

KINN'S

THE MEDICAL ASSISTANT

AN APPLIED LEARNING APPROACH

14th
EDITION

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THE MEDICAL ASSISTANT

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PREFACE

Medical assisting as a profession has changed dramatically since *The Office Assistant in Medical and Dental Practice*, by Portia Frederick and Carol Towner, was first published in 1956. Each subsequent edition of this textbook has reflected the age in which it was published. Now, *Kinn's The Medical Assistant: An Applied Learning Approach*, fourteenth edition, continues to represent a long-standing commitment to high-quality medical assisting education with its engaging, straightforward writing style and demonstrated positive outcomes. Hundreds of instructors in classrooms across the country have used this text to teach thousands of students over the years. Many of these students have gone on to teach students of their own with this very same trusted resource. To continue the use and growth of this text and its features, the fourteenth edition continues to offer the most comprehensive, up-to-date, and innovative approach to teaching this subject today.

This textbook has endured throughout the years because it has been able to keep pace with an ever-changing profession while producing students who are well trained and qualified to enter medical practices across the country. This dependability is the reason the market continues to rely on this text, edition after edition. Underlying this dependability is a foundation of pedagogic features that has stood the test of time and that has been expanded and improved upon yet again in this latest edition. Such features include the following:

- An easy-to-read, highly interactive writing style that engages students through practical applications of medical assistant competencies
- An emphasis on skill development, with procedural steps outlining each skill, supported by rationales that provide meaning to each step
- A pedagogic framework based on the use of learning objectives, vocabulary terms, and supportive student supplements
- A package of supportive materials to accommodate a wide variety of student learning types and instructor teaching styles

NEW TO THIS EDITION

- **New chapter** on medical terminology, anatomy, and pathology
- **Reorganized and expanded content** on medical office accounts, law and ethics, math skills, behavioral health, and disease processes
- **New artwork** focused on the workings of a modern medical office, with updated illustrations and photographs of office procedures and medical records
- **Streamlined presentation** with combined chapters and an easier-to-read format
- **New Patient Coaching** section addresses providing information to patients in a supportive environment that allows them to grow, change, or improve their situation
- **More certification practice** with expanded and updated sample exams

EVOLVE

The Evolve site features a variety of student resources, including Chapter Review Quizzes, new Procedure Videos, Medical Terminology Audio Glossary, practice certification exams, and much more! The instructors' Evolve Resources site consists of TEACH Instructor Resources, including Lesson Plans, PowerPoint Presentations, Answer Keys for Chapter Review Quizzes, and a retooled Test Bank with more than 5000 questions.

STUDY GUIDE AND PROCEDURE CHECKLIST MANUAL

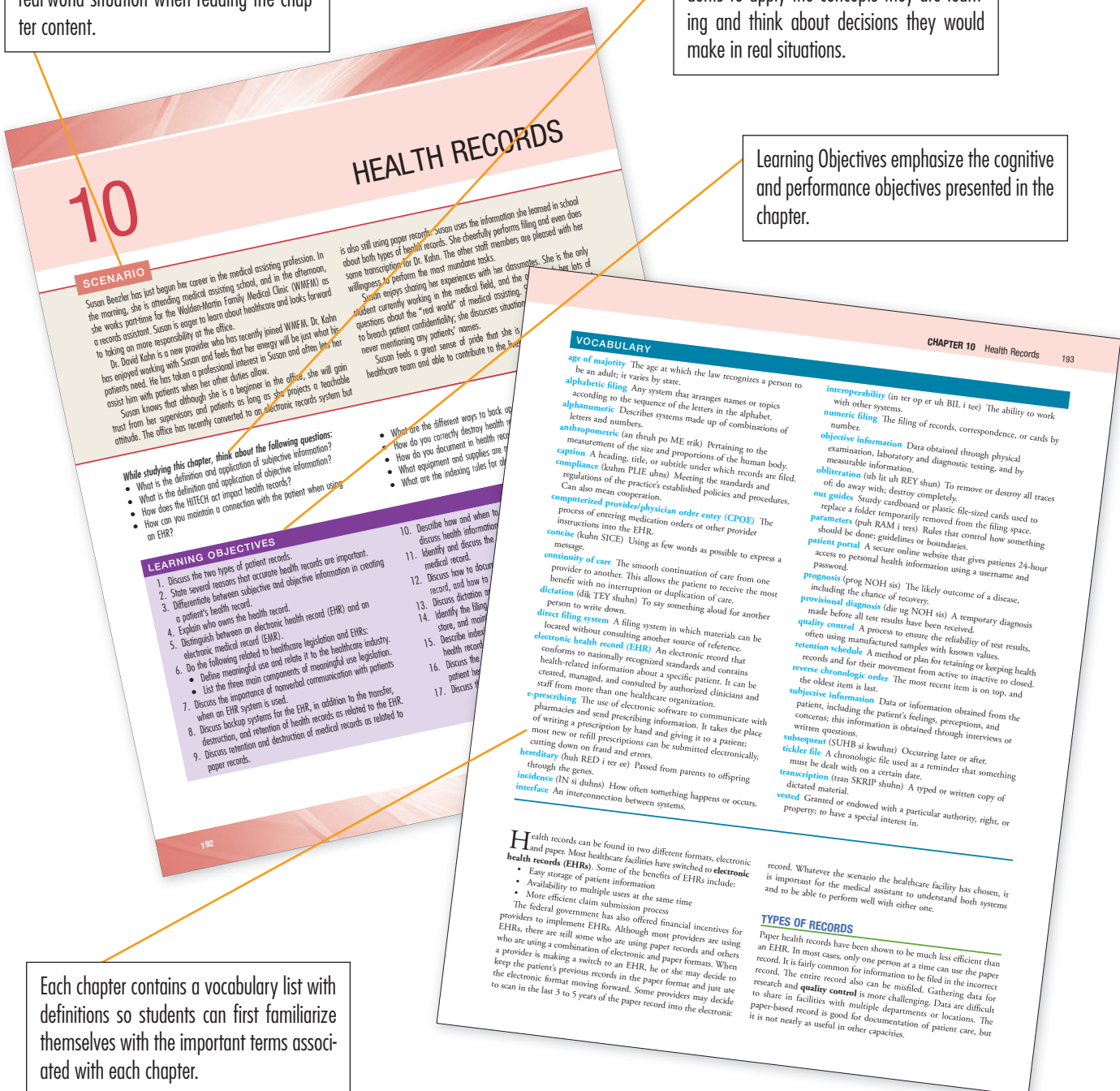
The Study Guide provides students with the opportunity to review and build on information they have learned in the text through vocabulary reviews, case studies, workplace applications, and more. The updated Procedure Checklists include CAAHEP and ABHES competencies that can be traced to the online correlation grid.

FEATURES

A Scenario is presented at the beginning of each chapter so the student can envision a real-world situation when reading the chapter content.

Scenario questions provide a way for students to apply the concepts they are learning and think about decisions they would make in real situations.

Learning Objectives emphasize the cognitive and performance objectives presented in the chapter.



Each chapter contains a vocabulary list with definitions so students can first familiarize themselves with the important terms associated with each chapter.



FIGURE 19.5 Personal Protective Equipment.

shoe covers, laboratory coats, masks and respirators, protective eyewear, and face shields (Fig. 19.5).

Gloves are the most commonly used PPE in a healthcare facility. Gloves must be worn if the medical assistant is at all likely to be involved in any of the following activities (see Procedure 19.1, p. 425):

- Touching a patient's blood, body fluids, mucous membranes, or skin that is not intact.
- Handling items and surfaces contaminated with blood and body fluids.
- Performing venipuncture, fingerstick/capillary puncture, injections, and other vascular procedures.
- Assisting with any surgical procedure. If a glove is torn during the procedure, the glove should be removed, the hands washed carefully, and new gloves put on as soon as possible.
- Handling, processing, and disposing of all blood and body fluid specimens.
- Cleaning and decontaminating spills of blood or other body fluids.

The same pair of gloves cannot be worn for the care of more than one patient; new disposable gloves must be used for each individual patient.

Safety Alert

Protective equipment contaminated with body fluids of any kind must be removed and placed in a designated area or biohazard waste container. The hands or any other exposed areas must be washed or flushed as soon as possible. Face shields that cover the mouth, nose, and eyes must be worn whenever splashes, sprays, or droplets are possible. Utility gloves may be reused if they are intact (i.e., have no cracks, tears, or punctures). All PPE must be removed before the medical assistant leaves the medical facility (Fig. 19.6).

CRITICAL THINKING APPLICATION

19.4

Rosa is caring for an injured 3-year-old child with an open wound on his right knee. She puts on disposable gloves to clean the wound, and the mother demands to know why. How can she explain her actions?

Environmental Protection

Environmental protection refers to minimizing the risk of injury by isolating or removing any physical or mechanical health hazard in the workplace. Every medical assistant must adhere to these safety rules:

- Read warning labels on biohazard waste containers and equipment.
- Minimize splashing or spraying of OPIM. Blood that splatters onto exposed areas of the skin or mucous membranes is a proven mode of HBV transmission.
- Bandage any breaks or lesions on your hands before gloving.
- If any body surface is exposed to potentially infectious material, scrub the area with soap and warm, running water as soon as possible after the exposure.
- If your eyes come in contact with body fluids, continuously flush them with water as soon as possible for a minimum of 15 minutes using an eye wash unit. A stationary unit connected to warm, running water is the best method for properly flushing potentially infectious material out of the eyes.
- Contaminated needles and other sharps should never be recapped, bent, broken, or resheathed; needle units must have protective safety devices to cover the contaminated needle after injection.
- Contaminated sharp instruments, such as operating scissors, should not be processed in a way that requires employees to reach into containers to grasp them.
- Immediately after use, dispose of syringes and needles, scalp blades, and other disposable sharp items in a labeled, leakproof, puncture-resistant biohazard container. The container must be located as close as possible to the area where the item is used.
- All specimens must be placed in a container that prevents leakage during collection, handling, processing, storage, transport, and shipping. Avoid contaminating the outside of the container or the label with the specimen substance. The container must have a biohazard label to alert others that it holds potentially infectious material. Gloves should be worn throughout this procedure.
- Equipment requiring repair that has been contaminated with blood or body fluids should be decontaminated before being repaired in the office or transported for repair. There is no documented evidence of HIV transmission from contaminated environmental surfaces, but surface contamination is a proven mode of transmission of HBV.
- Smoking, eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of contamination by pathogens.
- Food and beverages cannot be kept in refrigerators, freezers, or cabinets or on countertops where infectious materials could be present.

Safety Alert boxes alert students to important safety information and reinforce the importance of safety in the profession.

Critical Thinking Application boxes prompt students to apply what they have learned as they read and study the chapter.

PROCEDURE 20.4 Obtain a Temperature Using a Tympanic Thermometer

Task: Accurately determine and record a patient's temperature using a tympanic thermometer.

EQUIPMENT and SUPPLIES

- Patient's record
- Tympanic thermometer
- Disposable probe covers
- Alcohol wipes
- Waste container

PROCEDURAL STEPS

1. Wash hands or use hand sanitizer.
PURPOSE: To ensure infection control.
2. Gather the necessary equipment and supplies.
3. Greet the patient. Identify yourself. Verify the patient's identity with full name and date of birth. Explain the procedure to be performed in a manner that the patient understands. Answer any questions the patient may have about the procedure.
PURPOSE: Identification of the patient prevents errors, and explanations are a means of gaining implied consent and patient cooperation.
4. Clean the probe with an alcohol wipe if indicated. Place a disposable cover on the probe (see the following figure).
PURPOSE: To ensure a clean surface and prevent cross-contamination.



5. Insert the probe into the ear canal far enough to seal the opening. Do not apply pressure. For children younger than age 3, gently pull the earlobe down and back (see the first of the following figures); for patients older than age 3, gently pull the top of the ear (pinna) up and back (see the second of the following figures).
PURPOSE: The external ear must be pulled gently to open the external auditory canal and expose the tympanic membrane for an accurate reading.



6. Press the button on the probe as directed. The temperature will appear on the display screen in 1 to 2 seconds.
7. Remove the probe, note the reading, and discard the probe cover into a waste container without touching it.
PURPOSE: The probe cover is contaminated and must be discarded in a waste container.
8. Wash hands or use hand sanitizer and disinfect the equipment if indicated. See the manufacturer's manual for cleaning the probe tip. Many recommend cleaning the probe lens with alcohol wipes.
PURPOSE: To ensure infection control.
9. Document the reading in the patient's medical record (e.g., T: 98.6°F [T]).
PURPOSE: Procedures that are not recorded are considered not done.

7/11/20xx 2:20 p.m. T: 101.2°F (T)
..... C. Ricci, CMA (AAMA)

Step-by-step Procedure boxes demonstrate how to perform and document procedures encountered in the healthcare setting.

the anger or become argumentative. Medical assistants must use good listening skills with angry people and must be empathetic. Notify the facility's administrator of all difficult patients or ask for help from co-workers.

There should be a policy in place for dealing with potentially dangerous individuals. Policies can include:

- Making sure that you can reach the exit if you take the patient to another room
- Having another employee close by
- Knowing under what circumstances you should contact the police or building security for assistance

Patient Checkout

When patients return to the front office for checkout, greet them with a friendly smile and call the individual by name. Form the habit of asking patients if they have any questions. Check the health record to determine when the provider wants the patient to return. Most providers note this information on the encounter form. Make the return appointment. Remember to give the patient choices on the time and day. Give the patient an appointment reminder card. If the copayment was not collected prior to the visit it may be collected during checkout.

The medical assistant can convey a sense of caring by terminating the visit cordially. Thank the patient for coming. If the patient will return for another visit, the assistant can say something such as, "We'll see you next week." If the patient will not be returning soon, a pleasant "I hope you'll be feeling better soon" is appropriate. In addition, tell patients to call the facility if they have any questions or if they need additional care. Whatever words of goodbye are chosen, all patients should leave the facility feeling that they have received top-quality care and were treated with friendliness, respect, and courtesy.

CLOSING COMMENTS

Patient Coaching

Providing patients with an information booklet about the healthcare facility can familiarize them with policies and procedures. Many providers compile an extensive booklet that even provides tips as to when the provider should be called immediately, listing symptoms and signs of emergencies.

Educating the patient about the healthcare facility's policies helps the facility run smoothly from day to day. All patients should be familiar with the policies about appointments. This leads to fewer misunderstandings and conflicts over bills that might include a charge for a missed appointment.

If the facility offers internet-based appointment scheduling or forms completion, patients must be taught how to use the system. A printed pamphlet or information sheet is helpful for providing instructions to the patient. A wise option is to have a special phone number that patients can call if they have problems with the system. For best results, choose a program that is simple to use, easy to understand, and does not breach patient confidentiality.

Legal and Ethical Issues

As mentioned earlier, the appointment schedule may be used as a legal record and could be brought by subpoena into a court of law.

Make sure all handwriting in the book is completely legible and that information is routinely collected in a consistent manner for each entry. Do not fail to note a no-show both in the patient's health record and the appointment schedule. This often is helpful when a provider must prove that the patient did not follow medical advice or that the patient contributed to his or her poor condition by missing appointments. Old appointment schedules should be kept for a time equal to that of the statute of limitations in the state where the practice is located.

A medical assistant must never offer medical advice to a patient. The patient sees the medical assistant as an extension of the provider and tends to weigh advice and comments by the medical assistant with the same validity as if they came from the provider. Provide only information the provider has approved or that is included in the healthcare facility's policies and procedures manual.

When a patient complains, listen carefully and try to resolve the problem or assure the patient that the issue will be discussed with the appropriate staff member to find a solution. If someone other than the patient asks for information about the patient, refrain from discussion unless the patient or provider has authorized the release of information.

Patient-Centered Care

Going to a healthcare facility can be intimidating and uncomfortable for many patients. It is important that the medical assistant try to put everyone at ease. Cultivate the habit of greeting each patient immediately in a friendly, self-assured manner. Establish eye contact and smile while introducing yourself to the patient.

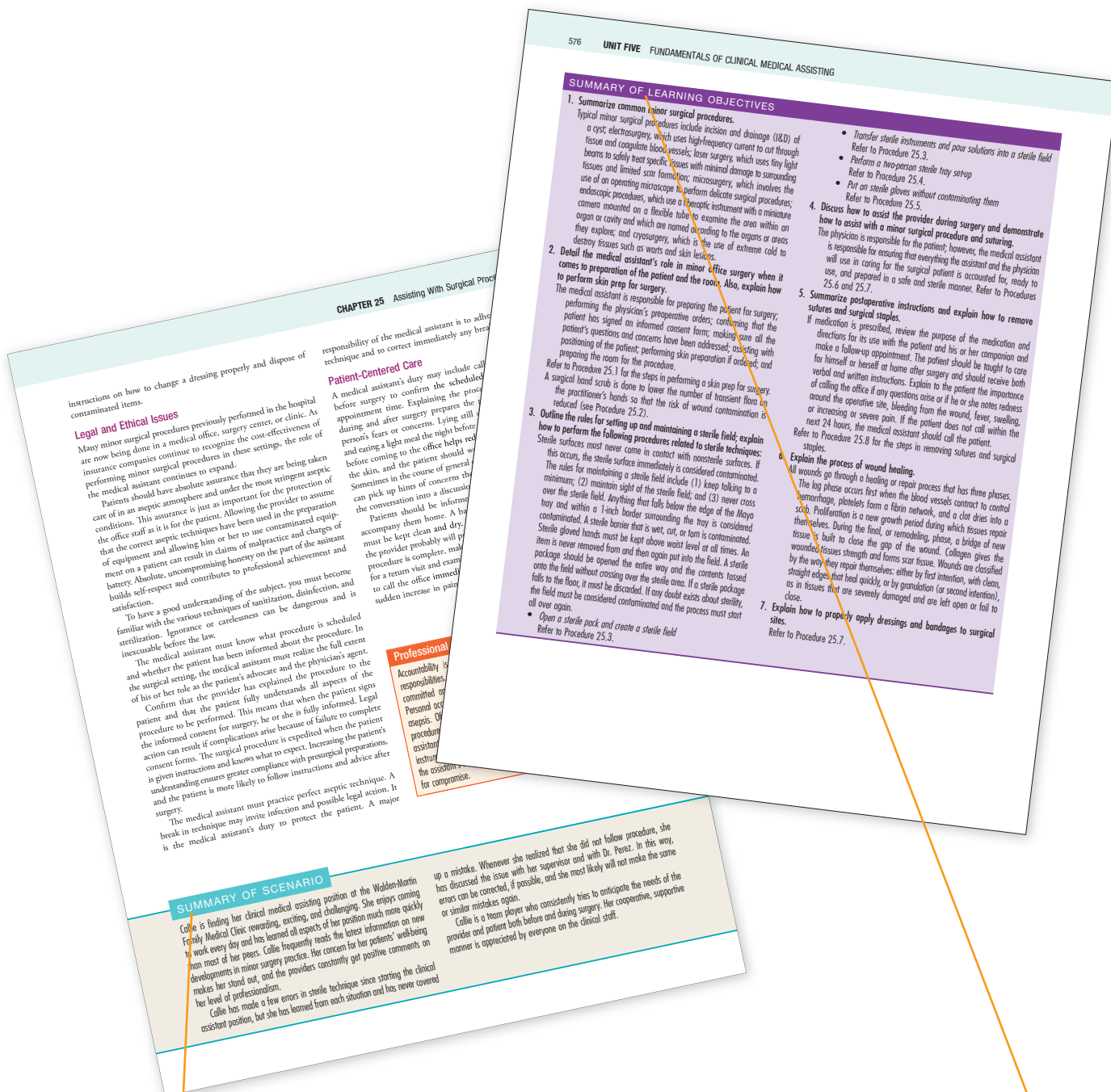
Small talk can help put a patient at ease. Talking about the weather or an uncontroversial topic may make the patient more comfortable. Asking personalized questions can also help. Providers and staff members sometimes make brief notes in the health record about the current events in the patient's life. On the next visit, the staff or provider can use this information to start a conversation with the patient. For instance, the patient may state she is going to Florida for a vacation. During the next visit, the provider may start off the visit by asking how her Florida trip was. Asking personalized questions will solidify the personal connection with patients. They may feel important, less intimidated, and more comfortable. It is a great way to provide excellent customer service.

Professional Behaviors

When working in scheduling and helping patients move through the healthcare facility, medical assistants have many opportunities to demonstrate professionalism. It is important to remember that we are often seeing patients when they are not at their best, so we must learn not to take all of the responses personally. When an angry patient approaches the reception desk, you should smile politely, ask how you can help the person, and respond in a soothing tone of voice. When a patient calls for an appointment and demands a day and time when the provider is not available, you should remain calm and explain why that day and time are not an option. As a medical assistant in the front office, you have the opportunity to make an amazing first impression on patients. Remember to always behave professionally.

Patient Coaching sections address how the MA can provide information to patients in a supportive environment that allows them to grow, change, or improve their situation.

NEW! Professional Behaviors boxes provide tips on professional behavior that are specific to each chapter's content.



At the end of each chapter, the Summary of Scenario brings together the content of the chapter and the opening scenario in a real-world context.

The Summary of Learning Objectives reviews and reinforces the important points of the chapter's focus to help the student with content mastery.

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THE PROFESSIONAL MEDICAL ASSISTANT AND THE HEALTHCARE TEAM

1

SCENARIO

Carmen Angelos is a new student in a medical assisting program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) at Butler County Community College. Carmen is returning to school after working

at a local pharmacy for 5 years, where she became very interested in pursuing a career in medical assisting. She has been out of high school for a few years but is very excited about her new career choice.

While studying this chapter, think about the following questions:

- Why is professionalism an important attribute in the field of medical assisting?
- What is a typical job description for an entry-level medical assistant?
- How will scope of practice and standards of care determine your role as a medical assistant?
- Why is it important to learn about professional medical assisting organizations?
- Studying may be a challenge for Carmen. What skills can she use to help her learn new material and prepare for examinations?
- Why is it important for medical assisting students to learn about the various healthcare facilities and medical specialties?
- How can Carmen show professional behavior toward all patients in the healthcare setting?
- How can time management strategies help Carmen prioritize her responsibilities as a member of the healthcare team?

LEARNING OBJECTIVES

1. Discuss the typical responsibilities of a medical assistant and describe the role of the medical assistant as a patient navigator.
2. Discuss the attributes of a professional medical assistant, project a professional image in the ambulatory care setting, and describe how to show respect for individual diversity.
3. Differentiate between scope of practice and standards of care for medical assistants.
4. List and discuss professional medical assisting organizations.
5. Examine your learning preferences and interpret how your learning style affects your success as a student.
6. Integrate effective study skills into your daily activities, design test-taking strategies that help you take charge of your success, and incorporate critical thinking skills and reflection to help you make mental connections as you learn material.
7. Summarize the history of medicine and its significance to the medical assisting profession.
8. Summarize the various types of medical professionals, allied health professionals, and healthcare facilities.
9. Define a patient-centered medical home (PCMH) and discuss its five core functions and attributes.
10. Explain the reasons professionalism is important in the medical field, describe work ethics, and stress the importance of cooperation.
11. Apply time management strategies to prioritize the medical assistant's responsibilities as a member of the healthcare team.
12. Respond to criticism, problem-solve, identify obstacles to professional behaviors, and define the principles of self-boundaries.

VOCABULARY

allopathic (al uh PATH ik) A system of medical practice that treats disease by the use of remedies, such as medications and surgery, to produce effects different from those caused by the disease under treatment; medical doctors (MDs) and osteopaths (DOs) practice allopathic medicine; also called conventional medicine.

complementary and alternative medicine (CAM) A group of diverse medical and healthcare systems, practices, and products that are not generally considered part of conventional medicine. Complementary medicine is used in combination with conventional medicine (allopathic or osteopathic); alternative medicine is used instead of conventional medicine.

VOCABULARY—continued

conscientious (kon shee EN shuhs) Meticulous, careful.

contamination (kun tam i NAY shun) The process by which something becomes harmful or unusable through contact with something unclean.

critical thinking The constant practice of considering all aspects of a situation when deciding what to believe or what to do.

demeanor (dih MEE ner) Behavior toward others; outward manner.

detrimental (de truh MEN tl) Harmful.

holistic (hoh LIS tik) A form of healing that considers the whole person (i.e., body, mind, spirit, and emotions) in individual treatment plans.

hospice (HOS pis) A concept of care that involves health professionals and volunteers who provide medical, psychological, and spiritual support to terminally ill patients and their loved ones.

indicator (IN di kay ter) An important point or group of statistical values that, when evaluated, indicates the quality of care provided in a healthcare facility.

initiative (i NISH eh tive) The ability to determine what needs to be done and to take action on your own.

integrity (in TEG ri tee) Adhering to ethical standards or right conduct standards.

learning style The way an individual perceives and processes information to learn new material.

mnemonic (ni MON ik) A learning device (e.g., an image, a rhyme, or a figure of speech) that a person uses to help him or her remember information.

morale (muh RAL) Emotional or mental condition with respect to cheerfulness or confidence.

negligence (NEG li jens) Failure to act as a reasonably prudent person would under similar circumstances; such conduct falls below the standards of behavior established by law for the protection of others against unreasonable risk of harm.

overlearn To learn or memorize beyond the point of proficiency or immediate recall.

patient navigator A person who identifies patients' needs and barriers; then assists by coordinating care and identifying community and healthcare resources to meet the needs. May also be called *care coordinator*.

perceiving (per SEEV ing) How an individual looks at information and sees it as real.

processing (prah CES ing) How an individual internalizes new information and makes it his or her own.

reflection (ree FLEK shun) The process of thinking about new information so as to create new ways of learning.

reliable (ree LIE ah bul) Dependable, able to be trusted.

triage (tree AHZH) The process of sorting patients to determine medical need and the priority of care.

What an exciting and challenging career you have chosen! Medical assistants are multiskilled healthcare workers who function under the direction of a licensed provider and are primarily employed in outpatient or ambulatory care facilities, such as medical offices and clinics. According to the U.S. Bureau of Labor Statistics, medical assisting is one of the nation's fastest growing careers, and employment opportunities are projected to grow 29% through 2026.

This growth in job opportunities for medical assistants is due to multiple factors, including a steady increase in the aging population as baby boomers spur demand for preventive health services from physician offices and ambulatory care centers. Since medical assistants are trained in both administrative and clinical skills, they are the perfect employees to meet the needs of this increasing population. In addition, the switch to electronic health records (EHRs) in ambulatory care centers will also open up employment opportunities for medical assistants who are trained in EHR computer software.

RESPONSIBILITIES OF THE MEDICAL ASSISTANT

Medical assistants are the only allied health professionals specifically trained to work in ambulatory care settings, such as physicians' offices, clinics, and group practices. That training includes both clinical and administrative skills, covering a multitude of medical practice needs. The skills performed by an entry-level medical assistant depend on

his or her place of employment, but all graduates of accredited programs are taught a similar skill set.

Clinical skills include:

- Assisting during physical examinations
- Performing patient screening procedures
- Assisting with minor surgical procedures, including sterilization procedures
- Performing electrocardiograms (ECGs)
- Obtaining and recording vital signs and medical histories
- Performing phlebotomy
- Performing tests permitted by the Clinical Laboratory Improvement Amendments (i.e., CLIA-waived tests)
- Collecting and managing laboratory specimens
- Following Occupational Safety and Health Administration (OSHA) regulations on infection control
- Administering vaccinations and medications as ordered by the provider
- Performing patient education and coaching initiatives within the scope of practice
- Documenting accurately in a paper record or an EHR
- Performing first aid procedures as needed
- Performing infection control procedures
- Applying therapeutic communication techniques
- Adapting to the special needs of a patient based on his or her developmental life stage, cultural diversity, and individual communication barriers

- Acting as a patient advocate or navigator, including referring patients to community resources
- Acting within legal and ethical boundaries

Administrative skills include:

- Answering telephones
- Managing patient scheduling
- Creating and maintaining patient health records
- Documenting accurately in a paper record and an EHR
- Performing routine maintenance of facility equipment
- Performing basic practice finance procedures
- Coordinating third-party reimbursement
- Performing procedural and diagnostic coding
- Communicating professionally with patients, family members, practitioners, peers, and the public
- Managing facility correspondence
- Performing patient education and coaching initiatives within the scope of practice
- Following legal and ethical principles
- Complying with facility safety practices

These lengthy lists of capabilities that make up the basic skill set are not all that is expected of entry-level medical assistants; they also play a significant role as the patient's advocate. Current research describes this role as being a **patient navigator** (Fig. 1.1). If you have ever had a loved one who was very ill and required medical attention from a number of different practitioners and allied health specialty groups, you understand what a complex and overwhelming task it can be to make decisions and coordinate a loved one's care. Care coordination originated from the patient navigator program. This program was established at the Harlem Hospital Center in 1990. The goal was to assist cancer patients in accessing quality healthcare. Many patient navigator positions were funded with the assistance of the Patient Navigator, Outreach and Chronic Disease Prevention Act of 2005. Today, patient navigator positions are commonly called *care coordinators*. These positions can be found in ambulatory care settings and hospitals. In hospitals, the care coordinators help manage the acute care services and also help patients transition home or to other healthcare settings.



FIGURE 1.1 The medical assistant as a patient navigator.

CRITICAL THINKING APPLICATION

1.1

Medical assistants have long been encouraged to act as patient advocates in the ambulatory care setting. Given their multilevel training, medical assistants can help patients navigate through a wide variety of confusing issues. Let's think about how you could help a patient and family navigate the following scenario:

Mrs. Jana Green is an 82-year-old patient at Walden-Martin Family Medical Clinic. Mrs. Green recently suffered a mild cerebrovascular accident (CVA), and her son is trying to help coordinate her care. Mrs. Green does not understand when or how to take her new medications; she is concerned about whether her health insurance will cover the cost of frequent clinic appointments and assistive devices; she doesn't understand how to prepare for an MRI the provider ordered; and she dislikes having to have blood drawn every week.

Based on what you have learned about the job description of a medical assistant, how can you help Mrs. Green and her family navigate through this complex and challenging medical regimen? What specific actions could help Mrs. Green and her son manage her care?

Customer Service

Another aspect of being a medical assistant is providing excellent customer service. Customer service closely relates to professional behaviors. One must be professional to provide exceptional customer service. In healthcare today, many of our patients have the ability to choose where they go to seek care. The ambulatory care facility needs to attract and retain patients to remain open and for you to have a job. Two of the quickest ways to lose patients are to treat them poorly and to act in an unprofessional manner. Happy patients will tend to tell others about their experiences. Great customer service leads to a successful healthcare facility and allows growth.

To understand customer service, we first need to know who our customers are. A *customer* is one who purchases goods or services. A customer can also be a person whom you deal with in the work environment. By that definition, we can see that patients are our customers. They choose our ambulatory care facility to seek healthcare services. They (or their insurance company) pay for the services provided. Patients are considered *external customers*, or people we do business with who are "outside" (i.e., not employed by) the healthcare facility. Other external customers include medical equipment and supply vendors and pharmaceutical representatives.

The second part of the customer definition relates to *internal customers*, or people whom you deal with in the work environment. These are individuals we interact with inside the facility. They include our co-workers, employees in other departments, and the administrative staff. Both internal and external customers are important for the success of the healthcare facility.

Customer service is whatever we do for our customers to improve their experience at our healthcare facility. People may have different ideas about how they should be treated during their interactions. Our goal is to provide *customer satisfaction*, or a sense of contentment with the interaction. Typically, the more we get to know the customer, the better we can provide customer service. This might not always be possible. For instance, a new patient comes for an appointment.

If you are at the reception desk, you do not have a lot of time to get to know the patient. The most important things for you to do are:

- Be considerate and treat the patient as you would want to be treated
- Look and act professional

CRITICAL THINKING APPLICATION

1.2

During Carmen's orientation, she learned about customer service and customer satisfaction. In your own words, how would you define both of these phrases?

CHARACTERISTICS OF PROFESSIONAL MEDICAL ASSISTANTS

Medical assistants must have professional *characteristics*, or distinguishing traits. You will start developing these traits while in school. You will put them into practice during practicum. They will follow you into your first job. If a student is unprofessional during practicum, it will be difficult to get a job. That behavior may be **detrimental** to the medical assistant's professional career.

Professionalism

As a healthcare professional, medical assistants represent the healthcare facility. They are viewed as an extension of the provider and the facility. A healthcare professional:

- has high ethical standards.
- displays **integrity**.
- completes work accurately and in a timely fashion.

It is important for successful professionals to show *professionalism*; that is, having courteous, **conscientious**, and respectful behaviors. This approach is used during all interactions and situations in the workplace. Our patients and co-workers expect professional behavior. Patients base much of their trust and confidence in those who show professionalism. How health professionals act is a direct reflection on the facility and provider. If a medical assistant is rude to a patient, the patient may think that the provider is rude. The perceived quality of care will be negative. Medical assistants must always display professionalism. This includes their attitude, appearance, and behavior. Regardless of the situation, they must always act professionally.

Courtesy and Respect

Courtesy, respect, and dignity often come together when discussing professionalism. *Courtesy* is having good manners or being polite. Courteous behavior is polite, open, and welcoming. *Respect* means to show consideration or appreciation for another person. *Dignity* is the state or quality of being worthy of respect.

We show our patients dignity by treating all patients the way we would want to be treated. It does not matter if the patient has bad body odor or is dressed in tattered clothes. The patient is a person worthy of respect. Patients expect to be treated as individuals who matter. They want to be respected and not to be treated as an annoyance or a medical condition. How can the medical assistant treat others with courtesy and respect?

- Make patients feel welcome and respected. A pleasant greeting and eye contact should be the first things patients experience. Thanking patients at the end of the visit is also important.
- Display positive nonverbal behaviors. Use a calm tone of voice, eye contact when appropriate, and provide privacy for patients. Maintain patient confidentiality.

- Learn about other cultures in your area. When working with patients from those cultures, make sure to avoid gestures, words, and behaviors that could be perceived as disrespectful.
- Always use proper grammar, without slang words. Explain medical treatments and conditions in simple lay language. If you need to use a medical term, explain it to the patient.

Empathy and Compassion

It is important that professional medical assistants demonstrate empathy and compassion to their patients. Empathy, sympathy, and compassion can easily be confused. *Empathy* is the ability to understand another's perspective, experiences, or motivations. We can share another's emotional state. Empathy differs from sympathy. *Sympathy* is feeling sorrow, concern or pity for what the other person has gone through. *Compassion* means we have a deep awareness of the suffering of another and wish to ease it. These characteristics will help to build our positive relationship with our patients.

Tact and Diplomacy

Tact and diplomacy are extremely valuable traits in healthcare professionals. Being *tactful* means being acutely sensitive to what is proper and appropriate when interacting with others. A tactful person has the ability to speak or act without offending others. Being *diplomatic* means using tact and sensitivity when interacting with others. The medical assistant must be sensitive to the needs of others. How can a medical assistant use these traits when communicating with others?

- Consistently be polite and honest during your communication. Show sensitivity to others through your communication and behaviors.
- Recognize the needs and rights of others. Attempt to reach a mutually beneficial resolution to the problem.
- Assess your personal response to the situation. Your personal beliefs and biases should not prevent you from interacting diplomatically and tactfully with others.

CRITICAL THINKING APPLICATION

1.3

During Carmen's orientation, she learned about the importance of courtesy, respect, empathy, compassion, tact, and diplomacy. Select three of these words and share with a peer examples of how a medical assistant could display these traits.

Respect for Individual Diversity

Medical assistants work with diverse populations. Your patients will come from different backgrounds. *Diversity* describes the differences and similarities in identity, perspective, and points of view among people. When talking about diversity people usually think of things such as nationality or race, but diversity can also include things such as age and economic status.

It is important to be open and nonjudgmental when working with patients and workers who are different than ourselves. Be aware and accepting of other cultural differences. Be aware of your own cultural values. What preconceived ideas do you have of other diverse groups? How might your biases affect the care you provide to those in different groups?

It is important to educate yourself about other groups. Get to know their customs and practices. Culture can affect healthcare. It can influence how people describe their symptoms, when healthcare is sought, and how treatment plans are followed. For instance, people in some cultures eat traditional foods high in sodium. This could be an issue if a person has high blood pressure or kidney disease. Understanding and accepting the differences represented by your patients will help you provide the best care possible for them.

Honesty, Dependability, and Responsibility

Honest means to be sincere and upright. *Dependable* is the same as trustworthy. *Responsible* is defined as being trusted or depended upon. These are three traits that employers value in their employees. Professional medical assistants should be honest, dependable, and responsible. When given a task, they should complete it accurately, on time, and to the best of their ability. If they make an error, they should be upfront about it. Patient safety is the number one priority. Any mistake in patient care needs to be reported immediately to the provider and to the supervisor. Dependability and honesty are critical components in earning the trust and respect of others. How can medical assistants perform their duties using these three characteristics?

- Be honest and straightforward when interacting with others.
- Accept responsibility for your mistakes. Determine how to prevent them in the future.
- Follow through on your promises.
- Complete your work to the best of your abilities. Complete it on time.
- Be self-motivated. Don't wait to be asked to complete a task.
- Embrace change.

Professional Appearance

Most ambulatory healthcare facilities have dress codes for employees. Medical assistants are usually required to wear scrubs, along with the facility's nametag (and a photo) clearly visible (Fig. 1.2). Table 1.1 provides a typical dress code. Dress codes will vary by facility. Some communities are more conservative, and thus the dress codes reflect this.



FIGURE 1.2 A professional appearance is important for a medical assistant. **(A)** Business attire. **(B)** Scrubs.

Typically, healthcare facilities include terms such as “modest” and “business attire” in describing their dress codes. The rule of thumb is to make sure the employee does not expose too much at the neckline, the abdomen, and below the waist when bending and raising the arms. Business attire is not casual clothing. Casual clothes include jeans, T-shirts, shorts, exercise/sports clothing, and so on. Business attire is considered dressier, more professional, than casual clothes. Dress pants and a dress shirt would be considered business attire for men. Dress pants, a dress shirt, modest dresses, and modest skirts and blouses would be considered business attire for women.

CRITICAL THINKING APPLICATION

1.4

Rosie, a business office employee at Walden-Martin Family Medical Clinic, is allowed to dress in business attire. She interacts with patients who have questions about their bill. Describe how Rosie should dress.

SCOPE OF PRACTICE AND STANDARDS OF CARE FOR MEDICAL ASSISTANTS

Scope of practice is defined as the range of responsibilities and practice guidelines that determine the boundaries within which a healthcare worker practices. What is the scope of practice of a medical assistant? There is no single definition of the scope of practice for medical assistants throughout the United States, but some states have enacted scope of practice laws covering medical assistant practice. These states include Alaska, Arizona, California, Florida, Georgia, Illinois, Maine, Maryland, Montana, Nevada, New Jersey, New York, Ohio, South Dakota, Virginia, Washington, and West Virginia. Medical assistants working in those states must refer to the identified roles specified in the law. However, for those employed in states without scope of practice laws, medical assistant practice is guided by the norms of that particular location, facility policies and procedures, and individual physician-employers. In some states, medical assistants are overseen by the board of nursing, whereas in others, the board of medicine oversees medical assistants. Make sure you are aware of your state's rules governing medical assistant scope of practice.

One fact is absolutely true about all practicing medical assistants – they are not independent practitioners. Whether certified or not, regardless of length of training or experience, every medical assistant must practice under the direct supervision of a physician or other licensed provider (e.g., nurse practitioner or physician assistant).

Earlier in this chapter we discussed the typical tasks performed by a medical assistant, so you already know generally what duties medical assistants perform in ambulatory care centers; however, some specific tasks are beyond the scope of practice of medical assistants, including the following:

- Performing telephone or in-person **triage**; medical assistants are not legally authorized to assess or diagnose symptoms
- Prescribing medications or making recommendations about over-the-counter drugs and remedies
- Giving out drug samples without provider permission
- Automatically submitting refill prescription requests without provider orders
- Administering intravenous (IV) medications and starting, flushing, or removing IV lines unless permitted by state law
- Analyzing or interpreting test results

TABLE 1.1 Typical Dress Code for Medical Assistants

DRRESS CODE	PROFESSIONAL	UNPROFESSIONAL	COMMENTS
Uniform: scrubs and white shoes	<ul style="list-style-type: none"> • Scrubs must be clean, pressed (ironed), and fit properly. • Scrub pants must be hemmed to the appropriate length. • Closed-toed shoes must be white and clean. 	<ul style="list-style-type: none"> • Dirty, wrinkled, ripped scrubs • Scrub pants dragging on the floor • Scruffy, dirty shoes • Open shoes (sandals), fabric shoes 	<ul style="list-style-type: none"> • Shoes need to protect your feet. Cloth and open-toed shoes provide very little protection. • Pants dragging on floors pick up and transfer bacteria.
Hair	<ul style="list-style-type: none"> • Natural colors; clean and styled • Long hair must be tied back 	<ul style="list-style-type: none"> • Unnatural colors; dirty, messy hair • Hair in face or hanging down 	<ul style="list-style-type: none"> • Hair hanging in front can interfere with patient care, spread bacteria, and get caught in equipment.
Fingernails	<ul style="list-style-type: none"> • Cut short, unpolished 	<ul style="list-style-type: none"> • Long, polished, artificial nails 	<ul style="list-style-type: none"> • Bacteria can multiply and grow under long, artificial, and/or polished nails.
Cosmetics and body odors	<ul style="list-style-type: none"> • Professional makeup • No odors on the body 	<ul style="list-style-type: none"> • Overuse of makeup • Wearing perfume, cologne, etc. • Using scented lotions • Smelling like a cigarette • Body odor (from not bathing) 	<ul style="list-style-type: none"> • Too much makeup can look unprofessional. • Smells like perfumes, colognes, or cigarettes can trigger allergies in others. • Offensive body odor is unprofessional because we are in patients' intimate/personal space.
Jewelry	<ul style="list-style-type: none"> • Wedding band (no stones) • One pair of earrings (studs) • Watch 	<ul style="list-style-type: none"> • Rings with stones • Multiple earrings on each ear • Necklaces, bracelets • Lanyards 	<ul style="list-style-type: none"> • Bacteria can accumulate in rings and bracelets. • Necklaces and lanyards can be choking hazards if grabbed by a patient.
Tattoos and body piercings	<ul style="list-style-type: none"> • Tattoos and body piercings must follow the healthcare facility's policy 	<ul style="list-style-type: none"> • Not following the healthcare facility's policy 	<ul style="list-style-type: none"> • In conservative communities, body piercings and tattoos may be perceived as unprofessional.
Professional dress (street clothes) for special events	<ul style="list-style-type: none"> • Blouse, top, or sweater • Dress pants • Dress or skirt (to the top of the knee) • Dress shoes 	<ul style="list-style-type: none"> • Low-cut tops; sheer tops • Jeans, ripped pants, exercise clothes • Flip-flops, tennis shoes • Mini skirts 	<ul style="list-style-type: none"> • Clothes should look professional; should not be ripped or casual in appearance.

- Operating laser equipment
- Performing laboratory tests that are not CLIA-waived
- Ordering diagnostic or radiographic tests/procedures

What is the difference between scope of practice and standards of care? The scope of practice for a medical assistant is what has been established by law in some states or by practice norms, institutions, or physician-employers in states without scope of practice laws. *Standards of care*, however, is a legal term that refers to whether the level and quality of patient service provided is the same as what another healthcare worker with similar training and experience in a similar situation would provide. Standards of care set minimum guidelines for job performance. They define what the expected quality of care is and provide specific guidelines on whether the care standard has been met. Medical assistants not meeting the expected standard of care may be charged with professional **negligence** (discussed in greater detail in [Chapter 3](#)).

The following are examples of breaks in the standards of care in medical assisting.

- A patient calls reporting a persistent headache for 3 days. You tell the patient to get some rest and take ibuprofen, without referring the call to a provider. What standard of care has been broken?
- A patient asks you to explain his lab report. You do your best to explain what his blood count levels mean. What is the problem here?
- An elderly patient tells you she cannot afford to get her prescriptions filled. The provider is busy, but you know there are samples of the prescribed drug in the medication cupboard, so you give her several packets. Does this follow standard of care?
- A patient tells you her son fell on the playground yesterday, and he is complaining that his arm hurts. You tell the mother

it is probably just a strain and suggest she wrap the arm with an elastic bandage. Why is this a problem?

- You overhear a patient calling one of the other medical assistants “nurse.” Should your co-worker correct the patient? Why?

Hopefully you are beginning to see that the practice of medical assisting is limited not only by individual state laws or norms, but also by the standards and scope of practice established by the supervising providers where the medical assistant is employed. Remember, the scope of practice and expected standards of care for licensed medical professionals are quite different from those for medical assisting practice. The medical assistant must refer to the provider for orders and guidance on what behaviors are expected for medical assistants in that facility. The medical assistant can *never* independently diagnose, prescribe, or treat patients. She or he must *always* have the written order of a provider or follow established policies and procedures when performing clinical skills.

PROFESSIONAL MEDICAL ASSISTING ORGANIZATIONS, CREDENTIALS, AND CONTINUING EDUCATION

Becoming a member of a professional organization, obtaining credentials, and participating in continuing education are all part of being a professional medical assistant. In this next section you will find information about professional organizations, how to obtain a medical assistant credential, and continuing education.

Professional Organizations for Medical Assistants

Most healthcare occupations have a professional organization that sets high standards for quality and performance. A code of ethics is also developed by the organization to help guide the actions of those in that particular profession. Professional organizations provide many benefits to their members, including opportunities for continuing education, national and regional conventions, and networking opportunities. Medical assisting is no different. Becoming a member of a professional organization will also show your employer that you are committed to being the best possible medical assistant. The following sections provide descriptions of three of the professional medical assisting organizations available.

American Association of Medical Assistants

The American Association of Medical Assistants (AAMA) was created in 1956 and remains the only association devoted exclusively to the medical assisting profession. According to the AAMA's website (www.aama-ntl.org), becoming a member includes the following benefits:

- AAMA legal counsel represents medical assistants across the United States to fight for the rights of medical assistant practice; in addition, the counsel stays abreast of federal and state laws regarding medical assisting.
- Members receive a complimentary subscription to *CMA Today*, an informative magazine devoted entirely to the medical assistant profession; each issue (six per year) offers continuing education unit (CEU) articles, medical assisting news, and healthcare information.

More information about the AAMA is available on the organization's website: www.aama-ntl.org.

American Medical Technologists (AMT)

The American Medical Technologists (AMT) was founded in 1939 as a nationally recognized certification agency for multiple allied health professionals, including Medical Assistant (RMA), Medical Laboratory Technician (MLT), Phlebotomy Technician (RPT), Medical Administrative Specialist (CMAS), and Dental Assistant (RDA).

According to the AMT's website (www.americanmedtech.org), becoming a member includes the following benefits:

- Professional publications
- Annual convention
- State society meeting and seminars
- Continuing education
- Career services
- Awards and scholarships

Additional information on the AMT is available on the organization's website: www.americanmedtech.org.

The National Healthcareer Association (NHA)

The National Healthcareer Association (NHA) was established in 1990 to offer certification examinations in a number of allied health programs; for example, certification is granted for pharmacy, phlebotomy, and electrocardiography (ECG) technicians. The NHA also offers two different medical assisting certifications: Certified Clinical Medical Assistant (CCMA) and Certified Medical Administrative Assistant (CMAA). The NHA is not involved in program curriculum standards or program accreditation. It simply offers certification if the applicant can successfully pass the NHA examination developed for each particular medical discipline. You can find out more about the certifications offered through the NHA at the association's website: www.nhanow.com/.

Achieving a Credential

Medical assistants have several options if they choose to become credentialed. Being a credentialed medical assistant has certain benefits:

- Credentialed medical assistants have had to pass a national standardized exam. Passing the exam indicates that they have the knowledge to perform the medical assistant's duties.
- Some employers require the credential prior to hiring or within a few months after hiring.
- Some employers will pay more if a person has achieved a medical assistant credential.

There are several national agencies that will provide credentials to medical assistants upon successful completion of their exam. [Table 1.2](#) presents some of the more common medical assistant credentials. It is important for graduating medical assistants to research whether credentials are preferred or required by local employers. It is also important to identify which credential is most wanted by local employers. Your instructors are also excellent resources if you have additional questions on credentials for medical assistants.

Continuing Education

For a professional medical assistant, it is important to stay current (up-to-date) with the newest medications, treatments, and diagnostic tests. Education beyond your medical assistant degree is considered continuing education. Most healthcare professionals need to do continuing education to renew their certification or license. There are many opportunities for continuing education. These include:

TABLE 1.2 Credentialing Agencies for Medical Assistants

AGENCY/WEBSITE	CREDENTIAL	RECERTIFICATION METHODS
American Association of Medical Assistants (AAMA) http://www.aama-ntl.org	Certified Medical Assistant (CMA [AAMA])	Recertify every 5 years either by exam or by earning 60 continuing education points. Specific points must be achieved in the three content areas. At least 30 points must be from AAMA-approved continuing education units (CEUs).
American Medical Technologists (AMT) https://www.americanmedtech.org	Registered Medical Assistant (RMA)	Recertify every 3 years either by exam or by completing specific activities.
National Healthcareer Association (NHA) https://www.nhanow.com	Clinical Medical Assistant (CCMA) Medical Administrative Assistant (CMAA)	Recertify every 2 years either by exam or by earning 10 continuing education credits.
National Center for Competency Testing (NCCT) https://www.ncctinc.com	Medical Assistant (NCMA)	Recertify every year either by exam or by completing 14 contact hours of continuing education.

- Reading professional journals and reputable health websites
- On-the-job educational conferences
- Local, state, and national medical assistant conferences

Typically, additional continuing education opportunities exist if a medical assistant is a member of an organization.

HOW TO SUCCEED AS A MEDICAL ASSISTANT STUDENT

Who You Are as a Learner: How Do You Learn Best?

You have taken the first step toward becoming a successful student by choosing your profession and field of study. Becoming a medical assistant opens the doors to a wide variety of opportunities in both administrative and clinical practice at ambulatory or institutional healthcare facilities. To become a successful medical assistant, you first must become a successful student. This section will help you discover the way you learn best, and it provides multiple strategies to assist you in your journey toward success.

Think about what you do when you are faced with something new to learn. How do you go about understanding and learning the new material? Over time you have developed a method for **perceiving** and **processing** information. This pattern of behavior is called your **learning style**. Learning styles can be examined in many different ways, but most professionals agree that a student's success depends more on whether the person can "make sense" of the information than on whether the individual is "smart." Determining your individual learning style and understanding how it applies to your ability to learn new material are the first steps toward becoming a successful student.

Learning Style Inventory

For you to learn new material, two things must happen. First, you must perceive the information. This is the method you have developed over time that helps you examine new information and recognize it as real. Once you have developed a method for learning about the new material, you must process the information. Processing the information is how you internalize it and make it your own. Researchers

believe that each of us has a preferred method for learning new material. By investigating your learning style, you can figure out how to combine different approaches to perceiving and processing information that will lead to greater success as a student.

The first step in learning new material is determining how you perceive it, or as some experts explain, what methods you use to learn the new material. Some learners opt to watch, observe, and use **reflection** to think about and learn the new material. These students are *abstract perceivers*, who learn by analyzing new material, building theories about it, and using a step-by-step approach to learning. Other students need to perform some activity, such as rewriting notes from class, making flash cards, and outlining chapters, to learn new information. Students who learn by "doing" are called *concrete perceivers*. Concrete learners prefer to learn things that have a personal meaning or that they believe are relevant to their lives. So, which type of perceiver do you think you are? Before you actually learn new material, do you need time to think about it, or do you prefer to "do" something to help you learn the material?

The second step in learning new material is information processing, which is the way learners internalize the new information and make it their own. New material can be processed by two methods. *Active processors* prefer to jump in and start doing things immediately. They make sense of the new material by using it *now*. They look for practical ways to apply the new material and learn best with practice and hands-on activities. *Reflective processors* have to think about the information before they can internalize it. They prefer to observe and consider what is going on. The only way they can make sense of new material is to spend time thinking and learning a great deal about it before acting. Which type of information processor do you think you are? Do you prefer to jump in and start doing things to help you learn, or do you need to analyze and consider the material before you can actually learn it?

Using Your Learning Profile to Be a Successful Student: Where Do I Go From Here?

No one falls completely into one or the other of the categories just discussed. However, by being aware of how we generally prefer first

to perceive information and then to process it, we can be more sensitive to our learning style and can approach new learning situations with a plan for learning the material in a way that best suits our learning preferences.

Your preferred perceiving and processing learning profile will fall into one of the following four stages of the Learning Style Inventory, which was created by David Kolb of Case Western Reserve University.

- *Stage 1* learners have a *concrete reflective* style. These students want to know the purpose of the information and have a personal connection to the content. They like to consider a situation from many points of view, observe others, and plan before taking action. They feel most comfortable watching rather than doing, and their strengths include sensitivity toward others, brainstorming, and recognizing and creatively solving problems. If you fall into this stage, you enjoy small-group activities and learn well in study groups.
- *Stage 2* learners have an *abstract reflective* style. These students are eager to learn just for the sheer pleasure of learning, rather than because the material relates to their personal lives. They like to learn lots of facts and arrange new material in a clear, logical manner. Stage 2 learners plan studying and like to create ways of thinking about the material, but they do not always make the connection with its practical application. If you are a stage 2 learner, you prefer organized, logical presentations of material and therefore enjoy lectures and readings and generally dislike group work. You also need time to process and think about new material before applying it.
- *Stage 3* learners have an *abstract active* style. Learners with this combination learning style want to experiment and test the information they are learning. If you are a stage 3 learner, you want to know how techniques or ideas work, and you also want to practice what you are learning. Your strengths are in problem solving and decision making, but you may lack focus and may be hasty in making decisions. You learn best with hands-on practice by doing experiments, projects, and laboratory activities. You enjoy working alone or in small groups.

CRITICAL THINKING APPLICATION

1.5

- Consider the two ways to perceive new material. Are you a concrete perceiver, who ties the information to a personal experience, or are you an abstract perceiver, who likes to analyze or reflect on the meaning of the material? Choose the type you think most accurately describes your method of learning.
- Now, think about the way you process learning. Are you an active processor, who always looks for the practical applications of what you learn, or are you a reflective processor, who has to think about new material before internalizing it?
- After completing this activity, write down the combination of your perceiving and processing learning styles and share it with your instructor.

capabilities, can create on your feet, and usually are vocal in a group, but you may have difficulty completing your work on time. Stage 4 learners enjoy teaching others and working in groups and learn best when they can apply new information to real-world problems.

To get the most out of knowing your learning profile, you need to apply this knowledge to how you approach learning. Each of the learning stages has pluses and minuses. When faced with a learning situation that does not match your learning preference, see how you can adapt your individual learning profile to make the best of the information. For example, if you are bored by lectures, look for an opportunity to apply the information being presented to a real problem you are facing in the classroom or at home. If you are an abstract perceiver, take time outside of class to think about new information so that you are ready to process it into your learning system. If you benefit from learning in a group, make the effort to organize review sessions and study groups. If you learn best by teaching others, offer to assist your peers with their learning. By taking the time now to investigate your preferred method of learning, you will perceive and process information more effectively throughout your school career.

CRITICAL THINKING APPLICATION

1.6

Take a few minutes to reflect on a time when you really enjoyed learning about something new. How was the material presented, and what did you do to “make it your own”? What do you need to do to become a more effective learner?

Study Skills: Tricks for Becoming a Successful Student

Let’s investigate some ideas that are useful for learning new material. These study skills include memory techniques, active learning, brain tricks, reading methods, and note-taking strategies.

Several techniques can help you store and remember information. The first of these involves organizing information into recognizable groups so that the brain can find it easily. You can organize information by getting the big picture first before trying to learn the details. One way to implement this strategy is to skim a reading assignment before actually reading and taking notes on the material, thus getting a general impression of what you need to learn before tackling the details. Depending on your learning style, it may also help to find a way of making the new information meaningful. Think about your educational goals and how the new material will help you achieve those goals.

Another way of remembering material is to create an association with something you already know. If new material is grouped with already stored material, the brain remembers it much more easily. For example, maybe you took a biology class in high school and learned the basics about human anatomy and physiology. Try to create a link between what you previously learned and the details of the new information you are expected to learn now. Or maybe you have a family member who suffers from a particular disease. Think about that individual’s signs and symptoms while learning more details about the disease so that you can apply your learning to his or her situation.

A useful study skill for some learners is to be physically active while learning. Some students learn best if they walk or talk out

loud while studying. Besides encouraging learning, moving and talking while studying relieve boredom and keep you awake. Another way to be actively involved in learning is to use pictures or diagrams to represent the material you are studying. Some people are visual learners, and creating pictures of the material is the easiest method for them to retain the information. Other students find that rewriting notes, making lists of information, creating flash cards, color-coding notes, or highlighting important material in a textbook helps them retain the material. Writing also helps students who need to “do” something to learn.

Studying goes much more smoothly if you work with your brain rather than against it. If you tend to get anxious and worried while studying, you may be acting as your own worst enemy. One way of dealing with a topic you are anxious about is to **overlearn** it. If material is overlearned, you are much less likely to experience test anxiety. Another method for remembering material is to review it quickly after class. This mini-review helps the new information become part of your long-term memory system.

Many students find creating songs, dances, or word associations an effective way to learn and remember new material. Putting details into a familiar song and moving to it can help trick the brain into remembering the information. This is especially helpful when trying to learn anatomy and physiology. For example, think about one of your favorite songs and “dance” your way through the blood flow through the heart. Or, if you are finding the organization of the body especially tricky to remember, such as the movement of food through the gastrointestinal (GI) system, create a **mnemonic** that helps you remember the information. The most common one suggested for the parts of the intestines is: **Dow Jones Industrial Climbing Average Closing Stock Report**. The first letter of each word stands for an anatomic part of the intestines – *duodenum, jejunum, ileum, cecum, appendix, colon, sigmoid, and rectum*. You can make up your own mnemonics or memory tricks to help you learn complicated material.

Another excellent way of learning information is to actually teach it to someone else. Teaching requires you to have a good understanding of the material and the ability to describe it for others. It can be an effective reinforcement of complicated material.

A great deal of the learning process is expected to take place from assigned readings. You can use several methods to make reading assignments more meaningful. If you find a reading assignment challenging or difficult to understand, the first step is to take the time to read it again. Sometimes the first time through the material is not enough to gain understanding. As you read, highlight important words or thoughts and stop periodically to summarize the material. Some students find outlining new material helpful. This is another way to use active learning to help you make the information “your own.”

If you get bored while reading, use your body; walk or talk your way through the assignment. Take the time to look up words or terms you do not understand or ask your instructor or tutor for help. The best way to determine whether you have learned anything from your reading is to try to explain the material to someone else. For example, you can meet with other students and explain to them what you learned. If you can do that effectively, you know you have acquired the knowledge needed from the reading assignment.

Many students find effective note taking a challenge. The big question is, “How much of what the instructor says do I actually need to write down?” The first step in effective note taking is to come

to class prepared. The more familiar you are with the material, the easier it will be to determine the important parts of the instructor’s lecture. Pay attention to the instructor and look for clues to what he or she thinks is important. Ask questions about the material if you do not understand it, rather than writing down information that makes no sense to you. Think critically about what you hear before you write it down, so you can start to build relationships among the things you want or need to know.

If your instructor uses PowerPoint presentations to teach a lesson, request copies of the slides before the lecture so you have an opportunity to review them as you are doing your reading. Many courses have an online website where PowerPoints or other lecture materials are available for review. Take advantage of these added materials to be prepared for each class so that you can ask questions about anything you don’t understand. In addition, this textbook has an extensive online site that you can access for learning resources. Investigate the site and see whether something there can help you reach your learning goals.

When it comes to actual note taking, some strategies can make the process of recording notes an active learning tool. Organize the information as much as possible while you are writing or typing, either in an outline or a paragraph format. If you take notes on a laptop or tablet, make sure your keyboarding skills are good enough for you to keep up with the flow of information and that you review your notes shortly after class to fill in any missing details. If you take notes on paper, use only one side of the page (for easier reading) and leave blank spaces where needed to fill in details later. Use key words to help you remember the material and create pictures or diagrams to help visualize it. If permitted, record the lecture and make sure you have copies of any handouts or notes distributed by your instructor that cover material written on the board or provided in a PowerPoint presentation. If your instructor refers the class to a YouTube video or other website, transcribe the site address correctly to refer to it at a later time. Another helpful tool is to develop your own system of abbreviations to help simplify the note-taking process.

The most effective way to use your notes is to review them shortly after class and then find a time to review them every day. This is the time to add details, clarify information, or make notes about asking the instructor for explanations during the next class. You could even exchange notes with students you trust to compare information. Some students find it beneficial to create an electronic copy of their notes (if they wrote them out on paper) or to rewrite them. This gives you an opportunity to learn the material as you transcribe it. As you are reviewing your notes, you also can draw mind maps of the information or diagram outlines to help you better understand and remember the material.

Creating mind maps is a way of representing the main idea of a topic and supporting important details with a figure or picture. Healthcare textbooks present complicated concepts with multiple main ideas, each with its own important details. Mind maps are a way of combining complex details and organizing them into a format that is easier to remember. The *spider map* (Fig. 1.3) presents a method for including several main ideas with details in one study guide. The *fishbone map* (Fig. 1.4) can be used to learn complicated causes of disease. The *chain-of-events map* (Fig. 1.5) displays the cause and effect of events, such as infection control or the history of medicine. The *cycle map* (Fig. 1.6) shows the connection between factors, such

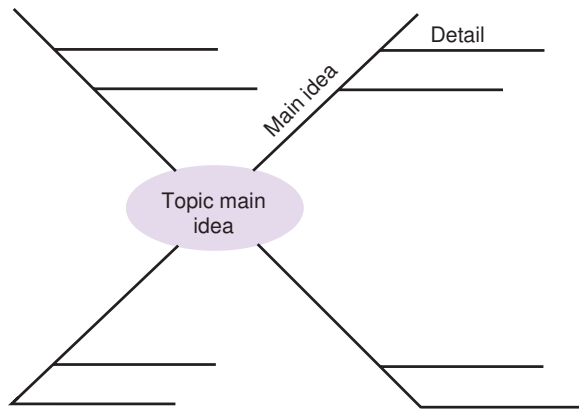


FIGURE 1.3 Spider map showing multiple main ideas with supporting details.

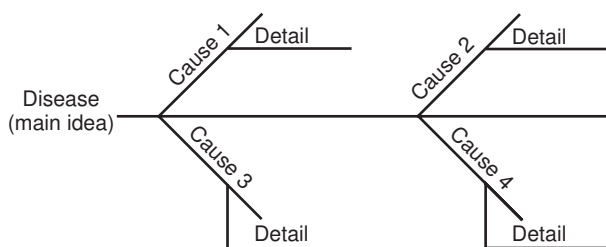


FIGURE 1.4 Fishbone map used to describe cause of disease.

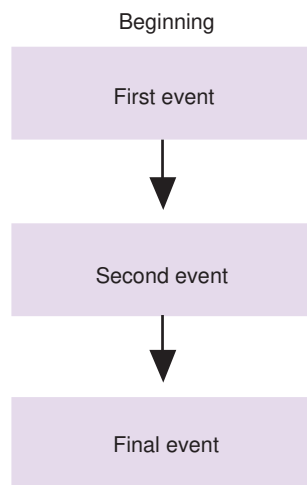


FIGURE 1.5 Chain-of-events map showing the cause and effect of events.

as in the chain of infection. Creating your own mind maps is a way of making the information more meaningful and easier for you to understand and remember.

Although many techniques can help you study, perhaps the most important one is your attitude toward learning. Some students fall into the “I can’t possibly learn this material” trap. That type of attitude only leads to self-defeat. The way to overcome barriers is first to recognize that they exist. Once you know your weak spots, use the suggested study skills to improve in those areas. Do not be afraid to ask questions or to ask for help if you do not understand the material. Use as many different strategies as necessary to become a successful student.

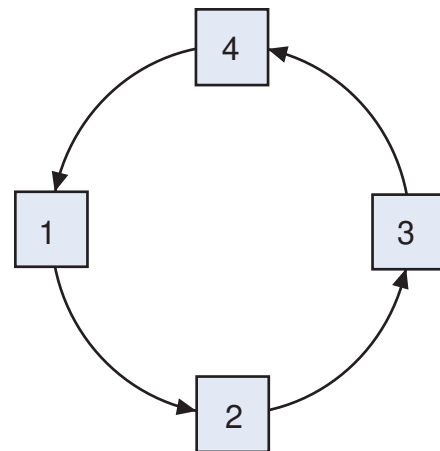


FIGURE 1.6 Cycle map illustrating the way one action leads to another.

CRITICAL THINKING APPLICATION

1.7

Write down at least two barriers to learning that you face. Review the study skills suggestions and choose four to try out. Use them over the next week to help you learn new material. Reflect on whether the chosen study skills helped you learn the material better.

Test-Taking Strategies: Taking Charge of Your Success

What happens when you do not know the answer to the first question on a test? What if you do not know the next one? Are you able to go on without panicking? Many people find taking tests the most challenging part of being a successful student. Multiple approaches are available that you can use to take charge of your success and improve your ability to take tests. These include such strategies as adequate preparation, controlling negative thoughts during test time, and understanding ways to manage various types of questions.

The first step is to go into a test adequately prepared. Use the time management skills discussed later in this chapter to prepare for the big day. Recognize and use your preferred learning style to overlearn the material and increase your confidence. Use memory tools (e.g., flash cards, checklists, and mind maps) to help you visualize the material. Form a study group if you are the type of learner who benefits from studying in groups. Schedule and plan study time and reward yourself for your hard work. It also is important to go into the test rested and relaxed; therefore, you should eat, exercise to relieve stress, and sleep before the test so that you are as alert as possible.

Before you start the test, make sure you read the directions carefully. If possible, begin with the easiest or shortest questions to build your confidence. Be aware of the amount of time allotted for the examination, and pace yourself accordingly. As you go through the test, look for clues to answers in other questions. During test time, remember to use positive self-talk at the first indication of panic. Repeatedly remind yourself that you are well prepared; relax and think about the material before you get worried. You need to stop negative thoughts as soon as they arise and instead visualize yourself being successful. Use slow, deep breathing to relax and, if helpful, close your eyes for a minute and visualize a relaxing place before you go on with the test.

Certain strategies are useful for answering different types of questions. With multiple choice questions, try to identify key words or clues in each question. Read the question carefully and answer it in your head before you review the provided answers. If you are not absolutely sure of the answer, make an educated guess or follow your instincts in choosing an answer. If there are answers that you know are not correct, that can eliminate the “all of the above” answer choice. By eliminating the answers that you know are incorrect, you can focus on the other answer choices.

“True or false” questions give you a 50/50 chance of being correct. Remember that if any part of the question is not true, then the statement is false. Again, check the statements for key words that help indicate the direction of the answer. Look for qualifying terms (e.g., *always*, *never*, *sometimes*) that are the key to understanding the meaning of the true or false statement.

CRITICAL THINKING APPLICATION

1.8

Think about a time you experienced test anxiety. Write down the details of the situation and how you felt. Choose four test-taking strategies you think would be beneficial for handling similar situations in the future.

Becoming a Critical Thinker: Making Mental Connections

The ability to process information and arrive at reasonable conclusions is crucial to all healthcare workers. The process of **critical thinking** involves (1) sorting out conflicting information, (2) weighing your knowledge about that information, (3) ignoring or letting go of personal biases, and (4) deciding on a reasonable belief or action. Critical thinking is actually an active search for the truth.

Critical thinking could be described as thorough thinking because it requires learners to keep an open mind to all possibilities. Successful students are thorough thinkers because they must determine the facts about a topic and come to logical conclusions about the material. Critical thinkers also are inquisitive learners; they constantly analyze and sort out conflicting information to reach conclusions.

A crucial step in critical thinking is evaluating the results of your learning. Reflection is the key to critical thinking. “How did I learn what I learned?” and “What does it mean in my life?” are questions that must be asked consistently to continue to learn. Becoming a successful student, and ultimately a successful member of the allied health team, requires critical thinking skills.

Using these tools to become the best possible medical assistant student will also help you become the best possible professional medical assistant.

THE HISTORY OF MEDICINE

Although religious and mythologic beliefs were the basis for care for the sick in ancient times, evidence suggests that drugs, surgery, and other treatments based on theories about the body were used as early as 5000 BC. Moses presented rules of health to the Hebrews in approximately 1205 BC. He was the first advocate of preventive medicine and is considered the first public health officer. Moses knew that some animal diseases could be passed to humans and that **contamination** existed; therefore, a religious law was developed forbidding humans to eat or drink from dirty dishes. The people of

that era believed that doing so would defile their bodies, and they would lose their souls.

Hippocrates, known as the Father of Medicine, is the most famous of the ancient Greek physicians. He was born in 450 BC on the island of Cos in Greece. He is best remembered for the Hippocratic Oath, which has been administered to physicians for more than 2000 years. To this day, most graduating medical school students swear to some form of the oath (Fig. 1.7).

Hippocrates is credited with taking mysticism out of medicine and giving it a scientific basis. During this period of history, most believed that illness was caused by demonic possession; to cure the illness, the demon had to be removed from the body. Hippocrates’ clinical descriptions of diseases and his volumes on epidemics, fevers, epilepsy, fractures, and instruments were studied for centuries. He believed that the body had the capacity to heal itself and that the physician’s role was to help nature. It is also interesting to see that Hippocrates addressed confidentiality and understood that it was important to maintain patient privacy.

Medical knowledge developed slowly, and distribution of such knowledge was poor. In the 17th century, European academies or societies were established, consisting of small groups of men who met to discuss subjects of mutual interest. One of the earliest academies was the Royal Society of London, formed in 1662. In the United States, medical education was greatly influenced by the Johns Hopkins University School of Medicine in Baltimore, Maryland, established in the early 1890s. The school admitted only college graduates with at least one year’s training in the natural sciences. The clinical education at Johns Hopkins was superior because the school partnered with Johns Hopkins Hospital, which had been created expressly for teaching and research by members of the medical faculty. Table 1.3 presents selected medical pioneers and their achievements.

The History of Medical Assisting

As physicians made the switch from going to patients’ homes for treatment to having the patient come to their office, some physicians hired nurses to help in their practices. Gradually, the administrative part of running a practice became increasingly complicated and time-consuming, and physicians realized that they needed an assistant with both administrative and clinical training. Nurses were likely to have training only in clinical skills; therefore, many physicians began training individuals – medical assistants – to assist with all the office duties.

The first medical assistants started working in individual physicians’ offices with on-the-job training to help out when an extra pair of hands was needed. Today medical assisting is one of the most respected allied health fields in the industry, and training is readily available through community colleges, junior colleges, and private educational institutions throughout the United States.

CRITICAL THINKING APPLICATION

1.9

- In Table 1.3, review the list of individuals who have made significant contributions to medicine. Which one do you believe had the greatest impact on modern healthcare?
- Consider how the medical assisting profession began. How do you think advances in medicine throughout history have affected the current practice of medical assisting?

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, and used in many medical schools today.

FIGURE 1.7 Modern version of the Hippocratic Oath.

MEDICAL PROFESSIONALS

Now that you have an understanding of the medical assistant profession, let's take a look at other areas in healthcare. Physicians and providers (e.g., nurse practitioners and physician assistants) are portals of entry or first contacts for patients seeking medical care. *Primary care providers* (PCPs) are healthcare practitioners who monitor a patient's overall health. Family medicine, internal medicine, and pediatrics are generally considered primary care specialties. After the initial assessment or with the diagnosis of a more complex health issue, patients may be referred to a medical specialist for further examination and treatment.

Doctors of Medicine

Medical doctors (Doctor of Medicine [MD]) are considered **allopathic** physicians. They are the most widely recognized type of physician. They diagnose illness and disease and prescribe treatment for their patients. MDs have a wide variety of rights, including writing prescriptions, performing surgery, offering wellness advice, and performing preventive medicine procedures. Becoming an MD requires 4 years of undergraduate university training (premed) and 4 years of medical school. Regardless of where premed students attend college, a national standard of course work is required to apply to medical school. They must take entry and advanced levels of biology, physics, organic and inorganic chemistry, mathematics, English, humanities, and social sciences. The United States has approximately 125 allopathic medical schools. After medical school, the student faces 3 to 8 years of residency

programs, depending on the medical specialty he or she pursues. After completion of a residency program, a physician can obtain board certification in one or more of 37 different specialty areas recognized by the American Board of Medical Specialties (Table 1.4). An MD must have a state license to practice, and continuing education is required to maintain the license. Graduates of foreign medical schools usually can obtain a license in the United States after passing an examination and completing a residency program in this country.

Doctors of Osteopathy

Osteopathic physicians (Doctor of Osteopathy [DO]) complete requirements similar to those of MDs to graduate and practice medicine. Osteopaths use medicine and surgery, in addition to osteopathic manipulative therapy (OMT), in treating their patients. Andrew Taylor Still is considered the father of osteopathic medicine, which he established in 1874. He believed in a more **holistic** approach to medicine, and although he was an MD, he founded the American School of Osteopathy in Kirksville, Missouri. The school originally was chartered to offer an MD degree but later focused more on the osteopathic approach. DOs stress preventive medicine and holistic patient care, in addition to a special focus on the musculoskeletal system and OMT. Premed students moving toward osteopathic medicine complete the same undergraduate course work as allopathic candidates and 4 years of medical studies at a school for osteopathic medicine. Over the years there have become fewer differences between allopathic and osteopathic programs, with many DO physicians earning residency programs in the same institutions as MDs.

TABLE 1.3 Medical Pioneers and Their Achievements

NAME	ACHIEVEMENT	NAME	ACHIEVEMENT
Andreas Vesalius (1514–1564)	Father of modern anatomy; wrote first anatomy book	Robert Koch (1843–1910)	Developed Koch's postulates, a theory of causative agents for disease; discovered the cause of cholera
William Harvey (1578–1657)	Discovered the circulatory system	William Roentgen (1845–1923)	Discovered the x-ray
Anton van Leeuwenhoek (1632–1723)	First to observe microbes through a lens; developed the first microscope	Walter Reed (1851–1902)	Proved that yellow fever was transmitted by mosquito bites while in the U.S. Army serving in Cuba
John Hunter (1728–1793)	Founder of scientific surgery	Paul Ehrlich (1854–1915)	Injected chemicals for the first time to treat disease (syphilis)
Edward Jenner (1749–1823)	Developed smallpox vaccine	Marie Curie (1867–1934)	Discovered radium and polonium
Ignaz Semmelweis (1818–1865)	First physician to recommend hand washing to prevent puerperal fever; believed there was a connection between performing autopsies and then delivering babies that caused puerperal fever in new mothers	Alexander Fleming (1881–1955)	Discovered penicillin
Florence Nightingale (1820–1910)	Founder of nursing	Albert Sabin (1906–1993)	Developed the oral live-virus vaccine for polio 10 years after Salk developed the first injected vaccine
Clara Barton (1821–1912)	Established the American Red Cross	Virginia Apgar (1909–1974)	Founded neonatology; developed the Apgar score, which assesses the status of newborns
Elizabeth Blackwell (1821–1910)	First woman in the United States to earn a Doctor of Medicine degree	Jonas Salk (1914–1955)	Developed the first safe and effective injectable vaccine for polio
Louis Pasteur (1822–1895)	Father of bacteriology and preventive medicine; developed pasteurization and established the connection between germs and disease	Christiaan Barnard (1922–2001)	Performed the first human heart transplant
Joseph Lister (1827–1912)	Father of sterile surgery; developed antiseptic methods for surgery	Edwin Carl Wood (1929–2011)	Pioneered the technique of in vitro fertilization (IVF)
		David Ho (1952–)	Research pioneer in acquired immunodeficiency syndrome (AIDS)

TABLE 1.4 Examples of Medical Specialties

SPECIALTY	PRACTITIONER'S TITLE	DESCRIPTION
Allergy and immunology	Allergist/immunologist	Allergists/immunologists are trained to evaluate disorders and diseases of the immune system. This includes conditions such as adverse reactions to drugs and food, anaphylaxis, and problems related to autoimmune diseases, asthma, and insect stings.
Anesthesiology	Anesthesiologist	Anesthesiologists provide pain relief and pain management during surgical procedures and also for patients with long-standing conditions accompanied by pain.
Colon and rectal surgery	Colorectal surgeon	Colorectal surgeons diagnose and treat conditions affecting the intestines, rectum, and anal area, in addition to organs affected by intestinal disease.
Dermatology	Dermatologist	Dermatologists work with adult and pediatric patients in treating disorders and diseases of the skin, hair, nails, and related tissues. Dermatologists are specially trained to manage conditions such as skin cancers, cosmetic disorders of the skin, scars, allergies, and other disorders, both malignant and benign.

TABLE 1.4 Examples of Medical Specialties—*continued*

SPECIALTY	PRACTITIONER'S TITLE	DESCRIPTION
Emergency medicine	Emergency physician	Emergency physicians are experts in assessing and treating a patient to prevent death or serious disability. They provide immediate care to stabilize the patient's condition, and then refer the patient to the appropriate professional for further care.
Family medicine	Primary care provider (PCP)	PCPs offer care to the whole family, from newborns to elderly adults. They are familiar with a wide range of disorders and diseases, and preventive care is their primary concern.
General surgery	Surgeon	General surgeons correct deformities and defects and treat diseases or injured parts of the body by means of operative treatment.
Genetics	Medical geneticist	Geneticists are physicians trained to diagnose and treat patients with conditions related to genetically linked diseases. They provide genetic counseling when indicated.
Internal medicine	Internist	Internists are concerned with comprehensive care, often diagnosing and treating those with chronic, long-term conditions. They must have a broad understanding of the body and its ailments.
Neurologic surgery	Neurosurgeon	Neurosurgeons provide surgical care for patients with conditions of the central, autonomic, and peripheral nervous systems.
Neurology/ psychiatry	Neurologist/ psychiatrist	Neurologists diagnose and treat disorders of the nervous system. Psychiatrists are physicians who specialize in the diagnosis and treatment of people with mental, emotional, or behavioral disorders. A psychiatrist is qualified to conduct psychotherapy and to prescribe medications.
Nuclear medicine	Nuclear medicine specialist	These specialists use radioactive substances to diagnose, treat, and detect disease.
Obstetrics and gynecology	Obstetrician/ gynecologist	Obstetricians provide care to women of childbearing age and monitor the progress of the developing child. Gynecologists are concerned with the diagnosis and treatment of the female reproductive system.
Ophthalmology	Ophthalmologist	Ophthalmologists diagnose, treat, and provide comprehensive care for the eye and its supporting structures. These physicians also offer vision services, including corrective lenses.
Otolaryngology	Otolaryngologist	Otolaryngologists treat diseases and conditions that affect the ear, nose, and throat and structures related to the head and neck. Problems that affect the voice and hearing are also referred to this specialist.
Pathology	Pathologist	Pathologists study the causes of diseases. They study tissues and cells, body fluids, and organs themselves to aid in the process of diagnosis.
Pediatrics	Pediatrician	Pediatricians promote preventive medicine and treat diseases that affect children and adolescents. They monitor the child's growth and development and provide a wide range of health services.
Physical medicine and rehabilitation	Physiatrist	Physiatrists assist patients who have physical disabilities. This may include rehabilitation, patients with musculoskeletal disorders, and patients suffering from pain as a result of injury or trauma.
Plastic surgery	Plastic surgeon	Plastic surgeons work with patients who have a physical defect as a result of some type of injury or condition. They perform reconstructive cosmetic enhancements and elective procedures.
Preventive medicine	Preventive medicine specialist	Preventive medicine specialists are concerned with preventing mental and physical illness and disability. They also analyze current health services and plan for future medical needs.
Radiology	Radiologist	Radiology is a specialty in which x-rays are used to diagnose and treat disease. A diagnostic radiologist specializes in using x-rays, ultrasound, nuclear medicine, computed tomography, and magnetic resonance imaging to detect abnormalities throughout the body.
Thoracic surgery	Thoracic surgeon	Thoracic surgeons are concerned with the operative treatment of the chest and chest wall, lungs, heart, heart valves, and respiratory passages.
Urology	Urologist	Urologists are concerned with the treatment of diseases and disorders of the urinary tract. They diagnose and manage problems with the genitourinary system and practice endoscopic procedures related to these structures.

Doctors of Chiropractic

Chiropractors (Doctor of Chiropractic [DC]) focus on the relationship between the spine and the function of the body. The goal is to correct alignment problems and thereby alleviate pain, improve function, and support the body's natural ability to heal itself. Spinal manipulation has been shown to be beneficial for low back pain, headaches, neck pain, whiplash-associated disorders, and upper and lower extremity joint conditions. Chiropractic care is one of the most common fields of **complementary and alternative medicine (CAM)**. Examples of complementary and alternative medicine can be found in the following box.

Complementary and Alternative Medicine Therapies

- Chiropractic
- Massage therapy
- Acupuncture
- Biofeedback
- Meditation
- Guided imagery
- Healing touch
- Natural products
- Yoga, Tai Chi, or Qi Gong
- Homeopathy
- Naturopathy
- Progressive relaxation
- Hypnotherapy
- Ayurvedic medicine

Chiropractic doctors have at least 4 years of additional training beyond a bachelor's degree. The training includes both classroom and direct patient care. The doctors must pass the national licensing exam. State law regulates their practice, and many state boards require continuing education to maintain the license.

Hospitalists

Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. Most hospitalists are employed by the healthcare facility instead of having individual freestanding offices in which patients are seen and treated. Perhaps the most attractive benefit of becoming a hospitalist is the quality of life for the physician and his or her family. Hospitalists work a specific, set number of hours each week and receive a set salary from their employers. In addition, most institutions that employ hospitalists cover these physicians with blanket malpractice insurance, saving the practitioner the expense of costly premiums. Although the hospitalist is in charge of the patient while the person is in the hospital, if the patient has a PCP, he or she may still visit the patient. The hospitalist would still refer the patient to medical specialists as needed for more advanced care.

Nurse Practitioners

Nurse practitioners (NPs) provide basic patient care services, including diagnosing and prescribing medications for common illnesses, or they may have additional training and expertise in a specialty area of medicine. These professionals must have advanced academic training beyond the registered nurse (RN) degree and also vast clinical experience. An NP is licensed by individual states and can practice independently or as part of a team of healthcare professionals.

Physician Assistants

A physician assistant (PA) is a certified healthcare professional who provides diagnostic, therapeutic, and preventive healthcare services under the supervision of a medical doctor. Physician assistants must be licensed, which requires completion of a physician assistant program that is typically at the master's degree level. Physician assistants must pass the Physician Assistant National Certifying Examination to practice in any state. They may also complete advanced training to focus on a particular specialty practice.

ALLIED HEALTH PROFESSIONALS

In addition to doctors, nurse practitioners, and physician assistants the healthcare team includes allied health professionals. The definition of an allied health professional can vary, but it loosely refers to those who can act only under the authority of a licensed medical practitioner (e.g., MD, DO, optometrist, dentist, pharmacist, podiatrist, or chiropractor). Allied health professionals include respiratory therapists, radiation therapists, occupational therapists, physical therapists, technologists of various types, dental hygienists, medical assistants, phlebotomists, pharmacy technicians, and other professionals who do not independently diagnose and prescribe treatment, but perform diagnostic procedures, therapeutic services, and provide care.

The allied health professions fall into two broad categories: technicians (assistants) and therapists. Technicians are trained to perform procedures, and their education lasts 2 years or less. They are required to work under the supervision of medical providers or licensed therapists. This part of the allied health field includes, among others, physical therapy assistants, medical laboratory technicians, radiology technicians, occupational therapy assistants, recreational therapy assistants, respiratory therapy technicians, and medical assistants (Table 1.5).

The educational process for nurses and therapists is more intensive. These professions require a state-issued license and an advanced degree, showing that the individual is trained to evaluate patients, diagnose conditions, develop treatment plans, and understand the rationale behind various treatments (Table 1.6).

Allied health professionals typically work as part of a healthcare team, which is what you will do as a professional medical assistant.

As a new medical assistant, you will enter the ranks of an ever-growing group of allied health professionals who provide services for patients in a variety of settings in today's healthcare system. Allied health professionals comprise nearly 60% of the healthcare workforce. The term "allied health" is used to identify a cluster of health professions, encompassing as many as 200 careers. In the United States, about 5 million allied health professionals work in more than 80 different professions; they represent approximately 60% of all healthcare providers.

TYPES OF HEALTHCARE FACILITIES

Hospitals

Hospitals are classified according to the type of care and services they provide to patients and by the type of ownership. There are three different levels of hospitalized care, which are interconnected.

TABLE 1.5 Allied Health Occupations Recognized by the American Medical Association

TITLE	CREDENTIAL	JOB DESCRIPTION
Anesthesiology assistant	AA	Functions as a specialty physician assistant under the direction of a licensed and qualified anesthesiologist; assists in developing and implementing the anesthesia care plan.
Art therapist	ATR	Uses drawings and other art and media forms to assess, treat, and rehabilitate patients with mental, emotional, physical, and/or developmental disorders.
Athletic trainer	ATC	Provides a variety of services, including injury prevention, assessment, immediate care, treatment, and rehabilitation after physical injury or trauma.
Audiologist	CCC-A	Identifies individuals with symptoms of hearing loss and other auditory, balance, and related neural problems; assesses the nature of those problems and helps individuals manage them.
Blood bank technology specialist	SBB	Performs routine and specialized tests in blood center and transfusion services, using methods that conform to the accepted standards in the blood bank industry.
Diagnostic cardiovascular sonographer/technologist	RDCS, RVT	Using invasive or noninvasive techniques (or both), performs diagnostic examinations and therapeutic interventions for the heart and blood vessels at the request of a physician.
Clinical laboratory science/medical technologist	MT, MLT	In conjunction with pathologists, performs tests to diagnose the causes and nature of disease; also develops data on blood, tissues, and fluids of the human body using a variety of methodologies.
Counseling-related professional	LPC, LMHC	Deals with human development through support, therapeutic approaches, consultation, evaluation, teaching, and research; practices the art of helping people to grow.
Cytotechnologist	CT	Works with pathologists to evaluate cellular material from all body sites, primarily through use of the microscope; examines specimens for normal and abnormal cytologic changes, including malignancies.
Dance therapist	DTR, ADTR	Uses the psychotherapeutic properties of movement as a process that furthers the emotional, cognitive, social, and physical integration of the patient as a tool for healing.
Dental assistant, dental hygienist, dental laboratory technician	CDA, RDH, CDT	Performs a wide range of tasks, from assisting the dentist to teaching patients how to prevent oral disease and maintain oral health.
Diagnostic medical sonographer	RDMS	Uses medical ultrasound to gather sonographic data, which can aid the diagnosis of a variety of conditions and diseases; also monitors fetal development.
Dietitian, dietetic technician	DTR	Integrates and applies the principles of food science, nutrition, biochemistry, physiology, food management, and behavior to achieve and maintain good health.
Electroneurodiagnostic technologist	REEG-T	Records and studies the electrical activity of the brain and nervous system; obtains interpretable recordings of patients' nervous system function.
Genetics counselor	IGC	Provides genetic services to individuals and families seeking information about the occurrence or risk of a genetic condition or birth defect.
Health information management professional	RHIA, RHIT	Provides expert assistance in the systems and processes for health information management, including planning, engineering, administration, application, and policy making.
Kinesiotherapist	RKT	Provides rehabilitation exercise and education designed to reverse or minimize debilitation and enhance the functional capacity of medically stable patients.
Massage therapist	MT	Applies manual techniques, and may apply adjunctive techniques, with the intention of positively affecting the health and well-being of a patient or client.

Continued

TABLE 1.5 Allied Health Occupations Recognized by the American Medical Association—*continued*

TITLE	CREDENTIAL	JOB DESCRIPTION
Medical assistant	CMA, RMA, CCMA, CMAA	Functions as a member of the healthcare delivery team and performs both administrative and clinical procedures and duties; a multiskilled health professional.
Medical illustrator	MI	Specializes in the visual display and communication of scientific information; creates visuals and designs communication tools for teaching both medical professionals and the public.
Music therapist	MT-BC	Uses music in a therapeutic relationship to address the physical, emotional, cognitive, and social needs of individuals of all ages; assesses the strengths and needs of clients and patients.
Nuclear medicine technologist	RT	Uses the nuclear properties of radioactive and stable nuclides to make diagnostic evaluations of anatomic or physiologic conditions of the body; also provides therapy with unsealed radioactive sources.
Ophthalmic laboratory technician, medical technician/technologist	COT, COMT	Collects data and performs clinical evaluations; performs tests and protocols required by ophthalmologists; assists in the treatment of patients.
Orthoptist	CO	Performs a series of diagnostic tests and measurements on patients with visual disorders; helps design a treatment plan to correct disorders of vision, eye movements, and alignment.
Orthotist/prosthetist	RTO, RTP, RTPO	Designs and fits devices (orthoses) to patients who have disabling conditions of the limbs and spine and/or partial or total absence of a limb.
Perfusionist	CCP	Operates extracorporeal circulation and autotransfusion equipment during any medical situation in which the patient's respiratory or circulatory function must be supported or temporarily replaced.
Pharmacy technician	CPhT	Assists pharmacists with duties that do not require the expertise or judgment of a licensed pharmacist.
Radiation therapist, radiographer	RRTD	Delivers prescribed dosages of radiation to patients for therapeutic purposes; provides appropriate patient care and maintains accurate records of the treatment provided.
Rehabilitation counselor	CRC	Determines and coordinates services to assist people with disabilities in moving from psychological and economic dependence to independence.
Respiratory therapist, respiratory therapy technician	RRT, CRT, RPFT, CPFT	Evaluates, treats, and manages patients of all ages with respiratory illnesses and other cardiopulmonary disorders. Advanced respiratory therapists exercise considerable independent judgment.
Surgical assistant	CSA	Assists in exposure, hemostasis, closure, and other intraoperative technical functions that help surgeons carry out a safe operation with optimal results for the patient.
Surgical technologist	ST, CST	Helps prepare patients for surgery and maintain the sterile field in the surgical suite, making sure all members of the surgical team follow sterile technique.
Therapeutic recreation specialist	CTRS	Uses treatment, education, and recreation services to help people with illnesses, disabilities, and other conditions develop and use their leisure in ways that enhance their health.

- Primary level of care
 - Smaller city or community hospitals
 - Usually serve as the first level of contact between the community members and the hospital setting
- Secondary level of care
 - Both PCPs and specialists provide care
 - Larger municipal or district hospitals that provide a wider variety of specialty care and departments

- Tertiary level of care
 - Referral system for primary or secondary care facilities
 - Provide care for complicated cases and trauma
 - Medical centers, regional and specialty hospitals

Private hospitals are run by a corporation or other organization and usually are designed to produce a profit for the owners or stockholders. *Nonprofit* hospitals exist to serve the community in which they are located and are normally run by a board of directors.

TABLE 1.6 Licensed Healthcare Professions

TITLE	CREDENTIAL	JOB DESCRIPTION
Certified nurse midwife	CNM	Registered nurse (RN) with additional training and certification; performs physical exams; prescribes medications, including contraceptive methods; orders laboratory tests as needed; provides prenatal care, gynecologic care, labor and birth care, and health education and counseling to women of all ages.
Diagnostic cardiac sonographer or vascular technologist	DCS or DVT	Assists in the diagnosis and treatment of cardiac and vascular diseases and disorders; performs noninvasive tests, including echocardiographs and electrocardiographs.
Emergency medical technician	EMT	Progresses through several levels of training, each providing more advanced skills. EMTs' medical education encompasses managing respiratory, cardiac, and trauma cases and often emergency childbirth. Some states also recognize specialties in the EMT field, such as EMT-Cardiac, which includes training in cardiac arrhythmias, and EMT-Shock Trauma, which includes starting intravenous fluids and administering specific medications.
Licensed practical or vocational nurse	LPN or LVN	Provides bedside care, assisting with the day-to-day personal care of inpatients; assesses patients, documents their progress, and administers medications and intravenous fluids when allowed by law; often works in hospitals or skilled nursing facilities and in physicians' offices.
Medical technologist	MT	Performs diagnostic testing on blood, body fluids, and other types of specimens to assist the provider in arriving at a diagnosis.
Nurse anesthetist	NA	RN who administers anesthetics to patients during care provided by surgeons, physicians, dentists, or other qualified health professionals.
Nurse practitioner	NP	Provides basic patient care services, including diagnosing and prescribing medications for common illnesses; must have advanced academic training, beyond the registered nurse (RN) degree, and also must have extensive clinical experience.
Occupational therapist	OT	Assists in helping patients compensate for loss of function.
Paramedic	Paramedic	Specially trained in advanced emergency skills to aid patients in life-threatening situations.
Physical therapist	PT	Assists patients in regaining their mobility and improving their strength and range of motion. Devises treatment plans in conjunction with the patient's physician.
Physician assistant	PA	Provides direct patient care services under the supervision of a licensed physician; trained to diagnose and treat patients as directed by the physician. In most states is allowed to write prescriptions; take patient histories, order and interpret tests, perform physical examinations, and make diagnostic decisions.
Radiology technician	RT	Uses various machines to help the provider diagnose and treat certain diseases; machines may include x-ray equipment, ultrasonographic machines, and magnetic resonance imaging (MRI) scanners.
Registered dietitian	RD	Thoroughly trained in nutrition and the different types of diets patients require to improve or maintain their condition. Designs healthy diets for patients during hospital stays and can help plan menus for home use. Also teaches patients about their recommended diet.
Registered nurse	RN	Provides direct patient care, assesses patients, and determines care plans; has many career options.
Respiratory therapist	RT	Commonly uses oxygen therapy to assist with breathing; also performs diagnostic tests that measure lung capacity. Most work in hospitals. All types of patients receive respiratory care, including newborns and geriatric patients.

The term *nonprofit* sometimes is misleading, because “profit” is different from “making money.” A nonprofit hospital or organization may make money in a campaign or fundraiser, but all of the money is returned to the organization. Nonprofit hospitals and organizations must follow strict guidelines in the area of finance and must account to the government for the money brought in and the purposes for which it is used.

A *hospital system* is a group of facilities that are affiliated and work toward a common goal. Hospital systems may include a hospital and a cancer center in a small community or may consist of a group of separate hospitals in a specific geographic region. Many hospital systems are designed as integrated delivery systems. An integrated delivery system (IDS) is a network of healthcare providers and organizations that provides or arranges to provide a coordinated continuum of services to a defined population and is willing to be held clinically and fiscally accountable for the clinical outcomes and health status of the population served. An IDS may own or could be closely aligned with an insurance product, such as a type of insurance policy. Services provided by an IDS can include a fully equipped community and/or tertiary hospital, home healthcare and **hospice** services, primary and specialty outpatient care and surgery, social services, rehabilitation, preventive care, health education and financing, and community provider offices. An IDS can also be a training location for health professional students, including physicians, nurses, and allied health professionals.

Accreditation is considered the highest form of recognition for the quality of care a facility or an organization provides. Not only does it indicate to the public that the facility is concerned with providing high-quality care, it also provides professional liability insurance benefits and plays a role in regulatory agency relicensure and certification efforts. Hospitals and other healthcare facilities are accredited by The Joint Commission, an organization that promotes and evaluates the quality of care in healthcare facilities. Standards or **indicators** have been developed that help determine when patients are receiving high-quality care. The term “quality” refers to much more than whether the patient liked the food served or had to wait to have a procedure or test performed. Categories of compliance include:

- Assessment and care of patients
- Use of medication
- Plant, technology, and safety management
- Orientation, education, and training of staff
- Medical staff qualifications
- Patients’ rights

Accreditation by The Joint Commission is required to obtain reimbursement from Medicare, managed care organizations, and insurance companies. Besides accrediting healthcare facilities, The Joint Commission carefully evaluates patient safety. It has established the National Patient Safety Goals, which must be addressed by member facilities. The 2018 safety goals for ambulatory organizations took effect January 1, 2018. They included:

- Identifying patients correctly
- Using medicines safely
- Preventing infection
- Preventing mistakes in safety

All these safety factors are addressed in future chapters.

Ambulatory Care

Ambulatory care centers include a wide range of facilities that offer healthcare services to patients who seek outpatient health services. Physicians’ offices, group practices, and multispecialty group practices are common types of ambulatory care facilities, and medical assistants can be employed in all of these practices. Group practices may involve a single specialty, such as pediatrics, or may be a multispecialty. A multispecialty practice might consist of an internal medicine physician, an oncologist, a cardiologist, and an endocrinologist.

Usually the providers in the practice refer patients to each other when indicated. This is not only more convenient for the patients, but also more profitable for the members in the practice. A patient seeing a provider for the first time is considered a *new* patient, whereas a patient who has seen the provider on previous occasions is called an *established* patient. Most providers charge new patients more than established patients because the levels of decision making, the extent of the physical examination, and the complexity of the medical history require that more time be directed toward the new patient.

Occupational health centers are concerned with helping patients return to work and productive activity. Often, physical therapy is used in conjunction with rehabilitation services to assist the patient in regaining as much of his or her previous level of ability as possible. Also, freestanding rehabilitation centers can assist patients with a wide range of services. Pain management centers help patients deal with discomfort associated with their condition. Sleep centers diagnose and treat people with sleep problems. Freestanding urgent or emergency care centers provide patients with an alternative to hospital emergency departments (EDs) and are typically open when traditional provider offices are closed.

Surgery has become more convenient because of the number of ambulatory surgical centers that exist today. Many insurance companies now prefer day surgery because it is more cost-effective. A wide variety of outpatient surgical facilities is available, offering procedures in ophthalmology, plastic surgery, and gastrointestinal concerns, including colonoscopies.

Dialysis centers offer services to patients with severe kidney disorders, and many of the larger cities across the country have cancer centers for patients who need treatment by oncologists. Among the many other types of ambulatory care facilities are centers that provide magnetic resonance imaging (MRI), student health clinics, dental clinics, community health centers, and women’s health centers.

Other Healthcare Facilities

Several other types of healthcare facilities deserve attention in the broad overview of the healthcare industry. Diagnostic laboratories offer testing services for patients referred by their providers. The enactment of CLIA in 1967 and its amendment in 1988 established that the only laboratory tests that can be performed in a physician’s office lab are those designated as *CLIA-waived*. You will learn how to perform many CLIA-waived tests in your medical assistant program. Larger ambulatory care centers may contain an on-site advanced diagnostic laboratory where all studies can be completed. Smaller or independent practices typically have to send non-CLIA-waived tests to an outside diagnostic facility.

Home health agencies or hospital-affiliated home healthcare organizations provide crucial services to patients who require medical



FIGURE 1.8 Teamwork is a vital part of the medical profession. All staff members must work together to care for the patient and perform required duties in the healthcare facility.

follow-up but are not in a hospital setting. Home healthcare includes therapy services, administration of and assistance with medications, wound care, and other services so that the patient can remain at home, yet still obtain consistent medical attention. Hospice care is a type of home health service that provides medical care and support for patients facing end-of-life issues and their families. The goal of hospice is to provide peace, comfort, and dignity while controlling pain and promoting the best possible quality of life for the patient. Some communities have inpatient hospice services available either in a special unit in a hospital or in an independent hospice center.

THE HEALTHCARE TEAM

To deliver comprehensive quality care, everyone who interacts with patients, from the time they enter the facility to the time they leave, must work as a cooperative member of the healthcare team. If managers were asked to name the most important attributes for medical professionals, teamwork would be high on the list (Fig. 1.8). Staff members must work together for the good of the patients. They must be willing to perform duties outside a formal job description if they are needed in other areas of the office. Many supervisors frown on employees who state, “That’s not in my job description.” A professional medical assistant should perform the duty and later discuss with the supervisor any valid reasons that the task should have been assigned to someone else. However, if the task is illegal, unethical, or places the patient or anyone else in danger, it should not be done. If you are ever concerned about patient safety, you should discuss the situation with your supervisor before performing the task.

Although we all would enjoy working in an office where everyone gets along and likes every other employee, this does not always happen. Personal feelings must be set aside at work, and all employees must cooperate with others to get the job done efficiently. If a medical assistant has an issue with another employee, the first move would be to discuss it privately with the other person. If the situation does not improve, perhaps a supervisor (office or practice manager) should be involved for further discussions. Do not bring the provider into the discussion unless there is no choice because the facility manager is expected to deal with personnel issues (Fig. 1.9).



FIGURE 1.9 Knowing which employee to call when help is needed promotes goodwill among employees and often gets a task done more efficiently.

Patient-Centered Medical Home

The Patient Centered Medical Home (PCMH) is a model of patient care. In this model, patient care is looked at from a holistic approach. The healthcare team wants to be able to assist that patient with any issues that come up about his or her care. This means having multiple team members available. The provider and the medical assistant would provide the primary care. There would also be a nurse who coordinates all of the care for the patient, including issues about home healthcare, financial issues, transportation issues, and so on. Many models include a clinical pharmacist who is available to discuss medication questions and concerns with the patient.

Research indicates that PCMHs are saving money by reducing hospital and ED visits while at the same time improving patient outcomes. The Agency for Healthcare Research and Quality (AHRQ), which is part of the Department of Health and Human Services (HHS), believes that improving our primary care system is the key to achieving high-quality, accessible, efficient healthcare for all Americans. The agency recognizes that health information technology (IT) plays a central role in the successful implementation of the key features of the primary care medical home. According to the AHRQ, the PCMH has five core functions and attributes:

1. *Comprehensive care:* The primary care practice has the potential to provide physical and mental healthcare, prevention and wellness, acute care, and chronic care to all patients in the practice. However, comprehensive care cannot be provided by only the practicing physician. It requires a team of care providers. The healthcare team for a PCMH includes physicians, nurse practitioners, physician assistants, nurses, pharmacists, nutritionists, social workers, educators, and medical assistants. If these specialty individuals are not readily available to smaller physician practices, virtual teams can be created online to link providers and patients to services in their communities.
2. *Patient-centered care:* The PCMH provides primary healthcare that is holistic and relationship based, always considering the

individual patient and all facets of his or her life. However, establishing a partnership with patients and their families requires understanding and respect of each patient's unique needs, culture, values, and preferences. Medical assistants are trained to provide respectful patient care regardless of individual patient factors. The goal of the PCMH is to encourage and support patients in learning how to manage and organize their own care. Patients and families are recognized as core members of the care team.

3. *Coordinated care:* The PCMH coordinates care across all parts of the healthcare system, including specialty care, hospitals, home healthcare, and community services. Coordination is especially important when patients are transitioning from one site of care to another, such as from hospital to home. The PCMH works at creating and maintaining open communication among patients and families, the medical home, and members of the broader healthcare team.
4. *Accessible services:* The PCMH is designed to deliver accessible care. This is achieved by establishing policies that create shorter wait times for urgent needs, expanded office hours, around-the-clock telephone or electronic access to a member of the care team, and alternative methods of communication, such as email and telephone care.
5. *Quality and safety:* The PCMH is committed to delivering quality healthcare by providing evidence-based medicine and shared decision making with patients and families; assessing practice performance and working on improvements; collecting safety data; and measuring and responding to patients' experiences and satisfaction. All of this information is made public to allow an open assessment of the practice and suggestions for possible methods of improvement.

The goal of the PCMH is to improve patient outcomes and reduce costs. There are accreditation processes that must be completed for a healthcare facility to be recognized as a PCMH. For further information about the PCMH model, refer to the Patient Centered Medical Home Resource Center, Department of Health and Human Services: <http://pcmh.ahrq.gov>.

PRACTICING PROFESSIONALISM AS A TEAM MEMBER

A *team* is a group of people organized for work or a specific purpose. In the healthcare setting, usually the team consists of the employees working in the same department. A broader definition could include all the employees at the facility. A *team member* is loyal to the group and works well with the other people in the group. As a member, the medical assistant must help the team function. To do this, it is important to know the roles of the different team members. [Tables 1.5](#) and [1.6](#) describe various healthcare professionals found in ambulatory care facilities.

To be a valuable team member, it is important to have several qualities. Work ethic, punctuality, cooperation, and the willingness to help are important traits in a team member. It takes all members working together to make an effective and productive team. When a member “drops the ball,” others must step in and do extra work.

Exceptional Customer Service

To provide exceptional customer service, medical assistants need to:

- Remember that patients, family members, and co-workers are all customers.
- Be professional in behavior and appearance.
- Consider cultural differences when using nonverbal communication.
- Prepare clear, concise verbal communication (written and oral).
- Use therapeutic communication, including active listening.

To help promote professionalism when you first meet a patient, it is important to GIVE:

- **G**reet the patient.
- **I**dentify yourself.
- **V**erify the patient's identity by asking for the person's full name and date of birth.
- **E**xplain the procedure to be performed in a manner that is understood by the patient.

The Meaning of Professionalism

Professionalism is defined as having a courteous, conscientious, and respectful approach to all interactions and situations in the workplace. It is characterized by or conforms to the recognized standard of care for the profession. Conducting themselves in a professional manner is essential for successful medical assistants. The attitude of those in the medical profession generally is more conservative than that seen in other career fields. Patients expect professional behavior and base much of their trust and confidence in those who show this type of **demeanor** in the healthcare facility ([Fig. 1.10](#)).

Work Ethic and Punctuality

A *work ethic* is composed of sets of values based on hard work and diligence. The medical assistant should always display **initiative** and be **reliable**. People with a good work ethic arrive on time, are rarely absent, and always perform to the best of their ability. Co-workers become frustrated if another employee consistently arrives late or is absent. This forces others to take on additional duties, and it may prevent them from completing their own work. One missing employee



FIGURE 1.10 The professional medical assistant is an asset to the healthcare facility.

can disrupt the entire day. Phones may not be answered promptly. Patients may have to wait longer for appointments. Lunch breaks may be shortened to allow all the work to be done. All employees should know and follow the attendance policies of the facility as outlined in the policies and procedures manual.

Most new hires have a probationary period that may last 30 to 90 days. Excessive absences or *tardiness* (being late) will negatively affect the employee. It may be grounds for *termination* (job loss). If the medical assistant must be absent or tardy, the supervisor must be notified prior to the start time. Make sure to follow the office policy. All employees must be *punctual* (on time) every day. Providers and patients alike expect this reliability.

CRITICAL THINKING APPLICATION

1.10

Carmen tends to arrive at the clinic with about 1 minute to spare. She realizes that she needs to change her habits and arrive about 10 minutes before her start time. This would give her a little “cushion” if traffic is slow. If you were Carmen, what strategies could you use to make sure to get to the healthcare facility 10 minutes before the start time?

Cooperation and Willingness to Help

Each team member must be willing to cooperate and help others on the team. It is not uncommon that one team member might be very busy or handling an emergency. Other team members must be willing to step up and lend a helping hand. For instance, a medical assistant may be tied up caring for a very sick patient. Other patients who have appointments are waiting to be seen. One of the other team members needs to help room the patients (e.g., take their vital signs and histories for the provider). This is how the department can provide exceptional customer service. Team members watch out for each other. If someone is getting behind, others help out.

Through cooperation, the team is more productive. Team members have greater job satisfaction. When members cooperate and work together, there is a great sense of communication and understanding in a team. Most importantly, the patients are cared for, and great customer service is provided.

Prioritizing and Time Management Skills

Prioritizing duties and using time management skills are critical for the success of medical assistants. *Prioritizing* means to arrange and complete duties in the order of most importance. *Time management strategies* are methods that maximize personal efficiencies and prioritize tasks. This means that we are to use our time efficiently and concentrate on the most important duties first. To do this, we must first prioritize our duties. We must arrange our schedules to ensure that these duties can be performed. The first way to improve time management is to plan the tasks that need to be done that day. Take 10 minutes to write down the tasks for the day. This helps ensure the tasks get done. Make sure to reference the list throughout the day to keep on track. Don't schedule too much to do each day, so that it is impossible to get everything done. Keep the list manageable. You need to build in some extra time in case of emergencies or urgent issues that come up. The key to managing time is prioritizing.

Time Management Strategies

- Organize and review your daily “to do” list. If you honestly believe you can't possibly get everything that is a priority done, ask for help. It is better to admit you can't do it all than to ignore a task that is important.
- Brainstorm with your peers about ways to achieve all the tasks facing everyone each day. Maybe someone can come up with a unique way to solve a problem; but if not, at least all of you will be on the same page.
- Make a master list of important tasks so nothing is forgotten.
- Try to accomplish like tasks in the same block of time. If you have phone calls to return or insurance referrals to complete, do both at the same time to be more efficient.
- At the end of each day, create a new “to do” list for the next day so that nothing important is forgotten.

When prioritizing your tasks, use a code system to indicate when they need to be done. For instance:

- Use an “M” for tasks that *must* be done that day.
- Use an “S” for tasks that *should* be done that day.
- Use a “C” for tasks that *could* be done if time permits.

Once the tasks have been divided into these categories, they can be further classified in each section. For instance, if category *M* has six tasks, they can be numbered in the order they should be performed. The same process is completed with the tasks in categories *S* and *C*. As the tasks are completed, they are checked off. At the end of each day, create a new “to do” list for the next day so that nothing important is forgotten.

CRITICAL THINKING APPLICATION

1.11

Carmen needs to practice her time management skills. Using the system described, make your “to do” list. Use M, S, and C to categorize your activities.

Responding to Criticism

As we work, we are evaluated by others. It may be informal or formal for a job evaluation. We learn from others' feedback on our performance. This criticism can be hard to take. It threatens our confidence and self-esteem. We need to realize the value of the feedback. It will help us improve our skills and refine our professional skills. When a person gives us feedback or criticism, it is important to take it as a professional. Becoming defensive or blaming others is not professional. This type of behavior will be a negative reflection on you.

Problem Solving and Chain of Command

When you are working as part of a team, it is important to understand how to solve differences with other members. Typically, it is best to talk with the person with whom you are having an issue. Try not to use statements that accuse the other person. Refrain from using sentences that start with “You are...” Try to remove the emotion from the situation if you can. Use more “I feel...” statements. If

your attempt to resolve the situation is unsuccessful, then it is usually recommended that you talk with the supervisor.

If the issue is related to theft, confidentiality, or harassment, you may need to follow the chain of command in the healthcare facility. Usually, you need to start with your supervisor or the person you report to. Then the next step is the supervisor of your supervisor, and so on. Most employee handbooks discuss the facility's chain of command.

Barriers to Professionalism

At times it is not easy to be a professional. Sometimes patients and co-workers try our patience. It can be difficult to maintain a professional attitude in these cases. Some of the obstructions to professional behavior are discussed in this section.

Attitude

Having a negative attitude can bring down the **morale** of the whole team. Patients can sense when the staff is unhappy, and this makes them wonder why. It is not the patient's responsibility to cheer up the medical assistants. The patients will also be less likely to share personal information with someone who has a negative attitude. Try to find the positive in any given situation.

Complaining can be considered having a negative attitude. If you have a problem you should discuss it, constructively, with someone who can help resolve the situation. Sitting in the break room and complaining to another medical assistant about your schedule will not help to resolve the situation. Talking with your supervisor would be a better solution.

Procrastination

Delaying or putting off tasks can be detrimental to patient care and your relationship with your co-workers. If there is a task that you dread doing, do it quickly and efficiently and you will not have to think about it until the next time. When you are working in healthcare, waiting to do something can put a patient at risk or require that your co-workers do it for you. Either situation can put your job at risk.

Personal Problems and "Baggage"

We all have a personal life. Sometimes things happen in our lives before we go to work. It is important that we push these issues aside and focus on our job. If we carry this "baggage" to work, it can interfere with our ability to do our job. We may be tempted to make personal calls, check emails, and so on. This takes time away from our job, and our focus is not on our job. If the "baggage" is so important and concerning, the medical assistant needs to speak with the supervisor. It might not be appropriate to be working if one cannot concentrate on the job at hand. The patient must be the prime concern of all the employees in the healthcare facility.

Gossip

Gossip is casual or idle chat (rumors) about other people and their business. Many times, the "discussion" is based on someone's opinion and not fact. Most people enjoy working in an environment in which employees cooperate and get along with each other. Rumors and gossip can cause problems with employee morale. They can affect how a team functions. A medical assistant should refuse to participate in the rumor mill (Fig. 1.11). Attempting to be cordial and friendly



FIGURE 1.11 Gossip and rumors have no place in the medical profession. Avoid employees who participate in this type of activity.

to everyone at work is important. Supervisors regard those who gossip or spread rumors as unprofessional and untrustworthy. You should always avoid passing along work-related rumors to patients and family members.

Personal Communication

The medical assistant should not take unnecessary phone calls from friends and family at the office. The office phone is a business line and must be used as such, except in emergencies. Using personal cell phones during working hours is not acceptable. Use breaks and lunch hours to take care of business on the phone. Never take a personal call or respond to text messages on a cell phone while working with a patient. Many healthcare facilities require cell phones to be silenced and out of sight during the workday. Because most phones have cameras, facility administrators are concerned about unlawful pictures being taken. Many healthcare computer networks block certain nonhealthcare websites (e.g., social media sites). Table 1.7 describes acceptable and unacceptable activities for digital communication devices and online activities.

CRITICAL THINKING APPLICATION

1.12

Carmen loves her phone. But she learned very quickly that her phone was to be turned off and put away during work hours. Explain why having cell phones out and turned on can create issues in the healthcare facility.

Visitors should not frequent the office, especially the area where the medical assistant is working. If someone must come to the office, always offer the reception area as a waiting room. Visitors should never be allowed to enter patient areas.

Checking personal email also should be avoided in the workplace. Any type of personal business, such as studying, looking up information on the internet for personal use, internet shopping, or using social

TABLE 1.7 Using Digital Communication Devices and Online Activities in Healthcare Facilities

DEVICE/ACTIVITY	ACCEPTABLE, PROFESSIONAL	UNACCEPTABLE, UNPROFESSIONAL
Phone calls/text messages	<ul style="list-style-type: none"> • Emergency calls only • Turn off or silence ringer • Make personal calls only on break time 	<ul style="list-style-type: none"> • Frequent checking for calls received • Making personal calls • Have phone out and visible when working with patients • Taking pictures
Personal emails and social media	<ul style="list-style-type: none"> • Do not open, read, or post 	<ul style="list-style-type: none"> • Sending and reading personal emails • Viewing social media postings
Online activities	<ul style="list-style-type: none"> • Work-related web-related activity 	<ul style="list-style-type: none"> • Shopping, gaming, nonwork websites

media, should be done at home and not in the office. All of these actions distract the medical assistant from the job at hand; the focus should be on serving the patients in the office at all times. Many employees are fired each year for surfing or shopping on the internet for personal reasons or for checking personal email. Make sure all personal business is handled outside of business hours.

Dating Co-Workers

Given the amount of time that we spend with our co-workers, it is not surprising that personal relationships can develop. Dating someone you work with can present professionalism issues. Maintaining a professional demeanor while at work becomes that much harder, especially if you are both on the same team. Other co-workers might think that there is favoritism, especially if one person is the supervisor of another. There can also be issues if the relationship ends badly and both must continue to work together.

Self-Boundaries

When you are working in healthcare, it is important to develop a solid professional relationship with your patients. By establishing realistic self-boundaries, you can protect that relationship.

CLOSING COMMENTS

Medical assisting has developed over the years into a profession that makes considerable contributions to quality patient care in ambulatory care centers. Medical assistants are uniquely trained to manage both the administrative and clinical needs of patients in physicians' offices, clinics, and outpatient facilities. One of the crucial roles of medical assistants is to act as the patient's navigator; that is, to help patients understand and comply with complex care issues. The medical assistant joins a wide range of allied health professionals as part of a healthcare team in which all members work together to best meet the needs of patients. Medical assistants can work in a variety of healthcare facilities and alongside medical specialists to care for patients. They also can act as core members of the PCMH and, along with a variety of community resources, can help provide holistic care to patients in the healthcare system. However, the medical assisting practice must align with the state and regional scope of practice laws and must meet expected standards of care. Medical assistants must always act

under the direction of a physician or provider; they cannot diagnose, prescribe, or treat patients independently.

Patients expect and deserve professional behavior from those who work in medical facilities. Display courtesy and respect toward patients, families, and peers. A diplomatic and tactful person always attempts to interact honestly without giving offense. By displaying these attributes, the medical assistant earns the respect of co-workers and becomes indispensable to his or her employer. Behaving in a professional manner in the medical office helps the medical assistant gain the patient's trust. Trust is one of the most important factors in preventing cases of medical liability. Treating patients with care and not subjecting them to negative behaviors keeps the patient-provider relationship strong and conducive to the health and recovery of the patient. Performing as a cooperative team member goes a long way in promoting a positive healthcare environment for the patient. Incorporating time management strategies into each day not only helps you perform tasks more efficiently, but also ensures that no important tasks are left uncompleted. The entry-level medical assistant can promote professional behavior by joining one of the professional medical assistant organizations and seeking national credentialing.

Patient Coaching

Some patients have very little knowledge about the healthcare industry and may need instruction and explanations about details important to their healthcare. They often call the healthcare facility with questions; therefore, medical assistants must understand the wide variety of healthcare facilities and medical resources available in the community. Become familiar with community resources to make provider-approved referrals for patients who need help from various sources. If a patient seems to have a need, speak with him or her privately and determine whether any agency or organization might help with the issues at hand. The PCMH model relies on all healthcare workers to participate in the care of patients.

Legal and Ethical Issues

Medical assistants are responsible for understanding and following the scope of practice in their communities and for always meeting the expected standards of care. Not meeting these responsibilities can result in serious liability for themselves and their employers.

Remember, the medical assistant must act under the direct supervision of a physician or licensed provider. You must know the limitations placed on your practice by the state in which you live or by the facility or provider who employs you. There is nothing more important than patient safety, so always act within the guidelines of the law and according to the policies and procedures of the facility where you work. Medical assistants are multitasked healthcare workers who can have a lasting positive effect on patient outcomes. However, never forget that you do not have the authority or education to diagnose, prescribe, or treat patients' clinical problems. Professional credentialing is becoming more important each year.

The workday should be centered around patient care, so never allow personal business to intrude on time that should be spent assisting patients and the provider. Otherwise, the patient may be left with the impression that the medical assistant, or the entire staff, is unprofessional, and this often leads to trust issues with the individuals employed at the facility.

Patient-Centered Care

Patient-centered care involves taking care of the whole patient, not just the physical problems. As a professional medical assistant, you can be instrumental in helping the patient with coordination and integration of care, providing information and education as directed by the provider, involving the family with the patient's care, and above all, respecting the patient's preferences.

Professional Behaviors

Much of this chapter has focused on an introduction to what it means to be a medical assistant and what you will need to learn so you can perform all the skills expected of an entry-level medical assistant. However, working with patients and providing quality care go beyond being able to perform administrative and clinical skills. Each patient must be viewed holistically. This means considering the following patient factors:

- What is the patient's physical condition, and how is it affecting his or her life?
- What is the patient's psychological state; is it preventing the person from following treatment regimens?
- Are any communication barriers preventing the patient from understanding the diagnosis or suggested treatment?
- Is the patient's culture, age, or lifestyle preventing him or her from following the provider's orders?
- Are insurance issues or financial problems preventing the patient from following through with treatment plans?

These are just a few of the factors that can affect patient outcomes. Again, because you will be trained in both administrative and clinical duties, you will be in a unique position to understand all the factors that might affect patient care. It is your responsibility to treat all patients with respect and empathy and to do whatever you can to support them throughout the healthcare experience.

SUMMARY OF SCENARIO

Carmen is a bit overwhelmed but very excited about what she has learned about the role of medical assistants in ambulatory care. She finds it hard to believe that she will become competent in all aspects of the typical medical assistant's job description, but she anticipates learning both administrative and clinical skills. She is looking forward to joining the local AAMA chapter so that she can take advantage of professional development opportunities and networking

with other medical assistant professionals and students in her community. Carmen now appreciates the significance of scope of practice and of meeting standards of care, and she is researching the laws affecting medical assistant practice in her state. She can't wait until she is actually able to work with the healthcare team to meet the holistic needs of patients in the practice where she will be employed.

SUMMARY OF LEARNING OBJECTIVES

1. Discuss the typical responsibilities of a medical assistant and describe the role of the medical assistant as a patient navigator.

Medical assistants are trained in both clinical and administrative skills that are applicable to ambulatory care settings, such as providers' offices, clinics, and group practices. Graduates of accredited programs are all taught a similar skill set that prepares students for an entry-level position. The actual duties will depend on the place of employment.

Medical assistants have long been encouraged to act as patient advocates in the ambulatory care setting. That role is now described as acting as a patient navigator or care coordinator to help patients manage the complexities of their care. Given their multilevel training, medical assistants can help patients navigate through a wide variety of confusing issues.

2. Discuss the attributes of a professional medical assistant, project a professional image in the ambulatory care setting, and describe how to show respect for individual diversity.

Professional medical assistants display courteous, respectful behaviors and communicate with tact and diplomacy. They demonstrate responsible and honest behaviors and always act with integrity. Professional medical assistants view constructive criticism as a way of improving their skill level. Important assumptions are made within seconds of meeting someone based only on how the person looks. Most medical facilities require that medical assistants wear a uniform or scrubs or professional clothing that is not too tight and projects a professional, businesslike appearance. In addition, name badges should be visible; hair should be clean, and longer hair should be tied back; shoes should be clean; nails should be short

SUMMARY OF LEARNING OBJECTIVES—continued

and without nail polish (no artificial nails); and no jewelry should be worn.

It is important to recognize that diversity is more than just nationality or race. It can include age, economic status, disabilities, and so on. As professional medical assistants we should learn as much about our patient population as possible, learning about its customs and practices. Being informed will help us to better serve our patients.

3. Differentiate between scope of practice and standards of care for medical assistants.

Scope of practice determines the range of responsibilities and practice guidelines for healthcare workers. The scope of practice for a medical assistant is what has been established by law in some states or by practice norms, institutions, or physician-employers in states without scope of practice laws. The standard of care (a legal term) sets the minimum guidelines for job performance. It defines the level and quality of patient service that should be provided by healthcare workers with similar training and experience in a similar situation.

Licensed healthcare professionals have a different scope of practice and expected standard of care than medical assistants. Medical assistants can never diagnose, prescribe, or treat patients. The medical assistant's actions are always done under the supervision of a provider such as a physician, nurse practitioner, or physician assistant. The medical assistant should follow the written order or follow established policies and procedures.

4. List and discuss professional medical assisting organizations.

Three professional medical assisting organizations were discussed in this chapter. The American Association of Medical Assistants (AAMA), American Medical Technologists (AMT), and the National Healthcareer Association (NHA). All three organizations offer certification and continuing education.

5. Examine your learning preferences and interpret how your learning style affects your success as a student.

Learning preferences are the ways you like to learn and that have proven successful in the past. Your learning style is determined by your individual method of perceiving or examining new material and the way you process it or make it your own. People are either concrete or abstract perceivers and either active or reflective processors.

6. Integrate effective study skills into your daily activities, design test-taking strategies that help you take charge of your success, and incorporate critical thinking skills and reflection to help you make mental connections as you learn material.

Study skills, such as memory techniques, active learning, brain tricks, effective reading methods, note-taking strategies, and mind maps, all help students to be more successful.

Test-taking strategies include preparing adequately for the examination, controlling negative thoughts during the examination, and understanding how to deal with different types of questions.

Critical thinking can be defined as thorough thinking because it considers all sides of the information without bias.

Reflection is the process of thinking about or reviewing information before acting.

7. Summarize the history of medicine and its significance to the medical assisting profession.

The history of medicine can be traced to ancient practices as far back as 5000 BC. In 1205 BC Moses presented rules of health to the Hebrews, thus becoming the first advocate of preventive medicine. Hippocrates, known as the Father of Medicine, is the most famous of the ancient Greek physicians and is best remembered for the Hippocratic Oath, which has been administered to physicians for more than 2000 years. The medical assisting profession relies on previous medical discoveries to provide patients with safe care in today's healthcare environment. [Table 1.3](#) summarizes medical pioneers and their achievements.

8. Summarize the various types of medical professionals, allied health professionals, and healthcare facilities.

Physicians and other providers (e.g., nurse practitioners and physician assistants) are portals of entry or first contacts for patients seeking medical care. Medical professionals include physicians (MDs, DOs), dentists, chiropractors, optometrists, podiatrists, pharmacists, nurse practitioners, and physician assistants. [Table 1.4](#) presents a list of medical specialties.

The definition of an allied health professional can vary, but it loosely refers to those who can act only under the authority of a licensed medical practitioner. Allied health professions fall into two broad categories: technicians (assistants) and therapists. Allied health professionals, including professional medical assistants, typically work as part of a healthcare team. [Table 1.5](#) presents a list of allied health occupations, and [Table 1.6](#) shows a list of licensed healthcare professions.

Healthcare facilities include different levels of hospitals, ambulatory care facilities, and a variety of other institutions that provide specialty care for patients.

9. Define the Patient-Centered Medical Home (PCMH) and discuss its five core functions and attributes.

The PCMH is a concept that is transforming the organization and delivery of primary care. The healthcare team looks at patient care from a holistic approach. Improving our primary care system is the key to achieving high-quality, accessible, efficient healthcare for all Americans. The PCMH has five core functions and attributes: (1) comprehensive care, (2) patient-centered care, (3) coordinated care, (4) accessible services, and (5) evidence-based, high-quality, safe care.

10. Explain the reasons professionalism is important in the medical field, describe work ethics, and stress the importance of cooperation.

Professionalism is the characteristic of conforming to the technical or ethical standards of a profession. Professionalism is vital in the medical profession because patients expect and deserve to be treated in a professional way. When the medical assistant acts in a professional way, he or she establishes trust with the patient. Patients notice professional behavior, even when it is not directed at them specifically. They notice how others are treated in the reception room and in other areas of the office. Always act in a professional manner while at work.

SUMMARY OF LEARNING OBJECTIVES—continued

Work ethics are sets of values based on the moral virtues of hard work and diligence, involving a whole range of activities, from individual acts to the philosophy of the entire facility.

Each team member must be willing to cooperate and help others on the team. Through cooperation, the team is more productive.

11. Apply time management strategies to prioritize the medical assistant's responsibilities as a member of the healthcare team.

Medical assistants need to use time efficiently, prioritize duties, and arrange schedules to ensure that duties can be performed in a timely manner. This can be done by planning tasks that need to be done that day. Most tasks can be prioritized into three general categories: those that must be done that day, those that should be done that day, and those that could be done if time permits.

12. Respond to criticism, problem-solve, identify obstacles to professional behaviors, and define principles of self-boundaries.

Criticism can be hard to take, but we need to realize the value of feedback. When you are working as a part of a team, it is important

to understand how to resolve differences with other members. If there is an issue related to theft, confidentiality, or harassment, you may need to follow the chain of command in the healthcare facility. Everyone has a life outside the workplace, and sometimes we face challenges and difficult times that are hard to put aside. The professional medical assistant never transfers personal problems or baggage to anyone at the medical facility. The medical assistant should refuse to participate in the office rumor mill and should be cordial and friendly to everyone at work. Avoid personal phone calls and visits unless it is an absolute emergency.

Awareness of personal boundaries helps us determine the actions and behaviors that we find unacceptable. Healthy self-boundaries make it possible to respect our strengths, abilities, and individuality and those of others.

THERAPEUTIC COMMUNICATION

SCENARIO

Christi Michelson is a newly hired medical assistant at Walden-Martin Family Medical (WMFM) Clinic. She graduated from the local community college last month. She is currently in her probationary period at WMFM Clinic. Christi has orientation for 1 month, and her probationary period will last for 3 months. Over the next 3 months, she must pass a national certification exam. At the end of 3 months, she will have an evaluation by her supervisor. If the evaluation is positive, she will continue in her position.

Christi is very excited with her first healthcare job. In the past, she has worked as a waitress and a sales clerk. These jobs have helped her learn

customer service skills, which she is now using in her current position. Christi is finding that the professionalism at WMFM Clinic is much different than at her previous jobs. Christi is learning the clinic's customer service policies and procedures. She was surprised to learn that her customers include not only the patients, but also her co-workers. Christi is learning new communication skills and is excited to continue learning more skills to help her provide the best patient care possible.

While studying this chapter, think about the following questions:

- What are types of nonverbal communication?
- What are styles and types of verbal communication?
- What are communication barriers and what techniques can help overcome these barriers?
- Why do people behave the way they do?

LEARNING OBJECTIVES

1. Describe the importance of a first impression.
2. Discuss examples of cultural, social, and ethnic diversity, and explain how to demonstrate respect for individual diversity, including gender, race, religion, age, economic status, and appearance.
3. Identify types of nonverbal communication.
4. Discuss the communication cycle, provide tips for composing written communication, and describe the behaviors seen in passive, aggressive, passive-aggressive, manipulative, and assertive communicators.
5. Describe therapeutic communication and active listening, and discuss open and closed questions or statements.
6. Identify barriers to communication, describe techniques for overcoming communication barriers, and discuss how Erikson's psychosocial development stages and Kübler-Ross's stages of grief and dying relate to communication and behavior.
7. Describe personal boundaries with professional verbal communication.
8. Discuss how Maslow's hierarchy of needs relates to communication and behavior.
9. Discuss defense mechanisms and differentiate between adaptive and maladaptive coping mechanisms.

VOCABULARY

adherence The act of sticking to something.

compassion Having a deep awareness of the suffering of another and the wish to ease it.

coping mechanisms Behavioral and psychological strategies used to deal with or minimize stressful events.

defense mechanisms Unconscious mental processes that protect people from anxiety, loss, conflict, or shame.

dignity (DIG ni tee) The inherent worth or state of being worthy of respect.

diversity The differences and similarities in identity, perspective, and points of view among people.

empathy (EM pah thee) The ability to understand another's perspective, experiences, or motivations.

hierarchy (HIE er ar kee) Things arranged in order and rank.

nonverbal communication A type of communication that occurs through body language and expressive behaviors rather than with verbal or written words.

poised (poizd) Having a composed and self-assured manner.

rapprochement (ra PORE) A relationship of harmony and accord between the patient and the healthcare professional.

respect Showing consideration or appreciation for another person.



FIGURE 2.1 First impressions are critical in gaining the patient's trust.

Communication is the exchange of information, feelings, and thoughts between two or more people using spoken words or other methods. What we say and how we say something directly affects how the other person perceives the message. We need to communicate *effectively*, or in a manner that is clear, concise, and easy to understand. This helps the message to be understood by the other person.

Therapeutic communication is a process of communicating with patients and family members in healthcare. Therapeutic communication requires healthcare professionals to have strong communication skills. It also requires an understanding of how people communicate, the role of diversity in communication, and what impacts behavior. This chapter provides the foundation for therapeutic communication, which will assist as you develop and refine your communication skills.

FIRST IMPRESSIONS

The opinions formed in the early moments of meeting someone remain in our thoughts long after the first words have been spoken. The first impression involves much more than just physical appearance or dress. It includes attitude, **compassion**, and therapeutic communication skills that clearly help the patient and family members realize that the medical assistant is interested in who they are and what they need (Fig. 2.1).

Delivering quality patient care is the primary objective of the professional medical assistant. Patients are the reason the facility exists. Each patient should be welcomed warmly by name and with a polite greeting. The medical assistant should smile and introduce himself or herself to the patient. A smile should show not only on the face, but in the voice and the eyes (Fig. 2.2). This small effort helps put the patient at ease in the healthcare environment.

To provide high-quality patient care, we must communicate effectively with the patient and provide a warm, caring environment.



FIGURE 2.2 A bright smile helps to put the patient at ease and to relax.

Positive reactions and interactions with the patient are vital. Because medical care by nature is extremely personal, a medical assistant must always remember that each patient is an individual with certain anxieties. Their anxieties often cause people to act and react in different ways; therefore, effective verbal communication and nonverbal communication with each patient is absolutely essential.

Healthcare professionals accept the responsibility of developing helping relationships with their patients. The interpersonal nature of the patient–medical assistant relationship carries with it a certain amount of responsibility to forget one's self-interest and focus on the patient's needs. A medical assistant can elicit either a positive or a negative response to patient care simply by the way he or she treats and interacts with patients. You usually are the first person with whom the patient communicates; therefore, you play a vital role in initiating therapeutic patient interactions.

DIVERSITY AND COMMUNICATION

Chapter 1 discussed the importance of professionalism and respecting **diversity**. Not only does a medical assistant need to respect diversity, it is also important to understand how it impacts the communication process. Your patients and co-workers will come from backgrounds that are different from your own. Their traditions, customs, beliefs, and values impact how they communicate with others. Knowing more about the diversity around you will help you become a better healthcare professional.

There are several types of diversity, including nationality, race, culture, ethnicity, and social factors. Table 2.1 provides descriptions of the types of diversity. Besides these five types, we also have individual diversity. Factors that relate to individual diversity include language, age, religion, economic status, gender, and appearance. Many times, certain stereotypes, biases, and beliefs are attached to these factors (Table 2.2). Healthcare professionals need to identify personal biases, stereotypes, and beliefs that will prevent effective communication with patients, family, and co-workers. Taking steps to overcome these negative beliefs will help healthcare professionals as they provide respect and dignity to others.

TABLE 2.1 Types of Diversity

TYPE	DESCRIPTION	EXAMPLE
<i>Nationality</i>	Pertains to the country where the person was born and holds citizenship.	John was born in Mexico and moved to the United States. He became a U.S. citizen.
<i>Race</i>	A group of people who have the same physical characteristics (e.g., skin color).	Even though John was born in Mexico, his mother is Mongolian, and his father is Caucasian.
<i>Culture</i>	General customs, norms, values, and beliefs held by a group of people.	John has adapted to the U.S. culture. He likes to be on time for appointments. Even though he grew up in a large family (six children), he is comfortable with having two or three children. John values honesty, timeliness, punctuality, and motivation.
<i>Ethnicity</i>	A group of people who share a common ancestry, culture, religion, traditions, nationality, language, and so on.	John states he is Mexican. Growing up he learned his family's Mexican traditions. He plans to share these with his children someday. He values his family and respects his grandparents and parents.
<i>Social factors</i>	All the ways a person is different from others (e.g., lifestyle, religion, tastes, and preferences).	John does not drink alcohol or smoke. He exercises in the gym each day. He likes to visit art museums and learn about history.

TABLE 2.2 Individual Diversity Factors

FACTOR	DISCUSSION
Language	Some people are fluent in more than one language. For others, English is not their primary language. It is important to be sensitive to and respectful of language differences. Using resources (e.g., translated materials, an interpreter) can also show respect to patients.
Age	There are many stereotypes about age. For instance, the older generation may not be college educated, but may have “street smarts.” The younger generation may be more comfortable with computers and digital devices. It is important not to stereotype a person because of his or her age. Ask, never assume anything!
Religion	There is a wide range of belief systems in this country. There are also different degrees of religious observations in the workplace. Some patients may refuse certain medical treatments based on their religion. Be sensitive to patients who refuse medical care or want to involve their shaman or healer in their care.
Economic status	Our patients may be from a variety of economic backgrounds. Some patients may be very wealthy and can afford to pay for healthcare without insurance. Other patients may rely on food banks and charities to get by. Be sensitive and respectful if your patient doesn't have the financial means to pay for healthcare services. Help the patient seek resources for medications, transportation, and food.
Gender	There are many stereotypes attributed to gender. We need to make sure we do not stereotype our patients and peers. Some of our patients may identify as a gender other than their birth gender. We need to respect their choices and be sensitive to any issues that arise.
Appearance	Our patients' appearances can greatly vary. If you work in a farming community, patients may come to appointments in their work clothes and smell of the barn. With the popularity of piercings, tattoos, and hair dye, we can see a variety of differences in our patients. We need to move beyond the patient's appearance and provide exceptional patient care.

Demonstrating Respect

Healthcare professionals need to show respect to others. This can be achieved with a smile, a pleasant greeting, and eye contact when first meeting the person. During the interaction, it is important to be courteous, sincere, polite, welcoming, and professional. Using a calm tone of voice, appropriate eye contact, and proper grammar without slang or generational terms also shows respect.

Being respectful also means maintaining the person's dignity, or in other words, treating others as we would want to be treated. People expect to be treated as individuals who matter. By treating others as though they matter, you are also showing them the respect they deserve.

NONVERBAL COMMUNICATION

As mentioned in the opening section, communication occurs by what we say and how we say something. These two forms of communication – verbal and nonverbal – affect how the other person perceives the message. Experts agree that nonverbal communication greatly exceeds verbal communication. In other words, we communicate more by our body language and expressive behaviors than through our words.

Think of a time when you were talking with a person, and that person did something that left a greater impression on you than the verbal message did. Nonverbal communication is powerful. It is important that the verbal message matches the perceived nonverbal message.

With therapeutic communication, we use nonverbal communication to show respect, acceptance, and understanding. We want to appear positive and open with others. We can do this through our nonverbal communication, which involves the following areas:

- **Behaviors:** Include our posture, facial expressions, eye contact, and so on. (Fig. 2.3). Table 2.3 discusses positive and open behaviors that should be used by medical assistants.
- **Communication delivery factors:** Include how we deliver our verbal message, for instance the rate, clarity, and volume of our voice. This helps create the context of the message. Table 2.4 provides a list of delivery factors and the professional expectations that medical assistants should strive for.
- **Other factors:** Include our appearance and spatial distance with another person. How we dress can send a message to others.



FIGURE 2.3 The medical assistant's position should be at the level of the patient.

For instance, a medical assistant who has a dirty uniform and messy hair may send a negative message to others. Chapter 1 discussed the importance of a professional appearance for medical assistants. *Spatial distance*, or the space between one person and another, will be discussed later in this chapter.

Besides using nonverbal communication to convey acceptance and respect, we also read others' nonverbal communication. This provides us feedback on what is being said and how the person feels (Fig. 2.4). Table 2.3 describes negative and closed nonverbal behaviors.

Examples of how nonverbal behaviors are interpreted include:

- **Self-confident:** The person appears confident and self-assured, has good posture, and makes appropriate eye contact.



FIGURE 2.4 Pointing often is an accusatory gesture and causes discomfort.

TABLE 2.3 Positive and Negative Nonverbal Behaviors

NONVERBAL BEHAVIORS	POSITIVE AND OPEN	NEGATIVE AND CLOSED (INTERPRETED AS OR MEANING)
Position	Be at the level of the other person; angled toward the other person	Being at a higher level (looking down on the person); leaning backward (disinterest); direct face to face (confrontational, intimate)
Arms	Arms at the side	Arms are crossed (discomfort, defensive, disagree); hands behind back (secretive, mistrustful); clenched fists (anger, aggressive); pointing at a person
Posture	Poised	Poor or slumped posture (poor self-worth, lack of confidence, unwillingness, lack of interest, less knowledgeable, unreliable); stiff, immobile (uncomfortable)
Facial expression	Smile	Rolling eyes, yawning (boredom); frowning (sadness, disagree, anger)
Gestures	Small gestures	Overuse of hands (nervousness, excitement)
Touch	Light touch on hand, appropriate touch	Inappropriate touching or hugging (makes the person feel uncomfortable or violated)
Eye contact	Movement of eyes, blinking	Staring at the person (makes it awkward); avoiding eye contact (low self-esteem, low confidence, and dishonesty)
Mannerisms	Focus on the person	Fidgeting; looking at a watch, phone, or clock (bored, anxious, impatient)

TABLE 2.4 Nonverbal Communication Delivery Factors

NONVERBAL DELIVERY FACTORS	DEFINITION	PROFESSIONAL EXPECTATIONS
<i>Rate</i>	Refers to the speed at which the speaker talks	Use a moderate rate. If the rate is too fast, the message may be missed. If the rate is too slow, it may be perceived as more negative by the receiver.
<i>Clarity</i>	Refers to the quality of the voice	Use a clear voice when talking with others. Muffled, mumbling, or unclear speech can create inaccuracies with the message.
<i>Volume</i>	Refers to the loudness of the speaker's voice	Use a moderate volume. If too loud, it may be perceived as yelling, and if too soft, the message may be missed. In healthcare, we need to keep information confidential. So, using a loud voice can violate the patient's privacy.
<i>Pitch</i>	Refers to the highness and lowness of the voice	Using a varying pitch, or <i>inflections</i> , helps a person to emphasize important points. It is important to have a rhythm in your voice to help the receiver understand what is important.
<i>Tone</i>	Refers to the emotion in the voice	Use an accepting or a neutral tone in healthcare. An angry tone can cause the receiver to misinterpret the message and/or also become angry.
<i>Pauses</i>	Refers to a period of not talking	Using pauses helps the receiver absorb the message. Limit verbalized pauses (e.g., "ah," "umm," and "er").
<i>Intonation</i>	Refers to the melodic pattern or the pitch variation	With statements, we usually use a medium intonation and finish the sentence on a lower pitch. Finishing the statement on a higher pitch usually indicates a question. Using correct intonation will help the correct message to be received.
<i>Vocabulary</i>	Refers to the word choice used	Using precise words helps the message to be correctly received. Incorrect use of words may create a negative impression of the speaker. It is important to use words that the receiver understands. If medical terminology, slang, or generational terms are used, the message may not be understood.
<i>Grammatical structure</i>	Refers to the sentence structure	Using incorrect grammatical sentence structure can create a negative impression of the speaker.
<i>Pronunciation</i>	Refers to how the word is said	Using the correct pronunciation will help ensure the correct message will be received. Incorrect pronunciation of a word (e.g., medication name) may lead to inaccuracies with the message.

- *Insecure*: The person is quiet, courteous, and has good listening skills, but tends to focus more on others than on himself or herself.
- *Arrogant*: The person has increased personal space; appears to bore easily and is a poor listener.
- *Embarrassed*: The person has a nervous giggle; tends to avoid eye contact with others.
- *Fearful*: The person has wide-open eyes, looks around, grasps hands, and has a rigid posture.
- *Resentful*: The person hunches shoulders, crosses his or her arms, and mutters or whispers.

CRITICAL THINKING APPLICATION**2.1**

While working at the reception desk, Christi needs to demonstrate positive and open nonverbal behaviors. Describe the positive and open nonverbal behaviors she should be demonstrating.

Cultural Differences

The meaning of nonverbal behaviors can greatly vary among cultural groups. What is acceptable to one group may be considered offensive to others. As you work with patients from diverse groups, make sure to learn cultural differences in communication. It will reduce the likelihood of offending the other person. It also will help make the patient's experience a positive one. Table 2.5 provides some examples of cultural differences with nonverbal behaviors.

If you are interacting with a person from another cultural group and you are unfamiliar with it, try following these tips:

- Follow the other person's lead in terms of nonverbal behaviors and personal space.
- Use gestures cautiously.
- Refrain from touching a child's head.
- Remember that facial expressions can be misinterpreted (e.g., grimacing with pain may not be acceptable in some cultures, whereas other cultures "encourage" it).