Adult and Continuing Education*, 2015(148), 27-38. doi:10.1002/ace.20149.
- Cox, E., Bachkirova, T., & Clutterbuck, D. A. (Eds.). (2014). *The complete handbook of coaching*. Thousand Oaks, CA: Sage.
- Cranton, P. (1996). *Professional Development as Transformative Learning. New Perspectives for Teachers of Adults. The Jossey-Bass Higher and Adult Education Series*. San Francisco: Jossey-Bass.
- Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th edition). Thousand Oaks, CA: Sage.
- Creswell, J. W. & Clark, V. L. P. (2011). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publishers.
- Crilly, N., Blackwell, A. F., & Clarkson, P. J. (2006). Graphic elicitation: using research diagrams as interview stimuli. *Qualitative Research*, 6(3), 341-366.

- Cronin, T. E. (1987). Leadership and democracy. In J.T. Wren (Ed.), *Leader's Companion: Insights on leadership through the ages*. (pp. 303-317). New York: The Free Press
- Dall, T. M., Gallo, P. D., Chakrabarti, R., West, T., Semilla, A. P., & Storm, M. V. (2013). An aging population and growing disease burden will require a large and specialized health care workforce by 2025. *Health Affairs*, 32(11), 2013-2020. doi:10.1377/hlthaff.2013.0714
- Dannefer, E. F., & Henson, L. C. (2007). The portfolio approach to competency-based assessment at the Cleveland Clinic Lerner College of Medicine. *Academic Medicine*, 82(5), 493-50.
- Dauer, R. A. (2015). *Help wanted: An analysis of the influence of student support programs upon the academic success of nontraditional students* (Order No. 3730045). Retrieved from <http://ezproxy.rowan.edu/login?url=https://search.proquest.com/docview/1733669888?accountid=13605>
- Deil-Amen, R. (2011). Socio-academic integrative moments: Rethinking academic and social integration among two-year college students in career-related programs. *The Journal of Higher Education*, 82(1), 54-91.
- Dewey, J. (1938). *Education and Experience*. New York: Collier Books.
- Epstein, R. M. (2007). Assessment in medical education. *New England Journal of Medicine*, 356(4), 387-396.
- Fernandez, N., Dory, V., Ste-Marie, L., Chaput, M., Charlin, B., & Boucher, A. (2012). Varying conceptions of competence: an analysis of how health sciences educators define competence. *Medical Education*, 46(4), 357-365. doi:10.1111/j.1365-2923.2011.04183.x
- Fraenkel, R., & Wallen, N. (2014). *How to design and evaluate action research in education* (9th Ed.). New York: McGraw Hill.
- Frank, J.A. (2010). Competency-based medical education: theory to practice. *Medical Teacher*, 32(8), 638-645.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research*, 2(163-194), 105.
- Grubb, W. (1998). *Learning and earning in the middle: The economic benefits of sub-baccalaureate education*. New York: Community College Research Center, Teachers College, Columbia University.

- Gruppen, L. D., Mangrulkar, R. S., & Kolars, J. C. (2012). The promise of competency-based education in the health professions for improving global health. *Human Resources For Health, 10*(1), 43.
- Gutierrez, M., & National Coalition of Advanced Technology Centers, W. X. (1997). The Role of Community Colleges in the One-Stop Career Center System. Four Case Studies. *National Coalition of Advanced Technology Centers Report Series Volume 1, Number 5*.
- Holzer, H. J. (2009). Workforce development as an antipoverty strategy: What do we know? what should we do? *Changing Poverty, Changing Policies*, 301-329.
- Holzer, H. J. (2012). Good workers for good jobs: Improving education and workforce systems in the US. *IZA Journal of Labor Policy, 1*(1), 5.
- Jacobs, F., & Hundley, S. P. (2010). *Understanding and supporting adult learners: A guide for colleges and universities*. San Francisco: Jossey-Boss.
- Jacobs, J. (2001). Community colleges and the Workforce Investment Act: promises and problems of the new vocationalism. *New Directions For Community Colleges, 2001* (115), 93-99.
- Jacobs, J. (2012). The essential role of community colleges in rebuilding the nation's communities and economies. In J.E. Lane, & D.B. Johnstone (Eds.), *Universities and colleges as economic drivers: Measuring higher education's role in economic development* (pp. 191-204). Albany: State University of New York Press.
- Jacobs, J., & Dougherty, K. J. (2006). The uncertain future of the community college workforce development mission. *New Directions for Community Colleges, 136*, 53-62.
- Jarvis, P. (2012). *Adult learning in the social context*. Hoboken: Routledge.
- Jolly, J. L. (2009). The National Defense Education Act, Current STEM Initiative, and the Gifted. *Gifted Child Today, 32*(2), 50-53.
- Jones, S. R., & Abes, E. S. (2013). *Identity development of college students: Advancing frameworks for multiple dimensions of identity*. San Francisco, CA: Jossey-Bass.
- Jones, D., & Kelly, P. (2007). *The emerging policy triangle: Economic development, workforce development, and education*. Boulder, CO: National Center for Higher Education Management Systems and Western Interstate Commission for Higher Education. Retrieved from <https://www.wiche.edu/info/publications /Emerging PolicyTriangle.pdf>

- Kasworm, C. E., Polson, C. J., & Fishback, S. J. (2002). *Responding to Adult Learners in Higher Education. Professional Practices in Adult Education and Human Resource Development Series*. Melbourne, FL: Krieger Publishing Company.
- Kasworm, C. (2005). Adult student identity in an intergenerational community college classroom. *Adult Education Quarterly*, 56(1), 3-20.
doi:10.1177/0741713605280148
- Kazis, R. (2011). Community Colleges and Regional Recovery: Strategies for State Action. Project on State and Metropolitan Innovation. *Brookings Institution*. Congressional Research Service: The Library of Congress. Retrieved from https://www.brookings.edu/wpcontent/uploads/2016/06/0518_community_college_kazis.pdf
- Kenner, C., & Weirnerman, J. (2011). Adult learning theory: Applications to non-traditional college students. *Journal of College Reading and Learning*, 41(2), 87-96.
- Knowles, M. S. (1980). *The modern practice of adult education: From pedagogy to andragogy* (Revised and Updated.). Wilton, Conn.; Chicago: Association Press
Retrieved from <http://files.eric.ed.gov/fulltext/ED389880.pdf>
- Knowles, M. S. (1984). *Andragogy in action: Applying modern principles of adult education*. San Francisco: Jossey-Bass.
- Knowles, M. S., Holton, E. F., & Swanson, R. A. (2005). An andragogical process model for learning. *The adult learner: The definitive classic in adult education and human resource development* (6th ed., pp. 115–138). Burlington, MA: Butterworth-Heinemann.
- Knowles, M. S., Holton III, E. F., & Swanson, R. A. (2015). *The adult learner: The definitive classic in adult education and human resource development*. New York, NY: Routledge.
- Lurie, S. J. (2012). History and practice of competency-based assessment. *Medical Education*, 46(1), 49-57. doi:10.1111/j.1365-2923.2011.04142.x
- Mac Kinnon, J.,L. (2004). The process of outcome assessment in a school of allied health sciences. *Journal of Allied Health*, 33(2), 104-12.
- Matus-Grossman, L., Gooden, S., Wavelet, M., & Seupersad, R. (2002). *Opening doors: Student's perspectives on juggling work, family, and college*. New York: Manpower Demonstration Research Corporation. Retrieved from <http://files.eric.ed.gov/fulltext/ED471815.pdf>

- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach*. Thousand Oaks, CA: Sage Publications.
- Merriam, S., & Brockett, R. (1997). *The adult learner and concepts of learning: The profession and practice of adult education*. San Francisco: Jossey-Bass.
- Merriam, S.B., & Brockett, R.G. (2007). *The profession and practice of adult education: An introduction*. San Francisco: Jossey Bass.
- Merriam, S.B., Caffarella, R.S., & Baumgartner, L.M. (2006). *Learning in adulthood: A comprehensive guide*. San Francisco: Jossey-Bass.
- Merriam, S. B., Caffarella, R. S., & Baumgartner, L. M. (2012). *Learning in adulthood: A comprehensive guide*. San Francisco, CA: Jossey-Bass.
- Mezirow, J. (2000). *Learning as transformation: Critical perspectives on a theory in progress*. San Francisco, CA: Jossey-Bass.
- Miles, M.B., Huberman, A.M. & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd edition). Thousand Oaks, CA: Sage.
- Northouse, P.G. (2012). *Introduction to leadership concepts and practice*. Thousand Oaks, CA: Sage Publications.
- O'Neill, S., & Thomson, M. M. (2013). Supporting academic persistence in low-skilled adult learners. *Support for Learning*, 28(4), 162-172.
doi:10.1111/1467-9604.12038
- Nadler, L., Nadler, Z. (1989). *Developing Human Resources* (3rd ed.). San Francisco: Jossey-Bass.
- Nora, A. (2000). *Reexamining the community college mission*. Washington, D.C.: American Association of Community Colleges.
- Medical Assisting Education Review Board. (2015). Educational competencies for medical assistants for caahep accredited medical assisting education programs, based on 2015 standards. MAERB Website. Retrieved from <http://www.maerb.org/Portals/0/ECMA.pdf>
- Medical Assisting Education Review Board. (2016). Outcome thresholds chart. <http://www.maerb.org/Portals/0/Documents/OutcomeThresholdsRawData.pdf>
- New Jersey Consortium for Workforce and Economic Development. (2010). *Programs offered through member colleges*. Retrieved from http://www.njworkforce.org/programs_offered.html

- Nickoli, R. A. (2013). Role of the community college in economic development. *New Directions for Adult and Continuing Education*, 2013(140), 69-78. doi:10.1002/ace.20075.
- Northouse, P.G. (2012). *Introduction to leadership concepts and practice*. Thousand Oaks, CA: Sage Publications.
- Pappas, J. P., & Jerman, J. (2004). *Developing and Delivering Adult Degree Programs: New Directions for Adult and Continuing Education, Number 103*. San Francisco, CA: Jossey-Bass.
- Percentages of undergraduate students who were 25 and older, by gender, sector, and region, fall 2015*. (August 17, 2017). Editorial Project for Education. *The Chronicle of Higher Education*. Retrieved from <https://www.chronicle.com/article/Undergraduate-Students-Who/240575>
- Rachal, J.R. (2002). Andragogy's detectives: a critique of the present and a proposal for the future. *Adult Education Quarterly*. 52(3), 210-227. Retrieved from Rowan Library: doi:10.1177/0741713602052003004
- Rossmann, G., & Rallis, S. (2012). *Learning in the field: An introduction to qualitative research* (3rd Ed). Thousand Oaks, Ca: Sage.
- Ross-Gordon, J. M. (2002). *Contemporary viewpoints on teaching adults effectively*. San Francisco, CA: Jossey-Bass.
- Rubin, H. J. and Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage Publications.
- Saldana, J. (2013). *The coding manual for qualitative researchers*. Thousand Oakes, CA: Sage.
- Seidman, I. (2003). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York, NY: Teachers College Press.
- Seiler, D. (2012). Age and learning style in the adult learner. *The Journal of Human Resource and Adult Learning*, 8(1), 133-138. Retrieved from <http://ezproxy.rowan.edu/login?url=http://search.proquest.com/docview/1285154764?accountid=13605>
- Shaw, K. M., & Rab, S. (2003). Market rhetoric versus reality in policy and practice: The Workforce Investment Act and access to community college education and training. *The ANNALS of the American Academy of Political and Social Science*, 586(1), 172-193.

- State of New Jersey. (2016) The official website for the state of New Jersey. Retrieved from <http://www.state.nj.us/>
- State of New Jersey. (1993). Executive order #107: James Florio. Retrieved from <http://nj.gov/infobank/circular/eof107.htm>
- State of New Jersey. (2016). *New Jersey's unified workforce investment plan. New Jersey's talent connection. July 2012-2016*. Retrieved from <http://www.njsetc.net/njsetc/planning/unified/documents/NJ%20Unified%20Workforce%20Investment%20Plan%202012-2017.pdf>
- State of New Jersey Department of Labor and Workforce. (2016). Jobs4Jersey. Retrieved from <http://jobs4jersey.com/jobs4jersey/jobseekers/training/>
- Stephenson, K., Peloquin, S., Richmond, S., Hinman, R., & Christiansen, C. (2002). Changing educational paradigms to prepare allied health professionals for the 21st century. *Education for Health: Change In Learning & Practice (Taylor & Francis Ltd)*, 15(1), 37-49.
- Stets, J. E., & Burke, P. J. (2000). Identity theory and social identity theory. *Social Psychology Quarterly*, 63(3), 224-237.
- Tajfel, H. (2010). *Social identity and intergroup relations*. New York, NY: Cambridge University Press.
- Tajfel, H., & Turner, J. C. (2004). The Social Identity Theory of Intergroup Behavior. In J. T. Jost & J. Sidanius (Eds.), *Key readings in social psychology. Political psychology: Key readings* (pp. 276-293). New York, NY: Psychology Press.
- Teddlie, C. and Tashakkori, A. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. Los Angeles: Sage Publications.
- United States Department of Labor. (2016). *Bureau of labor statistics*. Retrieved from http://www.bls.gov/emp/ep_education_training_system.htm
- United States Department of Labor. (2016). *A brief history: The U.S. department of labor*. Retrieved from <http://www.dol.gov/dol/aboutdol/history/webannalspage.htm>
- United States Department of Labor. (2016). *The workforce investment and opportunity act*. Retrieved from <https://www.doleta.gov/wioa/>
- United States Government. (2016). *The American Recovery and Reinvestment Act*. Retrieved from <http://www.doleta.gov/usworkforce/wia/act.cfm>

- Van Noy, M. and Jacobs, J. (2009), The outlook for noncredit workforce education. *New Directions for Community Colleges*, 2009: 87–94. doi:10.1002/cc.369
- Vella, J. (2002). *Learning to listen, learning to teach: The power of dialogue in educating adults*. San Francisco, CA: Jossey-Bass.
- Warren County Community College (2018). *Mission and vision statements*. Retrieved February 2, 2018 from <http://www.warren.edu/category/about/>
- Wren, J.T. (1995). *The leader's companion*. NY: Free Press.
- Yin, R.K. (2014). *Case study research: Design and methods*. (5th Ed.). Thousand Oakes, CA: Sage Publications.

Appendix A

Interview Protocol-Students

Preparatory Note: Interviews are scheduled in small, private conference room.

Step 1: Introductory Comments-(Scripted Introduction) *Thank you for your participation in this research study. I do wish to inform you that the purpose of this study is to satisfy my dissertation requirements, as a doctoral student in the Educational Leadership Program at Rowan University. The purpose of my study is: “An Examination of the Obstacles that Impact Adult Students’ Performance in Workforce Development Medical Assisting Training Programs”. Although this research will be published, none of your personal identity will be reflected or revealed in my research documentation; a pseudo-name or participant number will be used. I will be recording this session for an accurate account of the responses you offer.*

Step 2: Brief Overview of Interview Protocol- I will orient participants to the process for question and response in this structured interview and then ask the participants if they have any questions before we begin. **(Scripted Overview)** *I anticipate this portion of the interview will take approximately 60 minutes, as there are 24 questions in my protocol that I will ask you to answer. If at any time during this interview, you decide you no longer wish to be recorded and/or you wish to discontinue answering questions, please advise me of such. Upon completion of the oral interview, you will be asked to complete a graphic illustration as the final portion of this interview. I will explain that in detail before we begin that portion.*

Step 3: Obtaining Consent from Participants-The consent form will be given to each participant, disclosing the title of the study, the purpose, the protocols, the

safety/confidentiality, and the assurance of anonymity once the document is published. Assuming participants sign, the interview will proceed. If the participant decides not to sign/participate, it is imperative that I simply move on to an alternate participant (which has been planned for).

Step 4: Begin recording and asking questions-(All open-ended) The protocol will begin with easy, basic, background questions and then move forward with more thematic and expansive questions, including prompts/probes if necessary. It is my intention to stick to my protocols, guiding my interviewees to stay on topic as needed, with the understanding that some responses may invite follow-up questions. I am careful not to lead participants' responses.

Easy to Answer Background/Lead Questions

1. Tell me about your educational background (high school or college learning) prior to enrolling here at Warren County Community College.
2. Tell me about the grant-funded workforce training program you are enrolled here at Warren County Community College
3. Why did you choose this program over others here at this college or similar programs at other colleges?

Broad/Expansive Main Questions

4. What was your experience at the One-Stop-Career Center?
5. How would you describe your relationship with the funding counselors at the One-Stop Career Center?
6. Do you feel the counselors at the One-Stop Career Center helped prepare you for what you experienced in the program?

7. Did you discuss any concerns you may have had prior to enrolling in this program with your One-Stop Career Center advisor and, if so, what were they?
8. What were your expectations for your learning experience in the medical assisting program prior to enrolling?
9. How did the medical assisting program orientation help you to understand what competency-based learning was?
10. How is the competency-based curriculum similar or different than any of your prior high school or previous college learning experiences?
11. What challenges did the pressure of meeting competency on a weekly basis present for you as a learner?
12. How was the rigor and pace of the program?
13. What were the instructional strategies used by the faculty and how did you benefit from them?
14. What do you think differently about as a result of your learning experiences in the medical assisting training program?
15. How would you describe yourself as a student in this medical assisting training program?
16. What was your relationship with the other grant-funded workforce development students in your medical assisting program?
17. How did that relationship help or hinder your progress in this program?
18. How would you describe your individual academic progress?
19. What do you perceive were the greatest needs, barriers, or challenges to success during your academic journey-inside and outside of the learning environment?

20. Which of these do you perceive as obstacles moving forward as you seek employment?

21. How did you perceive the faculty's recognition and acknowledgement of the struggles you encountered?

22. How did you relate these challenges to your One-Stop Career Center counselor?

23. How did the counselor from the One-Stop Career Center help you?

24. How do you plan to overcome these challenges and barriers?

Step 5: Transition from Oral Interview to Graphic Elicitation-(Scripted

Transition) *Thank you very much for your thorough and thoughtful responses; I appreciated that you were so candid. This concludes the first portion of the interview and now we will move on to the graphic elicitation. This graphic elicitation will allow you to create a visual illustration of your experience in this competency-based workforce development medical assisting training program. Please read the directions in the top left hand corner of the graphic tool and then proceed. Please take your time, as you have 30 minutes to complete this. Do you have any questions about the directions before we proceed?*

Step 6: Concluding the Protocol-(Scripted Concluding Statement). *This concludes the interview process and I want to thank you for your willingness to participate in my research assignment. Your input has been very valuable to me, and I wish to remind you that although the data from this study will be published, your identity will remain anonymous. I will provide you with a copy of the transcript I write from this interview so that you can verify I understood your responses and recorded them properly. This will help to ensure the validity of my research.*

Appendix B

Student Participant Consent Form

Please read this consent document carefully before you decide to participate in this study.

You are invited to participate in a research study about understanding the needs, barriers, and challenges faced by adult students participating in competency-based, workforce development, medical assisting training programs at Warren County Community College from the perspective of the students, faculty and workforce development professionals. The intention is to generate knowledge, learn, and understand the extent to which medical assisting students and faculty perceive *how* these obstacles impact students' performance and *how* an adult student's readiness, active engagement, assimilation within the learning culture, and ability to succeed is affected by the specific factors that distract or disengage them. This study is being conducted by researchers in the Department of Educational Services and Leadership at Rowan University. The Principal Investigator of the study is Dr. Monica Kerrigan and the Co-Investigator is Marianne Van Deursen.

Participation in this study is voluntary. If you agree to participate in this study, you would be interviewed for about 30 minutes to one hour. The number of participants in the study is approximately 15-20. Participating in the baseline data collection does not obligate you to participate in any of the subsequent data collection. You may decide at that time whether or not you want to participate in the next wave of data collection.

Participants will be asked to answer a protocol of questions during an interview and you will be asked to complete a graphic elicitation (visual depiction).

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number that is unique to this study. No one other than the researchers would know whether you participated in the study. Study findings will be presented only in summary form and your name will not be used in any report or publications.

Participating in this study may not benefit you directly, but it will help us learn how to improve adult student outcomes in workforce development medical assisting training programs at Warren County Community College. *Your participation in this study is completely voluntary. If you choose not to participate in this study, this will have no effect on the services or benefits you are currently receiving.* You may skip any questions you don't want to answer and withdraw from the study at any time without consequences.

If you have any questions about this study, please contact Marianne Van Deursen at 908-500-9008. If you have questions about your rights as a research participant, please contact the **Rowan University SOM IRB Office** at (856) 566-2712 or Rowan University Glassboro/CMSRU IRB at 856-256-4078.

YOU WILL BE GIVEN A COPY OF THIS FORM WHETHER OR NOT YOU AGREE TO PARTICIPATE.

I have read the procedure described above. I voluntarily agree to participate in the procedure and **I have received a copy of this description.**

Name (Printed) _____

Signature: _____

Date: _____

Principal Investigator: _____

Date: _____

I have read the procedure described above. I authorize the review of my charts for research purposes, and to participate in this research study. **I have received a copy of this description.**

Name (Printed) _____

Signature: _____

Date: _____

Principal Investigator: _____

Date: _____

Appendix C

Interview Protocol-Faculty

Preparatory Note: Interviews are scheduled in small, private conference room.

Step 1: Introductory Comments-(Scripted Introduction) *Thank you for your participation in this research study. I do wish to inform you that the purpose of this study is to satisfy my dissertation requirements, as a doctoral student in the Educational Leadership Program at Rowan University. The purpose of my study is: “An Examination of the Obstacles that Impact Adult Students’ Performance in Workforce Development Medical Assisting Training Programs”. Although this research will be published, none of your personal identity be reflected or revealed in my research documentation; a pseudo-name or participant number will be used. I will be recording this session for an accurate account of the responses you offer.*

Step 2: Brief Overview of Interview Protocol- I will orient participants to the process for question and response in this structured interview and then ask the participants if they have any questions before we begin. **(Scripted Overview)** *I anticipate this portion of the interview will take approximately 60 minutes, as there are only 14 questions in my protocol that I will ask you to answer. If at any time during this interview, you decide you no longer wish to be recorded and/or you wish to discontinue answering questions, please advise me of such.*

Step 3: Obtaining Consent from Participants-The consent form will be given to each participant, disclosing the title of the study, the purpose, the protocols, the safety/confidentiality, and the assurance of anonymity once the document is published. Assuming participants sign, the interview will proceed. If the participant decides not to

sign/participate, it is imperative that I simply move on to an alternate participant (which has been planned for).

Step 4: Begin recording and asking questions-(All open-ended) The protocol will begin with easy, basic, background questions and then move forward with more thematic and expansive questions, including prompts/probes if necessary. It is my intention to stick to my protocols, guiding my interviewees to stay on topic as needed, with the understanding that some responses may invite follow-up questions. I am careful not to lead participants' responses.

Easy to Answer Background/Lead Questions

1. How many years have you been teaching in the workforce development medical assisting training program at Warren County Community College?
2. What subjects do you teach in the medical assisting program and how many classes per week do you teach?

Broad/Expansive Main Questions

Scripted Comment: For the following questions, please only refer to students you have taught who fit the category of “workforce development funded adult students”. *(A list of students who fit this category is provided to faculty at the start of each term due to workforce development attendance and benchmark reporting requirements, so faculty are always cognizant of student registration details).*

3. How would you describe your perception of the students' level of preparedness or readiness for training in your course(s)?
4. What are your expectations for student learning in your course(s)?

5. How would you describe competency-based learning and how do you perceive students' ability to meet competency?
6. What can you tell me about the rigor and pace the course(s) that you teach in the medical assisting program and how do you perceive students' ability to keep up with the rigor and pace?
7. What characteristics about these students do you perceive as barriers that impede their success in your course(s) and/or the medical assisting program?
8. What can you tell me about the workforce funded adult students as a cohort group?
9. How do students benefit from being part of this workforce development cohort group?
10. What student learning issues do you perceive as barriers that impede these students' success in your course(s) and/or the medical assisting program?
11. What preconceived ideas did your students have that you felt you needed to address to achieve transformation?
12. What andragogical instructional strategies did you use to transform learning in your classroom?
13. What do you perceive as the greatest challenges or barriers that impede these students' success during their academic journey?
14. Can you tell me how you currently do or plan to help students overcome these challenges and barriers?

Step 5: Concluding the Protocol-(Scripted Concluding Statement). *This concludes the interview process and I want to thank you for your willingness to participate in my*

research assignment. Your input has been very valuable to me, and I wish to remind you that although the data from this study will be published, your identity will remain anonymous.

Appendix D

Faculty Participant Consent Form

Please read this consent document carefully before you decide to participate in this study.

You are invited to participate in a research study about understanding the needs, barriers, and challenges faced by adult students participating in competency-based, workforce development, medical assisting training programs at Warren County Community College from the perspective of the students, faculty and workforce development professionals. The intention is to generate knowledge, learn, and understand the extent to which medical assisting students and faculty perceive *how* these obstacles impact students' academic success and *how* an adult student's readiness, active engagement, assimilation within the learning culture, and ability to succeed is affected by the specific factors that distract or disengage them. This study is being conducted by researchers in the Department of Educational Services and Leadership at Rowan University. The Principal Investigator of the study is Dr. Monica Kerrigan and the Co-Investigator is Marianne Van Deursen.

Participation in this study is voluntary. If you agree to participate in this study, you would be interviewed for about thirty minutes to one hour. The number of participants in the study is approximately 15-20. Participating in the baseline data collection does not obligate you to participate in any of the subsequent data collection. You may decide at that time whether or not you want to participate in the next wave of data collection.

Participants will be asked to answer a protocol of questions during an interview.

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number that is unique to this study. No one other than the researchers would know whether you participated in the study. Study findings will be presented only in summary form and your name will not be used in any report or publications.

Participating in this study may not benefit you directly, but it will help us learn how to improve adult student outcomes in workforce development medical assisting training programs at Warren County Community College. *Your participation in this study is completely voluntary. If you choose not to participate in this study, this will have no effect on the services or benefits you are currently receiving.* You may skip any questions you don't want to answer and withdraw from the study at any time without consequences.

If you have any questions about this study, please contact Marianne Van Deursen at 908-500-9008. If you have questions about your rights as a research participant, please contact the **Rowan University SOM IRB Office** at (856) 566-2712 or Rowan University Glassboro/CMSRU IRB at 856-256-4078.

YOU WILL BE GIVEN A COPY OF THIS FORM WHETHER OR NOT YOU AGREE TO PARTICIPATE.

I have read the procedure described above. I voluntarily agree to participate in the procedure and **I have received a copy of this description.**

Name (Printed) _____

Signature: _____

Date: _____

Principal Investigator: _____

Date: _____

I have read the procedure described above. I authorize the review of my charts for research purposes, and to participate in this research study. **I have received a copy of this description.**

Name (Printed) _____

Signature: _____

Date: _____

Principal Investigator: _____

Date: _____

Appendix E

Interview Protocol-Workforce Development Specialist

Preparatory Note: Interviews are scheduled in small, private conference room

Step 1: Introductory Comments-(Scripted Introduction) *Thank you for your participation in this research study. I do wish to inform you that the purpose of this study is to satisfy my dissertation requirements, as a doctoral student in the Educational Leadership Program at Rowan University. The purpose of my study is: “An Examination of the Obstacles that Impact Adult Students’ Performance in Workforce Development Medical Assisting Training Programs”. Although this research will be published, none of your personal identity be reflected or revealed in my research documentation; a pseudo-name or participant number will be used. I will be recording this session for an accurate account of the responses you offer.*

Step 2: Brief Overview of Interview Protocol- I will orient participants to the process for question and response in this structured interview and then ask the participants if they have any questions before we begin. **(Scripted Overview)** *I anticipate this portion of the interview will take approximately 60 minutes, as there are only 12 questions in my protocol that I will ask you to answer. If at any time during this interview, you decide you no longer wish to be recorded and/or you wish to discontinue answering questions, please advise me of such.*

Step 3: Obtaining Consent from Participants-The consent form will be given to each participant, disclosing the title of the study, the purpose, the protocols, the safety/confidentiality, and the assurance of anonymity once the document is published. Assuming participants sign, the interview will proceed. If the participant decides not to

sign/participate, it is imperative that I simply move on to an alternate participant (which has been planned for).

Step 4: Begin recording and asking questions-(All open-ended) The protocol will begin with easy, basic, background questions and then move forward with more thematic and expansive questions, including prompts/probes if necessary. It is my intention to stick to my protocols, guiding my interviewees to stay on topic as needed, with the understanding that some responses may invite follow-up questions. I am careful not to lead participants' responses.

Easy to Answer Background/Lead Questions

1. What is your job description and role at the One-Stop Career Center?
2. What is the One-Stop Career Center's main focus?
3. How many years have you been working with students who were funded to attend the workforce development medical assisting training program at Warren County Community College?

Broad/Expansive Main Questions

4. What concerns, if any, do you have when you interview and counsel adult students wishing to enter the medical assisting training program at Warren County Community College?
5. How would you describe your perception of the students' level of preparedness or readiness for training?
6. What is your understanding of competency-based learning and how do you counsel students about what to expect?

7. What is your understanding of the rigor and pace of the competency-based medical assisting training program at Warren County Community College?
8. What characteristics about the students you fund to attend this program do you perceive as barriers that could potentially impede their success in the medical assisting program?
9. How do you perceive the adult participants as part of a cohort group and how can they benefit from begin identified as part of this group?
10. How do you identify these barriers and how does the assessment impact a decision whether or not to offer training funding for prospective students to enroll in the medical assisting program at Warren County Community College?
11. What do you perceive as the greatest personal challenges or barriers that could potentially impede these students' success during their academic journey?

Step 5: Concluding the Protocol-(Scripted Concluding Statement). *This concludes the interview process and I want to thank you for your willingness to participate in my research assignment. Your input has been very valuable to me, and I wish to remind you that although the data from this study will be published, your identity will remain anonymous.*

Appendix F

Workforce Development Specialist Consent Form

Please read this consent document carefully before you decide to participate in this study.

You are invited to participate in a research study about understanding the needs, barriers, and challenges faced by adult students participating in competency-based, workforce development, medical assisting training programs at Warren County Community College from the perspective of the students, faculty and workforce development professionals.

The intention is to generate knowledge, learn, and understand the extent to which medical assisting students and faculty perceive *how* these obstacles impact students' performance and *how* an adult student's readiness, active engagement, assimilation within the learning culture, and ability to succeed is affected by the specific factors that distract or disengage them. This study is being conducted by researchers in the Department of Educational Services and Leadership at Rowan University. The Principal Investigator of the study is Dr. Monica Kerrigan and the Co-Investigator is Marianne Van Deursen.

Participation in this study is voluntary. If you agree to participate in this study, you would be interviewed for about thirty minutes to one hour. The number of participants in the study is approximately 15-20.

Participating in the baseline data collection does not obligate you to participate in any of the subsequent data collection. You may decide at that time whether or not you want to participate in the next wave of data collection.

Participants will be asked to answer a protocol of questions during an interview. Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number that is unique to this study. No one other than the researchers would know whether you participated in the study. Study findings will be presented only in summary form and your name will not be used in any report or publications.

Participating in this study may not benefit you directly, but it will help us learn how to improve adult student outcomes in workforce development medical assisting training programs at Warren County Community College. *Your participation in this study is completely voluntary. If you choose not to participate in this study, this will have no effect on the services or benefits you are currently receiving.* You may skip any questions you don't want to answer and withdraw from the study at any time without consequences.

If you have any questions about this study, please contact Marianne Van Deursen at 908-500-9008. If you have questions about your rights as a research participant, please contact the **Rowan University SOM IRB Office** at (856) 566-2712 or Rowan University Glassboro/CMSRU IRB at 856-256-4078.

YOU WILL BE GIVEN A COPY OF THIS FORM WHETHER OR NOT YOU AGREE TO PARTICIPATE.

I have read the procedure described above. I voluntarily agree to participate in the procedure and **I have received a copy of this description.**

Name (Printed) _____

Signature: _____

Date: _____

Principal Investigator: _____

Date: _____

I have read the procedure described above. I authorize the review of my charts for research purposes, and to participate in this research study. **I have received a copy of this description.**

Name (Printed) _____

Signature: _____

Date: _____

Principal Investigator: _____

Date: _____