INCREASING THE ROLE OF MEDICAL ASSISTANTS TO FACILITATE ACCESS TO TIMELY QUALITY HEALTHCARE

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USE OF MEDICAL ASSISTANTS TO ALLEVIATE THE NURSING SHORTAGE

Massachusetts is currently facing a drastic shortage of medical professionals, especially in the field of nursing. The U.S. Bureau of Labor Statistics predicted that the number of employed nurses will grow by 29% between 2004 and 2014, which indicates that more than 1.2 million nurses will be needed to fill these positions. As of 2001, there was a 13% vacancy rate for funded nurses in hospitals, and as high as 22% in long term care facilities. Rather than deal with this shortage by competitively increasing pay for nurses, healthcare providers often institute cost cutting measures such as overworking existing nursing staff (mandatory over time), hiring contingent workers, understaffing, and offering one-time hiring bonuses to meet staffing needs. These practices have resulted in decreased patient access to quality healthcare due to high patient/nurse ratios and a high turn over rate for nurses who feel they are not able or willing to meet such unreasonable professional demands.

Medical Assistants are a cost effective existing untapped professional resource which could ease the burden on nurses in the workplace by allowing them to administer vaccinations under the supervision of a registered nurse. Under the Massachusetts Controlled Substances Act of 1994, Massachusetts law currently forbids nurses from delegating the administration of controlled substances and the provision of injections.

According to Masspro, every year in Massachusetts, 800 unvaccinated people die and 2,600 are hospitalized because of influenza alone. Influenza-related direct costs annually are estimated to be $1 to $12 billion depending on the severity of the flu season. Due to the shortage of nurses, MDPH and the Commonwealth of Massachusetts has begun to turn to a broader range of medical professionals such as pharmacists and EMT's to meet vaccination demands. Medical Assistants are a natural extension of this class of professionals who require little or no additional training under existing rules to have a potentially monumental impact on protecting the health of the public.

For the following reasons, it is in the best interests of MA and patients to allow them to do so:

1. **Injection administration training is a standard requirement in the MA's education and certification process.** MA's are trained at various private and nonprofit educational programs which require them to be certified by private agencies such as the American Association of Medical Assistants. However, MA's are not legally required by the state to be certified by any accreditation agency, and no legally binding training protocols or standards exist.

2. **The increased role of MA's would cost effectively increase the quality of healthcare for patients by adding flexibility to the nurse's daily practice and to focus more on patient care which requires a nurse's high skill level.** MA's are paid approximately $20,000-$25,000 per year as opposed to the highly trained workforce of nurses which supervise them. Healthcare providers could improve patient care outcomes cost effectively by more fully utilizing their existing workforce of MA's.

OVERSIGHT AND REGULATION OF MA'S IS UNREQUIRED YET EASILY ACHIEVABLE

3. **An oversight and certification process has been instituted through DPH for EMT's, school nurses, and pharmacists to administer vaccinations which is easily adaptable to the role of MA's.** Under the CSA, all parties who administer vaccinations must register with the Massachusetts Department of Public Health. However, in addition to legislative amendments, MDPH also has the discretionary authority to designate other parties for registration to administer immunizations or absolve them from their statutory obligation to do so through regulation. As opposed to MA's in hospitals working under the direct oversight of a nurse and supervising physician, these designated parties receive remote oversight.

    - Pharmacists: In response to the swine flu epidemic and shortage of healthcare professionals available to administer vaccines in 2009, the CSA was amended to include pharmacists. These registered pharmacists are remotely supervised by collaborating off site physicians and do not have access to patient history or medical records.

    - EMT's: Upon completion of a 100 hour course, a basic EMT is authorized to administer vaccinations under the supervision of an advanced EMT. No registration is required.

    - Medical and Nursing Students: No registration is required so long as they are acting under the supervision of a qualified nurse or physician, *regardless of the student's level of training.*

    - School Nurse Deligees: Any school registered with DPH may allow it's school nurse to deligate the administration of medications to unregistered third parties under her supervision *without regard to the nurse's proximity thereto.* There is no reason why this rule should not apply to nurses in hospitals.

    - Employees of Community programs licensed by DMR: Unlicensed professionals working for community programs are able to give injections upon completion of a DPH approved certification program.

4. **MA's and phlebotomists currently perform needle insertion procedures such as drawing blood, starting IV's, and subcutaneous injections without any government oversight of the industry.** Unlike Class I-V controlled substances, Class VI substances are not addictive and the above-referenced relaxed legislation to allow a broader range of professionals to administer them reflects this. Since MA's act only under the orders of a

responsible licensed practitioner, they are not exercising any medical judgment or authority which requires the level of discretion of a licensed practitioner.

5. **Allowing MA's to give injections will encourage increased oversight of the industry and protect facilities from liability by creating an incentive to hire only formally trained and certified MA's.** For the reasons outlined by Donald Balasa, JD, MBA, AAMA Executive Director and Legal Counsel, delegating medical professionals are held liable for supervisees who do not perform a duty up to the reasonable standard of care. Malpractice insurance does not cover state regulatory offenses, only civil matters. An increased roll for MA's will necessitate that employers protect patients by being more responsible in their hiring practices by requiring formal training of their staff to protect themselves from liability. This also relieves the burden on the State to oversee the industry and encourages a uniform standard of care nationwide through use of national certification agencies like the AAMA. This is further discussed in the AAMA's article "Your Office Staff Can Get You Sued; Protect your practice by employing CMA's." (Page 10)

6. **Professional MA training programs are currently widely used and available in both the private and public sector, and almost all require certification upon completion from a private certification agency.** Currently, MA the MA certification process requires students to complete a Medical Assisting program at an accredited school (see list of Massachusetts accredited educational institutions, Page 12.) Upon graduation, the student then must pass a certification examination and apply for accreditation from a private regulatory agency such as the AAMA. AAMA accreditation is broadly used because it is the only medical assisting credentialing examination that utilizes the National Board of Medical Examiners as a test consultant. The AAMA also offers classes and credit for continuing education to make sure members skill sets are on par with the latest medical advancements.

IN DEPTH LEGAL ANALYSIS OF THE ROLE OF MEDICAL ASSISTANTS AND OTHER HEALTHCARE PROFESSIONALS IN ADMINISTERING VACCINATIONS

Issue: Only registered nurses and physicians are specifically authorized to administer injections within the Commonwealth of Massachusetts to the inferred exclusion of professionally trained and readily available Medical Assistants (MA.)

Rule(s):

1. The CSA does not specifically prohibit the administration of vaccinations by MA's by language of limitation such as "only." The law applies to the "Administration" of "controlled substances" as defined under M.G.L. 94c §1:

   a) Controlled Substance: *a drug, substance, or immediate precursor in any schedule or class referred to in this chapter. Immunizations are considered Class VI substances as defined by M.G.L. 94c. §3*

   b) Administer: *the direct application of a controlled substance whether by injection, inhalation, ingestion, or any other means to the body of a patient or research subjext by-*
   - *A. a practitioner;*
   - *B. a nurse at the direction of a practitioner in the course of his professional practice, or*
   - *C. an ultimate user or research subject.*

   c) Dispense: *to deliver a controlled substance to an ultimate user or research subject or to the agent of an ultimate user or research subject by a practitioner or pursuant to the order of a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary for such delivery.*

2. No specific language of limitation exist to limit physicians ability to delegate administration of immunizations to nurses ONLY. M.G.L. 94c §9(a) allows a "practioner" (licensed professional) *to "possess such controlled substances as may reasonably be required for the purpose of patient treatment and may administer controlled substances or may cause the same to be administered by a nurse."*

3. Only persons "primarily responsible" for activities involving controlled substances are required to register (105 CMR: 700.004 (B)) MA's who give injections under the supervision of a physician are not explicitly required to register with the Commissioner because they ADMINISTER Class VI substances. They are not permitted to POSSESS them, but "possess" is not

defined and not specifically construed as to be applied to those who may come into contact with but do not have control of them in the legal sense of the word. "Control" implies that the person holding the substance has the right to dispense/administer it as they please, and MA's are merely transporting/carrying out the orders of a supervising physician or practitioner. IE, if you are in a friend's home and they hang your coat up in their closet, it does not mean that they own or possess the coat itself.

4. 105 CMR: 700.004(5) Specifically authorizes any "responsible person" to dispense controlled substances under the registration of the hospital when delegated by ingestion only.

5. If the role of an MA is construed under 94c. §7 as that of a "dispensor," MA's are still not required to register or prohibited from administering Class VI vaccines under §7(d)(9) which covers all other classes of professionals not specifically named and under the supervision of a clinic or physician and provides that:

> The following persons shall not require registration and may lawfully possess and distribute controlled substances:
>
> (9) any person who belongs to a class of persons which is authorized by regulation of the commissioner to provide services for the purpose of diagnosis, care, treatment, or research.

6. **Nurses are required to register with the Commissioner and are subject to 94c. §7 and are specifically prohibited from allowing MA's to administer vaccinations under DCP MAP Policy 4-1:**

"Nurses shall not delegate, assign, or allow unlicensed, certified staff to administer medications to clients for whose direct care the nurse is responsible. When a licensed nurse is responsible for a direct client's care, such responsibility shall include administration of all medications."

7. **The definition of a qualified "Unlicensed Person" applies to MA's.** 244 CMR: 3.05 (1):

Supervision: Provision of guidance by a qualified licensed nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

Unlicensed Person: A trained responsible individual other than the qualified nurse who functions in a complementary or assistive role to the qualified licensed nurse in providing direct patient/client care or carrying out nursing functions. The term includes, but is not limited to, nurses' aides, orderlies, ***assistants,*** *attendants, technicians, home health aides, and* ***other health aides****.*

A. NURSES ARE ABLE TO DELEGATE OTHER TASKS

1. **Nurses are able to delegate tasks to unlicensed healthcare personnel provided that they take responsibility over the outcome of all such delegations.**
2. Under 244 CMR: 3.02 and 3.04:

   "*A registered nurse, within the parameters of his/her generic and continuing education and experience, may delegate nursing activities to their registered nurses and/or* ***healthcare personnel****, provided, that the delegated registered nurse shall bear full and ultimate responsibility for:*

   a) Making an appropriate assignment;
   b) Properly and adequately teaching, directing, and supervising the delegate; and
   c) The outcomes of that delegation.

3. **Designation of a delegable party is at the discretion of the supervising nurse as long as they do not require the delegee to assess, evaluate, or judge in the capacity of a nurse during implementation except as provided by M.G.L. c. 94C.** 244 CMR: 3.05(3)(4)

4. However, the scope of the legislation is not clear because the language refers to these activities as "*...usually considered within the scope of nursing practice to be delegated.*" 244 CMR: 3.05(3)

5. **No regulation prohibiting the delegation of subcutaneous needle insertion/punctures to MA's exists.**

B. M.G.L. 94C §7(G) ENABLES THE COMMISSIONER TO DESIGNATE A CLASS OF PROFESSIONALS FOR CONTROLLED SUBSTANCES RELATED ACTIVITIES

6. If the Commissioner saw fit, he could require MA's to register with DPH as a special class to administer vaccinations as has been required of school district employees, pharmacists, and other health professionals. The rules and qualifications for deligees could easily be extrapolated to include MA's if need be.

C. UNLICENSED EMPLOYEES OF "COMMUNITY PROGRAMS" MAY GIVE INJECTIONS TO THE MENTALLY HANDICAPPED

7. "Persons authorized by regulation" includes unregistered parties acting under the license of a community program as long as they have completed a DPH approved

and certified training program under 105 CMR 700.003(F). "Community program" is defined under 105 CMR 700.001 as:

Community Program: *"Any community residential or day program serving mentally ill or mentally retarded persons which is funded,operated, or licensed by the MDPMH or DMR, with the exception of programs funded under Title XIX of the Social Security Act."*

8. The regulation does not require the administeree to be a mentally challenged person, so it would seem logical that the MA's providing this service would be allowed to do so in other settings such as hospitals.

D. SCHOOL NURSES MAY DELEGATE INJECTIONS TO UNLICENSED PERSONNEL

9. 105 cmr 210.000 permits public and private school nurses to delegate the administration of medications, to various unlicensed parties (including field trip chaperones) including injections, provided that the school district and the administering party register with DPH. The purpose of this rule is to "add flexibility to the nurse's daily practice."

10. Under 105 CMR 210.000, the unlicensed administering party is then considered under the supervision of the school nurse regardless of the nurse's proximity to the patient at the time of administration.

E. PHARMACISTS ARE AUTHORIZED TO GIVE INJECTIONS

11. 243 CMR 2.12 and M.G.L. 94c §7 and §9 authorize pharmacists to administer vaccinations under the supervision and comanagement of a physician under the rule of "Collaborative Drug Management."

12. The pharmacist must have a degree in pharmacy or five years of experience as a licensed pharmacist, hold an unrestricted pharmacist license and be in good standing, register with DPH, and receive .5 continuing education units of Board Registration in Pharmacy approved continuing education that address areas of practice generally related to the relevant collaboration. (243 CMR 2.12(2))

F. MEDICAL AND NURSING STUDENTS AND INTERNS ARE AUTHORIZED TO GIVE INJECTIONS

13. 105 CMR 700.004 and M.G.L. 94c do not require medical or nursing students enrolled in school and acting under the supervision of a fully licensed physician to register with DPH regardless of their level of training.

G. EMT-BASIC ARE ABLE TO ADMINISTER VACCINATIONS

14. Under 105 CMR 170.810(d) EMT Basics can administer vaccinations under the supervision of an EMT supervisor.

15. Training for EMT Basics is comprised of 100 hours of training at a for profit facility who has been certified by DPH.

F. PHLEBOTOMISTS REQUIRE NO CERTIFICATION OR REGISTRATION

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Donald A. Balasa, JD, MBA
AAMA Executive Director, Legal Counsel

Your office staff can get you sued

Protect your practice by employing CMAs

The following is a written adaptation of a Jan. 18, 2006 presentation to the Nevada Society of Medical Assistants and a May 5, 2006 presentation to the Wisconsin Society of Medical Assistants.

1. The delegating physician, the practice as a whole, and the medical assistant can be subject to disciplinary actions by the state if a medical assistant is delegated procedures that: (a) constitute the practice of medicine, and require the skill and knowledge of a licensed physician; or (b) can only be delegated by state law to certain health professionals other than medical assistants. An example of the latter is physical therapy. Although some states—explicitly or implicitly—permit physicians to delegate very minor physical therapy modalities to competent and knowledgeable medical assistants working under the physician's direct supervision, no state allows a physician to delegate the full range of physical therapy to anyone other than a licensed physical therapist.
2. State disciplinary actions can result in fines and other criminal or quasi-criminal penalties for the delegating physician, the practice, and the medical assistant. Professional liability (malpractice) insurance policies do not provide coverage for violations of state laws. These policies only offer coverage in civil matters, such as malpractice and wrongful death suits.
3. A medical assistant should never refer to herself/himself as a "nurse," "office nurse," or "doctor's nurse." In every state this is a violation of the Nurse Practice Act, and can result in fines and penalties. All office personnel should avoid referring to medical assistants as "nurses." If a patient addresses you as a nurse, you should politely and pleasantly say that you are a Certified Medical Assistant® (CMA), not a nurse.
4. The delegating physician, the practice, and the medical assistant can be sued for negligence if the medical assistant does not perform a duty up to the standard of care of a reasonably competent medical assistant. The physician is potentially liable under the legal doctrine of respondeat superior, and can also be liable under the theory of negligent delegation.
5. The "standard of care of a reasonably competent medical assistant" is not necessarily the same in all parts of the United States. The standard may vary from state to state or even from one region of a state to another. This is one reason why it is important for medical assistants to attend continuing education sessions given by component chapters and state societies.
6. A court may hold a CMA to a higher standard of care than a medical assistant who does not have the CMA credential. This is another reason why continuing professional education is so important for Certified Medical Assistants.
7. A delegating physician, however, can also be liable for the negligence of a *licensed* professional, such as a registered nurse (RN) or a licensed practical/vocational nurse (LP/VN). Contrary to common belief, the delegating physician is not sheltered from civil liability because the professional to whom he/she is delegating is licensed. A health professional—licensed or unlicensed—can be held civilly liable for negligent acts. Likewise, a supervising and overseeing physician is responsible for the negligent acts of professionals to whom he/she delegates—whether such professionals are licensed or unlicensed.
8. An increasing number of malpractice insurance carriers are requiring medical assistants to have a professional credential, such as the Certified Medical Assistant® (CMA). Some carriers insist that the credential be the CMA.
9. The fact that the practice's medical assistants are current CMAs is powerful evidence in a malpractice action. Having a staff of current CMAs can lessen the likelihood that physicians will be held liable for negligent delegation.

10. The Certified Medical Assistant® (CMA) of the American Association of Medical Assistants (AAMA) is the only medical assisting credential that requires graduation from a postsecondary medical assisting academic program that is accredited by either the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES). The CMA is the only medical assisting credentialing examination that utilizes the National Board of Medical Examiners as test consultant.
11. The AAMA CMA certification/recertification program is accredited by a national accreditor of certifying boards and programs. Accreditation is an attestation of the high standards of the CMA credential. The proven quality of the CMA can be beneficial in many legal contexts, including malpractice actions.
12. The phrase "Certified Medical Assistant®" is registered as a service mark with the United States Patent and Trademark Office. The AAMA can enforce its intellectual property rights in federal and state courts. The AAMA Executive Office receives complaints against medical assistants who are unlawfully using the CMA credential, and takes appropriate action.
13. Only those medical assistants who have earned the Certified Medical Assistant® can use the CMA credential. Other medical assistants, such as Registered Medical Assistants (RMAs), National Certified Medical Assistants (NCMAs), California Certified Medical Assistants (CCMAs), National Registered Medical Assistants (NRMAs), and their employers can be in legal jeopardy if they use the term "certified medical assistant" or the CMA initialism. (Of course, a CMA cannot use other medical assisting designations, such as RMA.)
14. There is an important difference between programmatic (specialized) accreditation and institutional accreditation. Programmatic accreditation of a medical assisting program provides a greater degree of scrutiny and accountability of the program than institutional accreditation of a school that has a medical assisting program. CAAHEP and ABHES are the only accreditors that provide medical assisting programmatic accreditation. ◂

Any questions about the legal principles discussed in this article should be directed to AAMA Executive Director and Legal Counsel Donald A. Balasa, JD, MBA, at dbalasa@aama-ntl.org or 800/228-2262.

CAAHEP Accredited Programs

Profession: Medical Assistant
State: MA
Status: Accredited
14 program(s).

American Career Institute - Braintree, MA
Website: www.aictrain.com

Medical Assistant Program
725 Granite Street
Braintree , MA - 02184

Degrees: Certificate

Program Director: Gina Iannarilli RMA, BA, CCMA
Email: giannarilli@aictrain.com
Phone: (781) 794-3400

Bristol Community College - Fall River, MA
Website: www.bristol.mass.edu

Medical Assistant Program
777 Elsbree St
Fall River , MA - 02720-7399

Degrees: Certificate

Program Director: Lisa D. Wright CMA, MT, SH
Email: lwright@bristol.mass.edu
Phone: (508)678-2811

Cape Cod Community College - West Barnstable, MA
Website: www.capecod.edu

Medical Assistant Program
2240 Iyannough Road
West Barnstable , MA - 02668-1532

Degrees: Certificate

Program Director: Barbara Colocino BSN, FNP, RNFA, RMA (AMT)
Email: bcolocino@capecod.edu
Phone: (508) 362-2131

Massasoit Community College - Brockton, MA
Website: www.massasoit.mass.edu

Medical Assistant Program
900 Randolph St
Ctr for Careers & Technology
Canton , MA - 02021-1372

Degrees: Certificate

Program Director: Linda M. Dente CMA, BS
Email: Ldente@massasoit.mass.edu
Phone: (781)821-2222

McCann Technical School - North Adams, MA
Website: www.mccanntech.org

Medical Assistant Program
70 Hodges Cross Road
North Adams , MA - 01247-3940

Degrees: Certificate

Program Director: Terry Ann LeClair MA
Email: tleclair@mccanntech.org
Phone: (413)672-1393

Middlesex Community College - Lowell, MA
Website: www.middlesex.mass.edu

Medical Assistant Program
33 Kearney Square
Lowell , MA - 01852

Degrees: Certificate

Program Director: Claudia Guillen RMA, ASN
Email: guillenc@middlesex.mass.edu
Phone: (978) 656-3024

Mount Wachusett Community College - Gardner, MA
Website: www.mwcc.mass.edu

Medical Assistant Program
444 Green St
Gardner , MA - 01440-1395

Degrees: Associate

Program Director: Brenda M. Tatro BA
Email: b_tatro@mwcc.mass.edu
Phone: (978) 630-9357

North Shore Community College - Danvers, MA
Website: www.northshore.edu

Medical Assistant Program
1 Ferncroft Rd
P O Box 3340
Danvers , MA - 01923-4017

Degrees: Certificate

Program Director: Mariann Splaine Henry AS, OTA
Email: msplaine@northshore.edu
Phone: (978)762-4179

Northern Essex Community College - Lawrence, MA
Website: www.necc.mass.edu

Medical Assistant Program
45 Franklin St
Lawrence , MA - 01840-1121

Degrees: Certificate

Program Director: Kathleen Welch-Hudson MS
Email: khudson@necc.mass.edu
Phone: (978)738-7512

Porter and Chester Institute - Chicopee - Chicopee, MA
Website: www.porterchester.com

Medical Assistant Program
134 Dulong Cir
Chicopee , MA - 01022-1153

Degrees: Diploma

Program Director: Elizabeth A. Murphy CMA, AS
Email: emurphy@porterchester.com
Phone: (413)593-3162

Quinsigamond Community College - Worcester, MA
Website: www.qcc.edu

Medical Assistant Program
670 W Boylston St
Admin Bldg Rm 403-A
Worcester , MA - 01606-2064

Degrees: Certificate

Program Director: Pamela Ann Fleming CMA, MPA, RN
Email: PFleming@qcc.mass.edu
Phone: (508)854-2738

Salter College - Worcester, MA
Website: www.salterschool.com

Medical Assistant Program
184 W Boylston St
Suite 1
West Boylston , MA - 01583-1756

Degrees: Diploma

Program Director: Joann Monks MBA, RMA, RN
Email: jmonks@salter.edu
Phone: (508) 853-1074

Southeastern Technical Institute -South Easton - South Easton, MA
Website: www.southeasterntech.org

Medical Assistant Program
250 Foundry St
Code 2411
South Easton , MA - 02375-1780

Degrees: Diploma

Program Director: Susan Beer CMA(AAMA), BS
Email: sbeer@sersd.org
Phone: (508) 238-1860

Springfield Technical Community College - Springfield, MA
Website: www.stcc.edu

Medical Assistant Program
1 Armory Square
Suite 1
PO Box 9000
Springfield , MA - 01105

Degrees: Certificate

Program Director: Cornelia W. Pettengill MEd, RN
Email: pettengill@stcc.edu
Phone: (413) 755-4843

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2010 Workshops

Bay State College - Boston

Bay State College - Boston (Program)

122 Commonwealth Avenue

Boston, MA 02116

Phone: (617) 236-8000

Fax: (617) 536-1735

ABHES ID# MA-020

Initial Year Accredited: 1974

Currently Accredited through: 2010

Contact: Dr. Rosana Darang,Program Director

Email: rdarang@baystate.edu

Website: www.baystate.edu

Classroom Space If Any:

Programs:

Medical Assisting - Associate of Science (residential)

Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines

for the Accreditation of Educational Programs in Medical Assisting

Essentials/Standards initially adopted in 1969;
revised in 1971, 1977, 1984, 1991, 1999, 2003, 2008

Adopted by the
American Association of Medical Assistants
American Medical Association
and
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Medical Assisting Education Review Board (MAERB).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the medical assisting profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the American Association of Medical Assistants and American Medical Association cooperate to establish, maintain and promote appropriate standards of quality for educational programs in medical assisting and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of medical assisting programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession: Medical assistants are multiskilled health professionals specifically educated to work in ambulatory settings performing administrative and clinical duties. The practice of medical assisting directly influences the public's health and well-being, and requires mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be one of the following:

1. A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

2. A foreign post-secondary academic institution acceptable to CAAHEP, and authorized under applicable law or other acceptable authority to provide a post-secondary education program, which awards a minimum of a diploma/certificate in medical assisting upon completion of the program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.

2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director

a. Responsibilities: The program director must be responsible for program effectiveness, including outcomes, organization, administration, continuous review, planning and development.

b. Qualifications: The program director must have a minimum of an associate degree and instruction in educational theory and techniques.

The program director must be credentialed in medical assisting by a credentialing organization accredited by the National Commission for Certifying Agencies (NCCA) unless a full-time medical assisting faculty member is so credentialed.

The program director must have a minimum of three (3) years experience in healthcare, including a minimum of 40 hours of experience in an ambulatory healthcare setting performing or observing administrative and clinical procedures performed by medical assistants.

The program director must have teaching experience in postsecondary and/or vocational/technical education.

Program directors approved under previous CAAHEP *Standards* will continue to be approved only as long as they remain continuously employed in that position in the same program.

Instruction in educational theory and techniques may include college courses, seminars or in service sessions on topics such as learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.

2. **Faculty and/or Instructional Staff**

a. Responsibilities: Faculty must utilize instructional plans, direct and assess student progress in achieving theory and performance requirements of the program.

b. Qualifications: Faculty must be knowledgeable in course content, as evidenced by education and/or experience, effective in directing and evaluating student learning and laboratory performance, and be prepared in educational theory and techniques.

3. **Practicum Coordinator**

a. Responsibilities: The Practicum Coordinator must select and approve appropriate Practicum sites; provide orientation for the on-site supervisors; and provide oversight of the Practicum experience, including on-site assessment of student experiences and the quality of learning opportunities at least once during each term students are assigned to the Practicum site.

b. Qualifications: The Practicum Coordinator must be knowledgeable in program curriculum, as evidenced by education and/or experience, and effective in evaluating student learning and performance.

The responsibilities of the Practicum Coordinator may be fulfilled by the Program Director, faculty member(s), or other qualified designee.

C. **Curriculum**

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation, which must be provided prior to implementation of each segment of the curriculum.

1. **Content and Competencies**

The program must demonstrate that the content and competencies included in the program's curriculum meet or exceed those stated in the latest edition of the *MAERB Core Curriculum* (Appendix B).

Program length should be sufficient to ensure student achievement of the MAERB Core Curriculum.

Appropriate course sequencing is defined as a logical progression of learning.

2. **Practicum**
   An unpaid, supervised practicum of at least 160 contact hours in an ambulatory healthcare setting, performing psychomotor and affective competencies, must be completed prior to graduation. On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession.

   The program should ensure that the practicum experience and instruction of students are meaningful and parallel in content and concept with the material presented in lecture and laboratory sessions. Sites should afford each student a variety of experiences.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

The format for resource assessments should be: Purpose statement, Measurement Systems, Dates of Measurement, Results, Analyses, Action Plans, and Follow-up.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. **Frequency and purpose**
   Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

   "Validity" means that the evaluation methods chosen are consistent with the learning and performance objectives being tested. Methods of assessment are carefully designed and constructed to measure stated learning and performance objectives at the appropriate level of difficulty. Methods used to evaluate skills and behaviors are consistent with stated practicum performance expectations and designed to assess competency attainment.

2. **Documentation**
   Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

   Documentation should include, but is not limited to, appropriate written, practical and/or oral evaluations of student achievement that are based on all components of the Core Curriculum for Medical Assistants.

B. Outcomes

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

   Outcomes assessment must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, programmatic summative measures. The program must meet the outcomes assessment thresholds established by the Medical Assisting Education Review Board.

   "Positive placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/ or serving in the military.

   "National credentialing examinations" are those accredited by the National Commission for Certifying Agencies (NCCA). Participation and pass rates on national credentialing examination(s) performance may be considered in determining whether or not a program meets the designated threshold, provided the credentialing examination(s) is/are available to be administered prior to graduation from the program.

2. **Outcomes Reporting**

The program must periodically submit to the MAERB the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the MAERB to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

   Catalogs and/or web sites should include the current curriculum and award granted by the medical assisting program.

2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

   The required language for publicizing the CAAHEP status of accreditation for medical assisting program can be found MAERB web site.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program and that students must be supervised and not receive compensation for practicum.

4. The sponsor must maintain, and provide upon request, current and consistent information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

   The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

Safeguards may include OSHA and CDC guidelines, and any state, local or institutional guidelines/policies related to health and safety.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/MAERB in a timely manner. Additional substantive changes to be reported to MAERB, within the time limits prescribed, include:

1. Change in the institution's legal status or form of control;
2. Change/addition/deletion of courses that represent a significant departure in content;
3. Change in method of curriculum delivery;
4. Change of the degree or credential awarded;
5. Change of clock hours to credit hours or vice versa; and
6. Substantial increase/decrease in clock or credit hours for successful completion of a program.

Policies for reporting the above changes can be found in the MAERB Program Policy Manual.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity. Practicum agreements must include a statement that students must be supervised and must not receive compensation for services provided as a part of the Practicum.

These documents should be reviewed periodically to ensure the availability of resources for the provision of effective education.

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it to:

Medical Assisting Education Review Board
American Association of Medical Assistants Endowment
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606

The "Request for Accreditation Services" form can be obtained from MAERB, CAAHEP, or the CAAHEP website at www.caahep.org.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the MAERB. The on-site review will be scheduled in cooperation with the program and once the self-study report has been completed, submitted, and accepted by the MAERB.

2. Applying for Continuing Accreditation

a. Upon written notice from the MAERB, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it to:

Medical Assisting Education Review Board (MAERB)
American Association of Medical Assistants Endowment
20 N. Wacker Drive, Suite 1575
Chicago, IL 60606

b. The program may undergo a comprehensive review in accordance with the policies and procedures of the MAERB.

If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the MAERB forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

a. The program must inform the MAERB and CAAHEP within a reasonable period of time (as defined by the MAERB and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.

b. The sponsor must inform CAAHEP and the MAERB of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the MAERB that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The

MAERB has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.

c. The sponsor must promptly inform CAAHEP and the MAERB of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

d. Comprehensive reviews are scheduled by the MAERB in accordance with its policies and procedures. The time between comprehensive reviews is determined by the MAERB and based on the program's on-going compliance with the **Standards**; however, all programs must undergo a comprehensive review at least once every ten years.

e. The program and the sponsor must pay MAERB and CAAHEP fees within a reasonable period of time, as determined by the MAERB and CAAHEP respectively.

f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with MAERB policy.

g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a MAERB accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the MAERB.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status may be requested from CAAHEP at any time by the chief executive officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the MAERB and CAAHEP to maintain its accreditation status.

To reactivate the program the chief executive officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the MAERB. The sponsor will be notified by the MAERB of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the MAERB forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the MAERB forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The MAERB reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the MAERB forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The MAERB reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the MAERB arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

   At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's chief executive officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation **Standards**.

   Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

Appendix B

Core Curriculum for Medical Assistants
Medical Assisting Education Review Board (MAERB)
2008 Curriculum Plan

Foundations for Clinical Practice

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate the cognitive knowledge in performance of the psychomotor and affective domains in their practice as medical assistants in providing patient care.

I.C Cognitive (Knowledge Base)	I. P Psychomotor (Skills)	I. A Affective (Behavior)
I. Anatomy & Physiology 1. Describe structural organization of the human body 2. Identify body systems 3. Describe body planes, directional terms, quadrants, and cavities 4. List major organs in each body system 5. Describe the normal function of each body system 6. Identify common pathology related to each body system 7. Analyze pathology as it relates to the interaction of body systems 8. Discuss implications for disease and disability when homeostasis is not maintained 9. Describe implications for treatment related to pathology 10. Compare body structure and function of the human body across the life span 11. Identify the classifications of medications, including desired effects, side effects and adverse reactions 12. Describe the relationship between anatomy and physiology of all body systems and medications used for treatment in each	**I. Anatomy & Physiology** 1. Obtain vital signs 2. Perform venipuncture 3. Perform capillary puncture 4. Perform pulmonary function testing 5. Perform electrocardiography 6. Perform patient screening using established protocols 7. Select proper sites for administering parenteral medication 8. Administer oral medications 9. Administer parenteral (excluding IV) medications 10. Assist physician with patient care 11. Perform quality control measures 12. Perform CLIA waived hematology testing 13. Perform CLIA waived chemistry testing 14. Perform CLIA waived urinalysis 15. Perform CLIA waived immunology testing 16. Screen test results	**I. Anatomy & Physiology** 1. Apply critical thinking skills in performing patient assessment and care 2. Use language/verbal skills that enable patients' understanding 3. Demonstrate respect for diversity in approaching patients and families

II.C Cognitive (Knowledge Base)	II. P Psychomotor (Skills)	II. A Affective (Behavior)
II. Applied Mathematics 1. Demonstrate knowledge of basic math computations 2. Apply mathematical computations to solve equations 3. Identify measurement systems 4. Define basic units of measurement in metric, apothecary and household systems 5. Convert among measurement systems 6. Identify both abbreviations and symbols used in calculating medication dosages 7. Analyze charts, graphs and/or tables in the interpretation of healthcare results	**II. Applied Mathematics** 1. Prepare proper dosages of medication for administration 2. Maintain laboratory test results using flow sheets 3. Maintain growth charts	**II. Applied Mathematics** 1. Verify ordered doses/dosages prior to administration 2. Distinguish between normal and abnormal test results
III.C Cognitive (Knowledge Base)	**III. P Psychomotor (Skills)**	**III. A Affective (Behavior)**
III. Applied Microbiology/Infection Control 1. Describe the infection cycle, including the infectious agent, reservoir, susceptible host, means of transmission, portals of entry, and portals of exit 2. Define asepsis 3. Discuss infection control procedures. 4. Identify personal safety precautions as established by the Occupational Safety and Health Administration (OSHA) 5. List major types of infectious agents 6. Compare different methods of controlling the growth of microorganisms 7. Match types and uses of personal protective equipment (PPE) 8. Differentiate between medical and surgical asepsis used in ambulatory care settings, identifying when each is appropriate 9. Discuss quality control issues related to handling microbiological specimens 10. Identify disease processes that are indications for CLIA waived tests 11. Describe Standard Precautions, including: a. Transmission based precautions b. Purpose c. Activities regulated 12. Discuss the application of Standard Precautions with regard to:	**III. Applied Microbiology/Infection Control** 1. Participate in training on Standard Precautions 2. Practice Standard Precautions. 3. Select appropriate barrier/personal protective equipment (PPE) for potentially infectious situations 4. Perform handwashing 5. Prepare items for autoclaving 6. Perform sterilization procedures 7. Obtain specimens for microbiological testing 8. Perform CLIA waived microbiology testing	**III. Applied Microbiology/Infection Control** 1. Display sensitivity to patient rights and feelings in collecting specimens 2. Explain the rationale for performance of a procedure to the patient 3. Show awareness of patients' concerns regarding their perceptions related to the procedure being performed

a. All body fluids, secretions and excretions b. Blood c. Non intact skin d. Mucous membranes 13. Identify the role of the Center for Disease Control (CDC) regulations in healthcare settings.		

Applied Communications

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants in communicating effectively, both orally and in writing.

IV.C Cognitive (Knowledge Base)	IV. P Psychomotor (Skills)	IV. A Affective (Behavior)
IV. Concepts of Effective Communication 1. Identify styles and types of verbal communication 2. Identify nonverbal communication 3. Recognize communication barriers 4. Identify techniques for overcoming communication barriers 5. Recognize the elements of oral communication using a sender-receiver process 6. Differentiate between subjective and objective information 7. Identify resources and adaptations that are required based on individual needs, i.e., culture and environment, developmental life stage, language, and physical threats to communication 8. Recognize elements of fundamental writing skills 9. Discuss applications of electronic technology in effective communication 10. Diagram medical terms, labeling the word parts 11. Define both medical terms and abbreviations related to all body systems 12. Organize technical information and summaries 13. Identify the role of self boundaries in the health care environment 14. Recognize the role of patient advocacy in the practice of medical assisting 15. Discuss the role of assertiveness in effective professional communication 16. Differentiate between adaptive and non-adaptive coping mechanisms	**IV. Concepts of Effective Communication** 1. Use reflection, restatement and clarification techniques to obtain a patient history 2. Report relevant information to others succinctly and accurately 3. Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations 4. Explain general office policies 5. Instruct patients according to their needs to promote health maintenance and disease prevention 6. Prepare a patient for procedures and/or treatments 7. Demonstrate telephone techniques 8. Document patient care 9. Document patient education 10. Compose professional/business letters 11. Respond to nonverbal communication 12. Develop and maintain a current list of community resources related to patients' healthcare needs 13. Advocate on behalf of patients	**IV. Concepts of Effective Communication** 1. Demonstrate empathy in communicating with patients, family and staff 2. Apply active listening skills 3. Use appropriate body language and other nonverbal skills in communicating with patients, family and staff 4. Demonstrate awareness of the territorial boundaries of the person with whom communicating 5. Demonstrate sensitivity appropriate to the message being delivered 6. Demonstrate awareness of how an individual's personal appearance affects anticipated responses 7. Demonstrate recognition of the patient's level of understanding in communications 8. Analyze communications in providing appropriate responses/ feedback 9. Recognize and protect personal boundaries in communicating with others 10. Demonstrate respect for individual diversity, incorporating awareness of one's own biases in areas including gender, race, religion, age and economic status

Medical Business Practices

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants in the performance of medical business practices.

V.C Cognitive (Knowledge Base)	V. P Psychomotor (Skills)	V. A Affective (Behavior)
V. Administrative Functions 1. Discuss pros and cons of various types of appointment management systems 2. Describe scheduling guidelines 3. Recognize office policies and protocols for handling appointments 4. Identify critical information required for scheduling patient admissions and/or procedures 5. Identify systems for organizing medical records 6. Describe various types of content maintained in a patient's medical record 7. Discuss pros and cons of various filing methods 8. Identify both equipment and supplies needed for filing medical records 9. Describe indexing rules 10. Discuss filing procedures 11. Discuss principles of using Electronic Medical Record (EMR) 12. Identify types of records common to the healthcare setting 13. Identify time management principles 14. Discuss the importance of routine maintenance of office equipment	**V. Administrative Functions** 1. Manage appointment schedule, using established priorities 2. Schedule patient admissions and/or procedures 3. Organize a patient's medical record. 4. File medical records 5. Execute data management using electronic healthcare records such as the EMR 6. Use office hardware and software to maintain office systems 7. Use internet to access information related to the medical office 8. Maintain organization by filing 9. Perform routine maintenance of office equipment with documentation 10. Perform an office inventory	**V. Administrative Functions** 1. Consider staff needs and limitations in establishment of a filing system 2. Implement time management principles to maintain effective office function
VI.C Cognitive (Knowledge Base)	**VI. P Psychomotor (Skills)**	**VI. A Affective (Behavior)**
VI. Basic Practice Finances 1. Explain basic bookkeeping computations. 2. Differentiate between bookkeeping and accounting 3. Describe banking procedures 4. Discuss precautions for accepting checks. 5. Compare types of endorsement 6. Differentiate between accounts payable and accounts receivable	**VI. Basic Practice Finances** 1. Prepare a bank deposit 2. Perform accounts receivable procedures, including: a. Post entries on a daysheet b. Perform billing procedures c. Perform collection procedures d. Post adjustments e. Process a credit balance	**VI. Basic Practice Finances** 1. Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients

7. Compare manual and computerized bookkeeping systems used in ambulatory healthcare 8. Describe common periodic financial reports 9. Explain both billing and payment options. 10. Identify procedure for preparing patient accounts 11. Discuss procedures for collecting outstanding accounts 12. Describe the impact of both the Fair Debt Collection Act and the Federal Truth in Lending Act of 1968 as they apply to collections 13. Discuss types of adjustments that may be made to a patient's account	f. Process refunds g. Post non-sufficient fund (NSF) checks. h. Post collection agency payments. 3. Utilize computerized office billing systems	
VII.C Cognitive (Knowledge Base)	**VII. P Psychomotor (Skills)**	**VII. A Affective (Behavior)**
VII. Managed Care/Insurance 1. Identify types of insurance plans 2. Identify models of managed care 3. Discuss workers' compensation as it applies to patients 4. Describe procedures for implementing both managed care and insurance plans 5. Discuss utilization review principles. 6. Discuss referral process for patients in a managed care program 7. Describe how guidelines are used in processing an insurance claim 8. Compare processes for filing insurance claims both manually and electronically 9. Describe guidelines for third-party claims 10. Discuss types of physician fee schedules 11. Describe the concept of RBRVS 12. Define Diagnosis-Related Groups (DRGs)	**VII. Managed Care/Insurance** 1. Apply both managed care policies and procedures 2. Apply third party guidelines 3. Complete insurance claim forms 4. Obtain precertification, including documentation 5. Obtain preauthorization, including documentation 6. Verify eligibility for managed care services	**VII. Managed Care/Insurance** 1. Demonstrate assertive communication with managed care and/or insurance providers 2. Demonstrate sensitivity in communicating with both providers and patients 3. Communicate in language the patient can understand regarding managed care and insurance plans
VIII.C Cognitive (Knowledge Base)	**VIII. P Psychomotor (Skills)**	**VIII. A Affective (Behavior)**
VIII. Procedural and Diagnostic Coding 1. Describe how to use the most current procedural coding system 2. Define upcoding and why it should be avoided 3. Describe how to use the most current diagnostic coding classification system 4. Describe how to use the most current HCPCS coding	**VIII. Procedural and Diagnostic Coding** 1. Perform procedural coding 2. Perform diagnostic coding	**VIII. Procedural and Diagnostic Coding** 1.Work with physician to achieve the maximum reimbursement

Medical Law and Ethics

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants in providing patient care in accordance with regulations, policies, laws and patient rights.

IX.C Cognitive (Knowledge Base)	IX. P Psychomotor (Skills)	IX. A Affective (Behavior)
IX. Legal Implications 1. Discuss legal scope of practice for medical assistants 2. Explore issue of confidentiality as it applies to the medical assistant. 3. Describe the implications of HIPAA for the medical assistant in various medical settings 4. Summarize the Patient Bill of Rights 5. Discuss licensure and certification as it applies to healthcare providers 6. Describe liability, professional, personal injury, and third party insurance 7. Compare and contrast physician and medical assistant roles in terms of standard of care 8. Compare criminal and civil law as it applies to the practicing medical assistant. 9. Provide an example of tort law as it would apply to a medical assistant 10. Explain how the following impact the medical assistant's practice and give examples a. Negligence b. Malpractice c. Statute of Limitations d. Good Samaritan Act(s) e. Uniform Anatomical Gift Act f. Living will/Advanced directives g. Medical durable power of attorney 11. Identify how the Americans with Disabilities Act (ADA) applies to the medical assisting profession 12. List and discuss legal and illegal interview questions 13. Discuss all levels of governmental legislation and regulation as they apply to medical	**IX. Legal Implications** 1. Respond to issues of confidentiality 2. Perform within scope of practice 3. Apply HIPAA rules in regard to privacy/release of information 4. Practice within the standard of care for a medical assistant 5. Incorporate the Patient's Bill of Rights into personal practice and medical office policies and procedures 6. Complete an incident report 7. Document accurately in the patient record 8. Apply local, state and federal health care legislation and regulation appropriate to the medical assisting practice setting	**IX. Legal Implications** 1. Demonstrate sensitivity to patient rights 2. Demonstrate awareness of the consequences of not working within the legal scope of practice 3. Recognize the importance of local, state and federal legislation and regulations in the practice setting

assisting practice, including FDA and DEA regulations 14. Describe the process to follow if an error is made in patient care		
X.C Cognitive (Knowledge Base)	**X. P Psychomotor (Skills)**	**X. A Affective (Behavior)**
X. Ethical Considerations 1. Differentiate between legal, ethical, and moral issues affecting healthcare 2. Compare personal, professional and organizational ethics 3. Discuss the role of cultural, social and ethnic diversity in ethical performance of medical assisting practice 4. Identify where to report illegal and/or unsafe activities and behaviors that affect health, safety and welfare of others. 5. Identify the effect personal ethics may have on professional performance	**X. Ethical Considerations** 1. Report illegal and/or unsafe activities and behaviors that affect health, safety and welfare of others to proper authorities 2. Develop a plan for separation of personal and professional ethics	**X. Ethical Considerations** 1. Apply ethical behaviors, including honesty/integrity in performance of medical assisting practice 2. Examine the impact personal ethics and morals may have on the individual's practice 3. Demonstrate awareness of diversity in providing patient care

Safety and Emergency Practices

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants, applying quality control measures in following health and safety policies and procedures to prevent illness and injury.

X.C Cognitive (Knowledge Base)	X. P Psychomotor (Skills)	X. A Affective (Behavior)
XI. Protective Practices 1. Describe personal protective equipment 2. Identify safety techniques that can be used to prevent accidents and maintain a safe work environment 3. Describe the importance of Materials Safety Data Sheets (MSDS) in a healthcare setting 4. Identify safety signs, symbols and labels 5. State principles and steps of professional/provider CPR 6. Describe basic principles of first aid 7. Describe fundamental principles for evacuation of a healthcare setting 8. Discuss fire safety issues in a healthcare environment 9. Discuss requirements for responding to hazardous material disposal 10. Identify principles of body mechanics and ergonomics. 11. Discuss critical elements of an emergency plan for response to a natural disaster or other emergency 12. Identify emergency preparedness plans in your community 13. Discuss potential role(s) of the medical assistant in emergency preparedness	**XI. Protective Practices** 1. Comply with safety signs, symbols and labels. 2. Evaluate the work environment to identify safe vs. unsafe working conditions. 3. Develop a personal (patient and employee) safety plan. 4. Develop an environmental safety plan. 5. Demonstrate proper use of the following equipment: a. Eyewash b. Fire extinguishers c. Sharps disposal containers 6. Participate in a mock environmental exposure event with documentation of steps taken. 7. Explain an evacuation plan for a physician's office 8. Demonstrate methods of fire prevention in the healthcare setting 9. Maintain provider/professional level CPR certification. 10. Perform first aid procedures 11. Use proper body mechanics 12. Maintain a current list of community resources for emergency preparedness	**XI. Protective Practices** 1. Recognize the effects of stress on all persons involved in emergency situations 2. Demonstrate self awareness in responding to emergency situations