

MICHELLE BLESİ

MEDICAL ASSISTING

9TH
EDITION

ADMINISTRATIVE
& CLINICAL COMPETENCIES



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PREFACE

Medical Assisting: Administrative and Clinical Competencies, Ninth Edition is a proven, competency-based learning system with a 35-year history of success. It is written in an interesting, easy-to-understand format and covers the knowledge, skills, behaviors, and values necessary to prepare you to become a thriving, multiskilled medical assistant. It can be used in a variety of settings:

- For a structured classroom setting, with the expertise of a qualified instructor
- For individualized instruction of learning in programs of diversified training because much of the content and format are appropriate for self-study
- For on-the-job training in a provider's office, where the learning package serves as a supplement to employee instruction and as a resource manual
- For review by medical assistants who wish to prepare for certification exams


HOW THE TEXT IS ORGANIZED

The entire learning system—which includes a variety of print and digital components for all learner types—is designed to be an interactive guide as you embark on a career in medical assisting. Information is presented in five major sections: foundational knowledge, anatomy and physiology, front office tasks, back office tasks, and preparing for employment. These sections are further divided into 15 units with 58 chapters. Each chapter is designed in a similar fashion: first providing student focus through Objectives and Words to Know; then presenting concepts and any relevant Procedures; and ending with a Summary and Check Your Understanding quiz for students to assess what they have learned.

FEATURES

The key features in this text are designed to support learning, show real-world context of chapter concepts, and walk students through performing new skills. The following is a brief description of key features:

- **Objectives:** Each chapter begins with a list of objectives presented in categories of Knowledge Base, Skills, and Behaviors.
- **Words to Know:** A list of key terms appears at the start of each chapter, and each key term is presented in boldface, explained within the text, and defined in the glossary.
- **Practical Application:** Embedded throughout the chapters, the Practical Application feature highlights important information to know when working in the medical practice.
- **Procedures:** Skills are presented step-by-step with detailed instructions. Behavioral (affective) skills are

called out within the Procedures with an icon  and with additional criteria for students to understand how to demonstrate behavioral competencies. Documentation examples are also included with Procedures when applicable.

- **Summary:** Quick bulleted summaries help students study and review the chapter.
- **Check Your Understanding:** 10-question quizzes at the end of each chapter provide an assessment of the students' achievement of learning objectives.
- **Curriculum Correlations:** To meet the latest curriculum standards for medical assisting programmatic accreditation, mapping tools are included on the Companion Site.

NEW TO THIS EDITION

The ninth edition has been revised and updated to make it even more accessible, logical, and innovative for today's dynamic health care environment:

- **New Chapters:** Added new chapters on Professionalism (Chapter 2), Geriatrics (Chapter 39), and Mental Health (Chapter 40).
- **New Feature Elements:** Expanded and updated the Practical Application feature, which highlights the practical application of concepts in the medical office. Many of the Practical Application tips focus on professionalism and soft skills.
- **Combined Chapters:** Some chapters have been combined to streamline the material and simplify learning:
 - Chapter 1: The Medical Assistant, Health Care Team, and Medical Environment was formerly Chapter 1: The Medical Assistant and Chapter 2: The Health Care Team and the Medical Environment, Past and Present
 - Chapter 3: Legal and Ethical Issues was formerly Chapter 3: Legal Issues and Chapter 4: Ethical Issues
 - Chapter 4: Applying Communication Skills was formerly Chapter 5: Verbal and Nonverbal Communication and Chapter 6: Applying Communication Skills
 - Chapter 5: Medical Terminology was formerly Chapter 7: Introduction to Medical Terminology and Chapter 8: Understanding and Building Medical Terms of Body Systems
- **Restructured Revenue Cycle Management Unit:** The Revenue Cycle Management Unit has been restructured to correlate with the steps of the revenue cycle in a real medical setting.
- **Skills and Procedures:** eight new procedures and many newly revised procedures covering general, administrative, and clinical competencies.
- **Procedure Layout:** Criteria have been added to all behavioral (affective) steps in Procedures. These

criteria provide guidance for the student on how to demonstrate behavioral competencies and provide guidance to the instructor on evaluating students.

- *Today's Topics and Trends:* Some of the new topics include COVID-19, mental health, and patients who are older. (A complete list of new topics follows in the next section.)

NEW TOPICS IN THE NINTH EDITION BY UNIT

UNIT 1: INTRODUCTION TO HEALTH CARE

- Expansion on medical scribing (Chapter 1)
- New Chapter 2: Professionalism, including:
 - Additional content on integrity
 - Revised procedures for 2–1: Demonstrate Professional Behavior and 2–2: Demonstrate Accountability and Professional Appearance
- Employer versus personal liability insurance (Chapter 3)
- Updated information on the Affordable Care Act (ACA) (Chapter 3)
- Guidance on HIPAA and COVID-19 (Chapter 3)
- Information on contact tracing (Chapter 3)

UNIT 2: ANATOMY AND PHYSIOLOGY OF THE HUMAN BODY

- Additional content to summarize the six levels of structural organization that make up the human body (Chapter 6)
- Additional content explaining how the lymphatic and immune systems are connected (Chapter 14)

UNIT 3: BUSINESS COMMUNICATIONS

- Additional content about how to coach patients in obtaining community resources (Chapter 19)
- Additional content discussing importance of written communication skills in the professional setting (Chapter 20)
- Additional content about patient portals (Chapter 21)

UNIT 4: BEGINNING THE PATIENT'S RECORD

- Additional and updated content on electronic health records (Chapter 23)
- New content on Medicare Promoting Interoperability (PI) Program (Chapter 23)

UNIT 5: MEDICAL INSURANCE AND CODING

- Practical Application feature demonstrating professionalism when communicating with patients and providers about billing and payments (Chapter 24)
- Practical Application feature for utilizing tactful communication skills with medical providers (Chapter 25)

UNIT 6: THE REVENUE CYCLE

- Outline of the revenue cycle from beginning to end (Chapter 26)
- Additional content visualizing the lifecycle of a claim (Chapter 27)
- Updated content pertaining to debit and credit cards (Chapter 29)

UNIT 7: PREPARING FOR CLINICAL PROCEDURES

- New Procedure 31–1: Participate in Blood-Borne Pathogen Training (Chapter 31)
- Precautions to suppress the transmission of COVID-19 (Chapter 31)
- Case studies showing dialogue between the medical assistant and patient for in-person screening and health history (Chapter 32)
- Korotkoff sounds with blood pressure (Chapter 33)

UNIT 8: ASSISTING WITH EXAMINATIONS

- New Procedure 36–11: Perform Neurological Testing as Part of a Diabetic Foot Examination (Chapter 36)
- New Procedure 38–3: Measure and Record Rectal Temperature with an Electronic Thermometer (Chapter 38)
- New Chapter 39: Geriatrics, including:
 - Table 39–1: Physical Changes of Aging throughout the Body Systems and Health Promotion
 - Table 39–2: Common Diseases/Conditions for Geriatric Patients
 - Safety measures for older adults and housing options available
 - The medical assistant's responsibilities and traits required for working with older patients
 - Practical Application features describing federal government programs available for older adults, and managing social isolation and loneliness with older adults
- New Chapter 40: Mental Health, including:
 - Table 40–1: Common Diagnostic Categories of Mental Disorders
 - Table 40–2: Common Treatments for Mental Disorders
 - Procedure 40–1: Respond to Abnormal Behavior Patterns
 - Description of the medical assistant's role in mental health
 - Substance abuse
 - Suicide, risk of suicide, suicide prevention, and screenings

UNIT 9: LABORATORY PROCEDURES

- Chapter introduction with information on instructing patients with specimen collection, documentation, and lab results (Chapter 42)

UNIT 10: CARDIOLOGY AND RADIOLOGY PROCEDURES

- Additional information on the Holter monitor (Chapter 45)

UNIT 12: MEDICATION ADMINISTRATION PROCEDURES

- COVID-19 symptoms, treatment, and incubation period (Chapter 52)
- Additional content on vaccine reaction or side effects versus vaccine injury, VCF program, regulations for vaccinations and attending schools, and religious and personal beliefs regarding vaccination exemptions (Chapter 52)

UNIT 13: FIRST AID AND RESPONDING TO EMERGENCIES

- Additional content about the office policy manual and roles and responsibilities in an emergency (Chapter 53)

UNIT 15: WORKPLACE READINESS

- Samples of electronic job applications (Chapter 57)
- Answering behavioral questions and asking questions at a job interview (Chapter 57)
- Considerations when accepting a job offer (Chapter 57)
- Social media policy in the workplace (Chapter 58)

COMPLETE LEARNING SYSTEM: STUDENT SUPPLEMENTS

WORKBOOK

(ISBN 978-1-3379-0987-7)

Review and practice key concepts and skills through Words to Know Challenges, Review Questions, and Application Activities for each chapter. The Workbook has been fully revised to align with the content in the ninth edition. Use the Procedures section to evaluate performance of the textbook procedures and see how these procedures map to current, specific ABHES and CAAHEP curriculum standards.

The procedures have been completely reformatted to match the textbook procedures exactly and provide instruction to download the specific material needed to complete the procedure. Procedure Forms can be downloaded from the Companion Site, and scenario information for Procedures can be found in the Instructor Manual. Competency Practice activities for each Procedure can also be found in the Workbook Chapter Worksheets.

COMPANION SITE

(login.cengage.com)

This Companion Site provides students with the resources they will need to complete the Procedures. When applicable, Procedure Forms are provided for the relevant Procedures. The Procedure Forms can be completed electronically and saved, or printed and completed manually.

MINDTAP TO ACCOMPANY *MEDICAL ASSISTING: ADMINISTRATIVE AND CLINICAL COMPETENCIES, NINTH EDITION*

MindTap™ is a fully online, highly personalized learning experience combining readings, activities, and assessments into a singular Learning Path. Instructors can personalize the Learning Path by customizing Cengage resources and adding their own content via apps that integrate into the MindTap framework seamlessly with Learning Management Systems.

Our MindTap product provides a Learning Path designed to meet critical needs while also allowing instructors to measure skills and outcomes with ease.

- **Read:** Students can prepare for class with interactive reading. MindTap comes standard with the ability to highlight and take notes within the eBook chapter content. Concept Check quizzes are embedded in the reading to help students review the chapter's content.
- **Learn It:** A variety of assets are provided to help students achieve the learning objectives. Videos demonstrate hands-on procedures and multiple-choice quizzes with feedback provide students with an opportunity to test themselves on what they learned. Medical Office Simulation Software (MOSS) 3.0 training simulations are included in applicable chapters to walk students step-by-step through scenarios using a simulated practice management system/electronic health record.
- **Study It:** Flashcards and PowerPoint slides help students review the concepts and content, as well as key terms.
- **Apply It:** A practical application activity is provided for each chapter in the form of a case study, labeling activity, or a robust Learning Lab with video scenarios and quizzing. A final multiple-choice quiz is also provided for each chapter. In applicable chapters, MOSS 3.0 assessment simulations are included to test students on their ability to use practice management systems and electronic health records.
- **Additional Resources:** Students can complete four MOSS 3.0 Capstone Simulations as a final test of their skills using a simulated electronic health record. Students and instructors also have full access to Medical Assisting Exam Review Online (MAERO) 3.0, a database of 2,000+ questions aligned to ten national Medical Assisting certification exams. Students can use the database for self-quizzing, or instructors can use the database to create and assign mock certification exams.

Through the Progress app, instructors are provided data on class standings as well as specific activities and assignments that students may be finding difficult. Additionally, students are provided data about where they stand—both individually and compared to the highest performers in class.

To view a demo video and learn more about MindTap, please visit www.cengage.com/mindtap

COMPLETE LEARNING SYSTEM: INSTRUCTOR SUPPLEMENTS

COMPANION SITE

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Michelle Blesi is a Certified Medical Assistant with 14 years of industry experience, who worked in the family practice area for 10 years, emphasizing clinical and laboratory skills. She then changed her focus to leadership, working as a lead in the Nursing/Lab department and as a Clinical Manager. She has a diploma in Medical Assisting and is certified through the AAMA. She also

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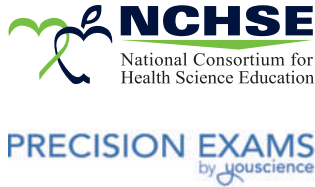
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K12

This edition of *Medical Assisting: Administrative & Clinical Competencies* is aligned to Precision Exams' *Health Science* Career Cluster. The *Health Science* pathway connects industry with skills taught in the classroom to help students successfully transition from high school to college and/or career. Working together, Precision Exams and National Geographic Learning/Cengage focus on preparing students for the workforce,

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MIXED

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expertise and am honored to have such a great partner and friend contributing to this edition. Virginia brings current and relevant details to all of the administrative chapters in this text and has been integral in updating the administrative information throughout. I am blessed to have had the opportunity to continue to work with her.

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—Cengage Author: Michelle Blesi

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SECTION 1

Medical Assisting Foundations

Unit 1

INTRODUCTION TO HEALTH CARE

Chapter 1: The Medical Assistant, Health Care Team and Medical Environment

Chapter 2: Professionalism

Chapter 3: Legal and Ethical Issues

Chapter 4: Applying Communication Skills

Chapter 5: Introduction to Medical Terminology

The health care industry is one of the oldest and most respected professions in the world. The field of medicine has been around for thousands of years, dating as far back as 3000 BC. Some scientists even suspect that medicinal properties were used far before the first documented findings. Medical pioneers paved the way for today's engineers to create innovative technology and medications that cure and treat some of the most complex of diseases. Because of these innovations, our quality of life is much better, and the average life span has increased by several years.

The evolution and specialization of medicine has encouraged many health care specialties and subspecialties to emerge, even creating several tiers of practitioners to work in each area. Medical assisting not only continues to be one of the fastest-growing health care occupations today but is also among the most versatile careers.

Chapter 1 explores the skills and responsibilities of the medical assistant; discusses various credentialing opportunities; discusses the providers, midlevel practitioners, and allied health professionals that comprise the health care team; and investigates the various types of medical establishments in which these professionals work.

Chapter 2 discusses the various aspects of and the importance of professionalism in the field of medical assisting. Professional traits and characteristics are not an option but an expectation in the medical community. Various levels of professionalism include but are not limited to the way in which we dress, how we utilize our time, and how we behave in our interpersonal relations. Acting professionally is one of the most important skills a medical assistant will perform.

Chapter 3 covers the law and ethics that are involved in the field of medicine. There are not only legal aspects that govern how we conduct our business but many ethical issues that play into our interactions and patient care. Having an understanding of the law and what it entails as well as having ethical principles is essential in our role as a medical assistant.

Chapter 4 discusses communication skills and how we will apply those skills in the work environment. Communications take place with every interaction we have in the medical setting. Being an excellent communicator is key to a therapeutic interaction for all parties involved.

Chapter 5 will introduce you to the language of medicine. Some consider medical terminology to be its own language. Learning the language that is so critical in the medical field is another essential skill you must master in your role as a MA.

1

The Medical Assistant, Health Care Team, and Medical Environment

OBJECTIVES

In this chapter, you will learn the following:



Knowledge Base

1. Spell and define, using the glossary, all the Words to Know in this chapter.
2. Describe the role of the medical assistant.
3. List the general responsibilities and skills of the medical assistant.
4. Define patient navigator.
5. Describe the role of the medical assistant as a patient navigator.
6. Intervene on behalf of the patient regarding issues/concerns that may arise, for example, insurance policy information, medical bills, physician/provider orders, and so on.
7. Partner with health care teams to attain optimal patient health outcomes.
8. Define the principles of self-boundaries.
9. Describe the current employment outlook for the medical assistant.
10. Summarize licensure, accreditation, certification, and registration.
11. Identify the various types of medical centers.
12. Describe alternatives to the traditional medical model.
13. Compare licensure and certification requirements of allied health professionals.
14. Describe the duties of various health care professionals.
15. Explain how the medical assistant will work alongside various types of allied health professions.
16. Describe the role of government legislation and organizations in health care.

WORDS TO KNOW

accreditation	Certified Medical Assistant, CMA (AAMA)	medical assistant	patient-centered medical home (PCMH)
Accrediting Bureau of Health Education Schools (ABHES)	clinical skills	medical biller	patient navigator
acupuncture	Commission on Accreditation of Allied Health Education Programs (CAAHEP)	medical coder	Patient Protection and Affordable Care Act
administrative skills	complementary alternative medicine (CAM)	medical office manager	phlebotomists
advocate	doctor of osteopathic medicine (DO)	midlevel practitioner	physician assistants (PAs)
American Academy of Professional Coders (AAPC)	doctor of medicine (MD)	multi-provider clinic	placebo effect
American Association of Medical Assistants (AAMA)	doctorate	National Center for Competency Testing (NCCT)	provider
American Medical Technologists (AMT)	epidemic	National Certified Medical Assistant (NCMA)	reciprocity
ayurvedic medicine	general skills	National Certified Medical Office Assistant (NCMOA)	Registered Medical Assistant, RMA (AMT)
biofeedback	generalist	National Healthcareer Association (NHA)	revocation
Certified Clinical Medical Assistant (CCMA)	Hippocratic oath	naturopathy	scope of practice
Certified Medical Administrative Assistant (CMAA)	homeopathy	nurse anesthetist	scribe
	hospitalist	nurse midwife	solo practice
	magnet therapy	nurse practitioner (NP)	tact
		partnership	urgent care center

THE ROLE OF THE MEDICAL ASSISTANT

The field of medical assisting is one of the most versatile allied health occupations in today's health care environment. A medical assistant will perform routine administrative and clinical tasks in a variety of offices and clinics of physicians, nurse practitioners, and other health care providers such as podiatrists and chiropractors. They are also employed in general medical and surgical hospitals including private and state facilities. The duties assumed by the medical assistant will vary according to the location, specialty, and type of practice or setting. The **medical assistant** is also a liaison between the doctor and the patient and is of vital importance to the success of the medical practice.

To become a successful medical assistant, you must acquire a specific knowledge base (theory) and skills (procedures) while also demonstrating specific behaviors (professional characteristics or attitudes).

IS MEDICAL ASSISTING RIGHT FOR YOU?

How do you know whether medical assisting is right for you? According to the **American Association of Medical Assistants (AAMA)**—a professional organization for medical assistants—if you can answer yes to the following questions, medical assisting is probably for you:

- Are you looking for a meaningful job?
- Do you like helping others (Figure 1–1)?
- Do you have an interest in health and medicine?
- Are you a “people person”?
- Are you good at multitasking—switching tasks throughout the workday?
- Do you like variety in your job?
- Would you like to enter a career in an expanding field?
- The following sections describe some of the specific responsibilities of medical assistants.



Figure 1–1: The medical assistant assists the patient with a gown.

KNOWLEDGE, SKILLS, AND RESPONSIBILITIES OF THE MEDICAL ASSISTANT

As health care progresses, so do the knowledge, skills, and responsibilities of the medical assistant. The field of medical assisting is continuously evolving. In an effort to keep up with the changes, the AAMA routinely completes an occupational analysis, which identifies critical responsibilities performed by CMAs (AAMA). The most updated version of the analysis can be found on the AAMA website by accessing www.aama-ntl.org. The analysis is used as a marketing tool and resource for CMA (AAMA) educators as well as CMAs working in the field. Although this analysis is performed specifically for members of the AAMA, the skills listed are applicable to all medical assistants across the spectrum. The data provided from this document is used for multiple purposes such as assisting the Continuing Education Board (CEB) and the Medical Assisting Education Review Board (MAERB) in updating their documents. Additionally, it guides the Certifying Board (CB) in the development of the content outline of the CMA (AAMA) Certification/Recertification Exam, which is divided into three content areas. The areas are identified as general, administrative, and clinical. Mastery of the skills that fall under those categories prepares medical assisting students to be integral members of today's health care team. The **American Medical Technologists (AMT)** website also supplies a document of various tasks that medical assistants perform that are considered by the AMT to be representative of the medical assisting job role. This document can be accessed at www.americanmedtech.org.

GENERAL

Medical assistants must have wonderful communication skills and the ability to think critically and analyze information. The **general skills** of the medical assistant are necessary regardless of whether you are working in a clinical or administrative capacity and are included in the areas of psychology, communication, professionalism, medical law/regulatory guidelines, medical ethics, risk management, quality assurance and safety, and medical terminology. Some of the skills are highlighted and expanded on below:

- **Communication:** The medical assistant should take on the role of a communication liaison when working with patients. Being able to relate therapeutic and adaptive responses to diverse populations is critical. These skills are necessary to promote important exchanges of information between the **provider** (physician, nurse practitioner, or physician assistant) and the patient. Good interpersonal skills also promote positive interaction with coworkers, supervisors, and external associates that conduct business with the practice.

- **Medical law/regulatory guidelines and medical ethics:** These are concepts concerned with legal, ethical, and moral conduct in the execution of medical assisting duties. Understanding of the various laws and regulatory guidelines will help prevent unnecessary litigation and keep the medical assistant practicing within their scope of practice.
- **Professionalism:** Professional behavior such as displaying **tact** (being able to say the right thing at the right time), diplomacy, courtesy, respect, and dignity are the utmost important skills of a medical assistant. Demonstrating responsibility in all aspects of the job and promoting integrity and honesty are also an integral part of this career. As a medical assistant you must display a professional image and be able to respond to criticism by reflecting on the feedback and creating a change for the betterment of you.

Demonstrating Professionalism

Being a part of the health care team requires the medical assistant to demonstrate professionalism and professional behavior on an array of levels. Evolving into a professional is not something that just happens; it is a process that develops throughout one's career. As discussed earlier, professional behaviors such as displaying tact, diplomacy, courtesy, respect, and dignity, as well as demonstrating responsibility in all aspects of the job and promoting integrity and honesty, are also an integral part of this career. One of the most important traits of a medical professional is selflessness—an unselfish concern for the welfare of others. As a health care professional, you should display professionalism not only to patients but also to supervisors, coworkers, vendors, and outside business associates. Chapter 2 will discuss in detail desirable characteristics and behaviors of a professional medical assistant.



Figure 1–2: The medical assistant acts as a health coach as she reviews important information within the patient brochure.

ADMINISTRATIVE

Performing **administrative skills** helps manage the business affairs of the practice and includes categories such as medical reception, patient navigator/advocate, medical business practices, establishing patient medical records, scheduling appointments and practice finances. Some of the skills listed under these categories are:

- Medical record preparation
- Demographic data review
- Providing resource information
- Office supply inventory
- Equipment maintenance
- Accounts receivable/payable, payment receipts; manage petty cash, CPT/ICD-CM coding, and insurance claims

Quick Tips

PRACTICAL APPLICATION

In many facilities, the medical assistant accompanies the provider in the examination room and records the findings. According to the Joint Commission, the term **scribe** is given to an unlicensed individual hired to enter information into the electronic health record (EHR) or chart at the direction of a physician or licensed independent practitioner. To perform this duty well, it is important to have sound knowledge in medical terminology, anatomy, and physiology in addition to good spelling and writing skills.

PATIENT EDUCATION

Today's medical assistants are becoming more active in patient education by taking on the role of a health coach (Figure 1–2). Topics frequently covered with patients include disease prevention, health maintenance, and medication management. To be at the top of your game, always check with the provider before conducting these sessions to determine essential goals for the session. Start each session by allowing the patient or patient's family members to identify their goals as well for the session. Researching this information prior to the session enhances the learning process and aids in overall patient compliance.



CLINICAL

Performing **clinical skills**, which vary by state laws, is an extension of the provider's role of assessment, examination, diagnosis, and treatment. These are divided into several areas, which include anatomy and physiology,

infection control, patient intake and documentation of care, patient preparation and assisting the provider, nutrition, collecting and processing specimens, diagnostic testing, pharmacology, and emergency management/basic first aid. Some skills from this category include:

- Application of principles of aseptic technique and infection control
- Performance of vital signs
- Performance of sterilization and minor surgery procedures
- Collection and processing of specimens
- Performance of lab tests (Figure 1–3)
- Performance of electrocardiograms (ECGs or EKGs)
- Administration of medications
- Performance of phlebotomy procedures
- Performance of patient screenings
- Preparation of patients for examinations, procedures, and treatments
- Response to emergencies

Many medical assistants work as **generalists**, meaning that they perform both clinical and administrative duties in addition to general responsibilities. Some



Figure 1–3: In this figure, the medical assistant is performing one of the many lab tests medical assistants routinely perform.

Quick Tips

PRACTICAL APPLICATION

The evolving role of the medical assistant has some practices utilizing them in the role of patient **advocate** or **patient navigator**. The duties of a patient advocate/navigator may include explaining insurance policy information and financial information, taking complaints from patients, and helping patients understand their medical rights. Under the provider's supervision or per physician/provider orders, the patient advocate/navigator may conduct a preplanning visit with the patient prior to the office visit to assist with the visit agenda, obtain a basic history including medication use, and document any needed tests that are due. During the office visit, the provider may have the advocate/navigator assist with filling out documents and ordering laboratory tests and radiograph studies that would need to be performed at an outside facility. Assisting with referrals, transportation assistance, or obtaining information from pharmaceutical companies regarding financial assistance with prescriptions is also a role the advocate/navigator may provide. Upon completion of the visit, the advocate/navigator may seek to ensure that patients understand what took place during the visit and engage the patient in managing their health care to enhance the patient's experience with the visit. These role changes have been put in place to increase the quality and effectiveness of patient care.

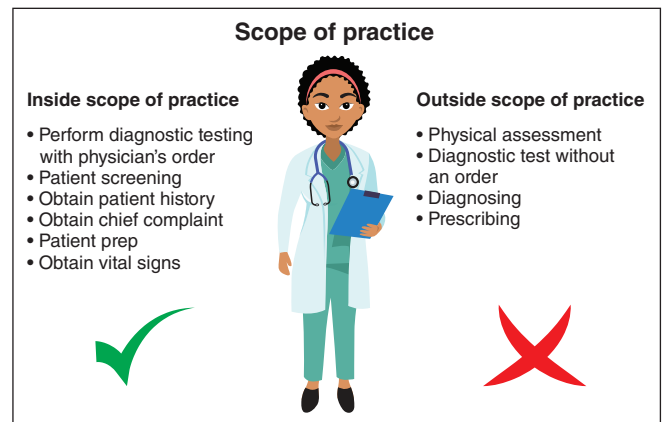


Figure 1–4: Performing within your scope of practice means working within the boundaries of what you are legally and ethically allowed to do as a medical assistant.

medical assistants specialize in administrative procedures, whereas others prefer working in clinical positions exclusively.

BOUNDARIES OF MEDICAL ASSISTANTS

Medical assistants must know the principles of self-boundaries, or **scope of practice**, of the profession (Figure 1–4). In general, medical assistants cannot examine, diagnose, or prescribe treatment, but can perform duties mentioned earlier in the chapter. Each state has its own medical practice act that may dictate responsibilities such as what types of medications medical assistants can administer and whether additional credentialing is required to take radiographs. Be sure and check with your individual state guidelines if questions arise. Chapter 3 expands on the medical assistant's scope of practice.

MEDICAL ASSISTANT WORK ENVIRONMENT

Medical assistants work in a variety of settings, although the majority of them work in ambulatory care environments. Some of the types of practices in which medical assistants work include doctor offices, specialty practices, urgent care centers, clinics, hospitals, labs, insurance companies, billing companies, and government agencies. The actual business of practicing medicine in these organizations can be conducted in several ways.

SOLO PRACTICES

Some providers prefer to have a **solo practice**, also called a sole proprietorship, meaning that the individual provider alone makes all decisions regarding the practice. Being employed as a medical assistant in this type of office may require you to have both administrative and clinical skills, which are essential for the smooth operation of that practice, especially if you are the only employee. This type of businesses is rare today because of the expenses involved in running a business.

PARTNERSHIPS

In a **partnership**, two or more providers have a legal agreement to share in the total business operation of the practice. In this case, usually two or more medical assistants (or other members of the health care team) are employed to care for patients and conduct business.

MULTI-PROVIDER CLINICS

Multi-provider clinics are group practices, which consist of three or more providers who share a facility for the purpose of practicing medicine. In this type of practice, the providers share expenses, income, equipment, records, and personnel. Many times, these practices are owned by hospitals, management groups, or insurance companies. Usually, several professionals make up the health care team in this setting. Medical assistants, lab technicians, radiology technicians, nurses, physician assistants, and the physician work together in providing health care.

URGENT CARE CENTERS

Urgent care centers are ambulatory care centers that take care of patients with acute illness or injury and those with minor emergencies. These centers originated in the 1970s and have grown in popularity over the past couple of decades. Urgent care facilities are usually open seven days a week and are especially busy during times when other clinics and offices are closed. Patients are normally seen in the order of arrival except in emergencies. Many of these centers are started by emergency room physicians and are equipped with radiographic equipment, lab equipment, splinting supplies,

and emergency equipment. Medical assistants with a limited X-ray license are often desirable because of their versatility.

MANAGED CARE OPERATIONS

Managed care is a system of health care that integrates the delivery and payment of health care for covered persons (patients, or subscribers) by contracting with selected providers for comprehensive health care services at a reduced cost. A main goal of managed care is to provide health care with an emphasis on prevention. Managed care organizations frequently contract with a group of health care providers such as HMOs and PPOs (preferred provider organizations). More on managed care will be discussed in Chapter 25.

ACCOUNTABLE CARE ORGANIZATION (ACO)

ACOs are groups of physicians, hospitals, and other health care providers, like the **Patient-Centered Medical Home PCMH** model discussed later in this chapter, who together coordinate high-quality care to their Medicare patients. As with the PCMH model, the goal of coordinated care is to ensure that patients get the correct care needed, avoiding duplication of services and preventing medical errors.

HOSPITALS

Medical assistants may serve a variety of roles within the hospital setting depending on individual state laws that govern their scope of practice. A medical assistant may be employed as a monitor tech in a hospital to watch EKG tracings for telemetry units where they must be certified in CPR and first aid; additionally they may work in emergency departments in much the same manner but also working directly with the patients for transport, glucose screening, rooming, and other such duties. They may serve as phlebotomists, unit clerks, and/or work in hospital-based practices such as wound clinics and satellite medical practices.

PATIENT-CENTERED MEDICAL HOME (PCMH)

The Patient-Centered Medical Home (PCMH) practice is responsible for providing for all of a patient's health care needs or appropriately arranging care with other qualified professionals. This includes the provision of preventive services, treatment of acute and chronic illness, and assistance with end-of-life issues. It is a model of practice in which a team of health professionals, coordinated by a personal provider, works collaboratively to provide high levels of care, access and communication, care coordination and integration, and care quality and safety.

The PCMH is more of a partnership between the PCMH team and patient. The provider oversees all of the patient's care and focuses on the patient's total

health rather than on a specific condition. Electronic medical records are a big part of the PCMH model, and patients have continuous access to their records in this model. Early findings have shown that patients thrive in this model, which helps reduce health care expenses. Medical assistants are very good for this model due to their flexibility and affordability, in addition to their ability to scribe to electronic health records (EHR) and medication administration records (MAR), which is due to the training they receive through higher education programs. For more information about this model, visit the website of the American College of Physicians (ACP) and Patient-Centered Primary Care Collaborative groups at www.emmisolutions.com/medicalhome.

Quick Tips

PRACTICAL APPLICATION

Concierge (Boutique) Medical Practices or Direct Primary Care

(DPC) is becoming more and more popular throughout the United States. Under this system, patients pay an added fee (generally around \$100 per month) in exchange for more personalized care, better access to their providers for medical services, and 24/7 availability to the patient. Although there are differences in practices, they generally will offer similar services such as prevention screenings, wellness visits, diagnostic testing, and minor urgent care services, such as laceration repair or treatment for a sore throat. These services can be very cost beneficial for those patients with chronic illnesses that require more frequent visits, as there are no limits on care visits. Services that require more extensive treatment are not covered and would still require a comprehensive health care insurance plan for coverage.

JOB OUTLOOK FOR MEDICAL ASSISTANTS

The job outlook for medical assistants continues to be very promising. This is due to the versatility of medical assistants as well as to our aging population. The following excerpt is from the United States Department of Labor, Bureau of Labor Statistics:

Employment of medical assistants is projected to grow 23 percent from 2018 to 2028, much faster than the average for all occupations. The growth of the aging baby-boom population will continue to increase demand for preventive medical services, which are often provided by physicians. As a result, physicians will hire more assistants to perform routine administrative and clinical duties, allowing the physicians to see more patients. The increasing prevalence of certain conditions, such as obesity and diabetes, also will increase demand for health care services and medical assistants. Increasing use of medical

assistants to allow providers to care for more patients will further stimulate job growth.

Refer to <http://www.bls.gov> for more information on medical assistants and job growth.

PROFESSIONAL ORGANIZATIONS FOR MEDICAL ASSISTANTS

A variety of organizations provide professional services for medical assistants, including credentialing and continuing education opportunities. Credentialing is the process of establishing the qualifications of certified and licensed medical professionals and assessing their background and legitimacy. These organizations help promote the field of medical assisting and provide support for medical assistants in their professional environments. Professional organizations offer educational programs that provide members with continuing education units (CEUs) that are necessary to stay current in the field as well as to retain certification. Being involved in a professional organization also provides opportunities for networking and professional discounts on an array of items, including professional liability insurance.

ACCREDITATION

Before discussing certifying organizations, we must first briefly describe the accreditation process. **Accreditation** is a process by which an educational institution or program establishes credibility or legitimacy by complying with predetermined standards. Accredited programs must meet or exceed established thresholds in areas such as certification examination pass rates, student graduation rates, and positive placement percentages. Two organizations that specifically accredit medical assisting programs (programmatic accreditation) are the **Commission on Accreditation of Allied Health Education Programs (CAAHEP)** and the **Accrediting Bureau of Health Education Schools (ABHES)**. Schools may also be accredited at the institutional level (institutional accreditation). Some of the organizations that accredit institutions include the Accrediting Council for Independent Colleges and Schools (ACICS), the Accrediting Commission of Career Schools and Colleges (ACCSC), the Accrediting Council for Continuing Education and Training (ACCET), and state departments of education. Some of these organizations are mentioned in the following sections.

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

The American Association of Medical Assistants (AAMA) (Figure 1–5) traces its roots to 1955. At that time, the primary purpose of the AAMA was to raise the standards of the medical assistant to a professional level. (Medical assisting wasn't a recognized career at that point.) Physicians realized then, as they do now,



Figure 1–5: AAMA logo. Reprinted with permission of the American Association of Medical Assistants.

that health care professionals were needed to assist them in a multitude of office duties for which nurses had not been trained. They also needed help in the physician-patient relationship. Today, medical assisting is formally recognized as an allied health profession, and educational programs are eligible for federal funding by the Bureau of Health Manpower. AAMA members receive a bimonthly magazine, *CMA Today*, which is devoted to educational articles written by experts in allied health and related fields. Legislation issues that affect the medical assistant's right to practice are often featured in this magazine.

Certification Examination

The AAMA offers certification testing for medical assisting graduates that meet specific prerequisites. The credential, **Certified Medical Assistant, CMA (AAMA)** is awarded to participants who successfully pass the AAMA's national certification exam. The credential was changed to include the (AAMA) addendum starting on January 1, 2008, to help differentiate the credential from similar health care certifications.

Graduates of medical assisting programs accredited by CAAHEP or ABHES are eligible to take the CMA (AAMA) certification exam. Tests are given throughout the year at various Prometric testing centers around the country. Each candidate is allowed a 90-day period in which to take the exam; refer to the AAMA website for specifics on detailed testing time lines. Areas of knowledge and topics covered in the exam are listed in the *CMA (AAMA) Certification/Recertification Examination Content Outline*, which can be found on the AAMA Website at www.aama-ntl.org.

As of January 1, 2010, all newly certified and recertifying CMAs (AAMA) are considered current for 60 months following the end of the calendar month of their initial certification or most recent recertification. (So, those taking their test on March 15, 2021, are considered current through March 31, 2026.)

Recertification reinforces the validity of the CMA credentials and helps maintain continued acceptance by providers, patients, and other health care professionals. This requirement may be met in one of two ways:

1. By earning 60 continuing education units or hours (of which 30 must be approved by the AAMA) or academic or other formal credit. The category breakdown of points must be as follows: 10 administrative, 10 clinical, 10 general, plus 30 from any combination of the categories.
2. By retaking the certification examination.



Figure 1–6: AMT logo. Courtesy of the American Medical Technologists.

AMERICAN MEDICAL TECHNOLOGISTS

The American Medical Technologists (AMT) organization (Figure 1–6) was founded in 1939 and is a certification and membership society for several allied health professionals, including medical assistants, medical laboratory technologists and technicians, phlebotomists, medical lab assistants, medical administrative specialists, and others. A national board of directors is elected to conduct the business of the organization such as educational programs, legal concerns, certification, and other national issues. Members receive professional publications, *AMT Events* and *Journal of CE Topics and Issues*, which provide timely information and educational articles of interest to medical assistants.

Certification Examination

In 1972, the American Medical Technologists (AMT) association initiated a nationally recognized certification process to address the needs of medical assistants and award the title of **Registered Medical Assistant, RMA (AMT)**, following the successful completion of a program accredited by a recognized accrediting body and after passing the national certification examination. The RMA (AMT) exam is designed to evaluate the competence of the entry-level medical assistant. The AMT also offers a certification for individuals specializing in front-office procedures, the Certified Medical Administrative Specialist, CMAS (AMT).

The format and questions on the exam are developed by the Examinations, Qualifications, and Standards Committee of the AMT. After applicants receive their Authorization to Test letter, they can schedule their examination at any PearsonVUE testing center. To view the content outline of this examination, go to the AMT website at www.americanmedtech.org, click the *Get Certified* tab, and then click the link for *Medical Assistants* or *Medical Administrative Specialists*. Successful examinees must recertify every three years by obtaining the required number of CEUs or by retaking the exam.

Additional criteria for certification through the AMT include graduating from a formal medical services training program of the United States Armed Forces or having been employed in the medical field for a minimum of five out of the last seven years. Those who desire to become certified through the AMT must complete and submit an online application with the application fee and any other pertinent documentation through a secure portal.



Figure 1–7: NCCT logo. Courtesy of the National Center for Competency Testing.

NATIONAL CENTER FOR COMPETENCY TESTING

The **National Center for Competency Testing (NCCT)** (Figure 1–7) is a national certification organization that has been in existence since 1989. The organization certifies medical assistants as well as other health care professionals, including phlebotomists, patient care technicians, medical office assistants, insurance and coding specialists, ECG technicians, and other health care specialists. The mission of the NCCT is to certify health care professionals and provide pathways to lifelong learning in related health care disciplines.

Certification Examination

For medical assistants, the NCCT offers certification examinations for **National Certified Medical Assistant (NCMA)** and **National Certified Medical Office Assistant (NCMOA)**. Certification requirements include high school graduation (or equivalent) and graduation from an NCCT-approved medical assisting program or two years of qualifying full-time employment for the NCMA and one year of qualifying full-time employment for the NCMOA in addition to an application fee. The NCCT must receive the candidate's application within two weeks of the requested test date. Examination centers are scattered throughout the country. Candidate certification is valid for a period of five years from the date of certification indicated on each candidate's certificate. NCCT-certified individuals must participate in the renewal process by accruing 14 clock hours of continuing education annually through completion of courses provided or preapproved by NCCT. To learn more about the NCCT, go to its website at www.ncctinc.com.

NATIONAL HEALTHCAREER ASSOCIATION

The **National Healthcareer Association (NHA)** (Figure 1–8) was established in 1989 as a certification agency. Today, the NHA provides products and services to health care professionals, including continuing education, program development, career and networking services, and eight certification exams for several allied health care areas, including **Certified Clinical Medical Assistant (CCMA)** and **Certified Medical Administrative Assistant (CMAA)**.

Certification Examinations

To qualify to sit for a certification exam, you must be a graduate of an NHA-approved health care training program or have one or more years of full-time job experience

National
Healthcareer
Association®



Figure 1–8: NHA logo. Courtesy of the National Healthcareer Association.

and a high school diploma or GED. Exams are given at NHA-approved testing sites across the country and may be administered online or in traditional paper-and-pencil testing format. For more information, visit the NHA's website at www.nhanow.com. To recertify, candidates either retake the exam or obtain ten CEUs every two years.

AMERICAN ACADEMY OF PROFESSIONAL CODERS

Medical assistants working in an administrative capacity might want to obtain certification as a medical coder. The **American Academy of Professional Coders (AAPC)** was founded in 1988 to promote professionalism and encourage and support education, networking, and certification in the medical billing and coding areas. The AAPC offers training (both distance learning and traditional classroom options) through its Independent Study Program and the Professional Medical Coding Curriculum. The AAPC also offers continuing education through its annual national conference, workshops, webinars, and publications, including *Healthcare Business Monthly* (magazine), *Healthcare Business Tips & Resources* (e-publication), and *ICD-10 Tips and Resources* (e-newsletter). For more information, visit the AAPC's website at www.aapc.com.

Certification Examinations

More than 94,000 health care professionals around the country hold AAPC certifications in physician offices, clinics, outpatient facilities, and hospitals. AAPC offers several types of certifications, including:

- Certified Professional Coder (CPC) (Outpatient Physician Office Credential)
- Certified Professional Coder-Hospital Outpatient (CPC-H) (Outpatient Hospital/Facility Credential)
- Certified Professional Coder-Payer (CPC-P) (Payer Coding Credential)

Other certifications are available as well. To remain in good standing, credentialed members are required to renew membership annually and submit 36 hours of continuing education units every two years for verification and authentication of expertise.

A BRIEF HISTORY OF MEDICINE

To understand fully the high technical level of current health care and the responsibilities of those who provide it, we must look back at its history and learn how it has developed. Ancient times were filled with infectious disease and **epidemics** (affecting large numbers of individuals in a population) as well as illnesses and injuries caused by dietary deficiencies and unhealthy or hostile environments, malnutrition, hunting accidents, and violence accounted for 80 percent of primitive human beings dying by the age of 30. Primitive individuals lived primarily alone, so there was little risk of widespread diseases or plagues (potentially infectious life-threatening diseases, usually transmitted by bites of rodent fleas to humans). However, when they began settling in communities, farming, and domesticating animals, epidemic diseases resulted from overcrowding, filth, and the natural presence of microorganisms. Initially, tuberculosis, tetanus, malaria, smallpox, typhus, typhoid, and, later, leprosy ravaged early civilizations.

Hippocrates, the founder of scientific medicine, was a Greek physician born in about 460 BCE on the Island of Cos. During his 99 years of life, he took medicine out of the realm of priests and philosophers and produced an

organized method of gaining knowledge through the means of observation. He taught that illness was the result of natural causes and not punishment for sin. He advocated examining a patient's environment, home, and place of work. He stressed the importance of diet and cleanliness. He felt medical knowledge could be acquired only through accurate clinical observation of the sick. He discovered that the course of certain diseases could be traced by listening to the chest of a patient. (More than 2,000 years passed before a French physician named Laennec invented the stethoscope to improve this method of observation.)

Hippocrates studied with the most distinguished teachers of the day. He practiced in many parts of the Greek world and was admired for his cures. He wrote many detailed studies, among which are ones on prognostics, fractures, and surgery. He is best known for his code of behavior, known as the **Hippocratic oath**; however, some scholars believe that the oath was written by Pythagoras. Physicians often repeat a modernized version of the oath sometime around graduation from medical school (Figure 1–9). For all his accomplishments, Hippocrates became known as the father of medicine.

Hippocratic Oath: Modern Version

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.

Figure 1–9: The Hippocratic oath.

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

MEDICAL SCHOOLS

The union of medical knowledge from both the East and the West produced an outstanding medical school at Salerno, Italy, around 850 CE. It was believed to be founded by a Jew, a Roman, a Greek, and an Arab and was open to both men and women of all nationalities. Because it was not a church school, it could teach medicine using a scientific, rational basis and became the convalescent center for wounded Crusaders. By the twelfth century, it had a highly organized curriculum upon which students were examined and issued degrees to become the first true physicians. Both anatomy and surgery were taught, but these were still based upon animal dissection. Other medical centers followed, including ones in Paris, Oxford, and Cambridge. Despite earlier progress, however, religious and scholarly factions prohibited advancement. Medical teaching was predominantly oral because books were scarce. (For example, the medical school in Paris had only 12 books at the end of the fourteenth century.) Dissection was rare. One university did secure the right to dissect one executed criminal every three years, but it allowed only a superficial examination of the chest and abdomen. Currently most medical schools require students to have a bachelor's degree and typically consist of four years of education and training, although with the changing of demographics and shortages of providers a few programs offer three-year tracks. Adjustments like these will most likely continue to evolve as needs change.

ALTERNATIVES TO THE TRADITIONAL MEDICAL MODEL

A great deal of interest continues in methods of health care other than the traditional medical model. Some authorities make a distinction between the various types of related therapies. One type is referred to as integrative or **complementary alternative medicine (CAM)**. These are treatments that are considered to supplement or add to the conventional form of medicine and take account of the whole person, including all aspects of lifestyle. Some examples are the use of massage, acupuncture, **acupuncture** (Figure 1–10), and hypnosis. Some alternative therapies and medicines have been scientifically validated by research, but for many others, no scientific evidence exists that they are or can be therapeutic. Some people have claimed cures from these and other remedies, but without scientific study, the placebo effect or spontaneous healing cannot be ruled out. (A **placebo effect** refers to the fact that some people respond favorably to a known ineffective treatment because they believe it is working. This occurs in about 30 to 40 percent of patients.) In this chapter, the word *related* will be used to mean any complementary or alternative treatment, because the therapies might not be labeled by their practitioners, and to our knowledge, no authority has developed a classification standard.

The National Center for Complementary and Alternative Medicine defines these therapies as “medical practices that are not commonly used, accepted, or available in conventional medicine.” In the *Alternative Medicine* booklet by Harvard Medical School, another definition states, “those interventions not taught widely in U.S. medical schools nor generally available in U.S. hospitals.” Currently, an effort is being made by medical science to become more knowledgeable about therapies from other cultures and those of previous generations in this country. It is trying to distinguish which ones are safe and effective, which are effective but can carry health risks, which are ineffective, and which are both ineffective and unsafe. Integrative medicine now has a broad presence in medical education, and several medical facilities are offering fellowships in integrative medicine. Coursework in traditional medical schools is available, which provides physicians with a knowledge of unconventional choices both for their own evaluation and to enable them to provide care and advice to patients who might select adjunct (added to) treatments. This movement has evolved because of public demand, student and resident interest, increased research, and educational support. With the patient-centered approach to medicine taking center stage, offerings of the broadest range of therapies assist in advocating for the holistic treatment of disease in addition to focusing on prevention, health, and wellness. In addition to a variety of clinical and administrative skills being performed, the medical assistant working in an integrative medicine facility will likely perform tasks such as supporting patients and loved ones; facilitating, collaborating, and communicating with peers, providers, and patients; and promoting health and healing by meeting the individual mental, physical, and spiritual needs of the patients. Table 1–1 is a brief look at several therapies that promote some form of medical intervention or treatment.



Figure 1–10: A patient receives acupuncture on her face. © Tyler Olson/
www.Shutterstock.com.

TABLE 1–1 Different Types of Complementary or Alternative Therapies

TYPE OF THERAPY	DESCRIPTION
Acupuncture	A form of traditional Chinese medicine that is also practiced by the Japanese, Koreans, and French. It consists of using extremely thin, sterilized needles, sometimes electrified with low voltage, that are inserted on points along the network of 12 body meridians (channels) to connect the levels from the organs to the skin. It is used as an anesthetic or to treat pain.
Aromatherapy	A treatment that uses essential oils extracted from plants for a therapeutic effect. Different oils are used for specific conditions, such as lavender for first aid of burns, neroli for anxiety, and tea tree for antibacterial and antifungal action. These can be diffused through the air, inhaled, or absorbed through the skin with massage. Oils can also be used as a compress, in wound care, or as a mouth rinse.
Ayurvedic medicine	The traditional healing system of India and perhaps the oldest formal medical system in the world. It addresses mental and spiritual well-being and physical health. Ayurveda identifies three types of energies that are present in all things: vata, pitta, and kapha. The practitioner tries to assess the proportion of the energies and customize a health program to bring them into a health balance. Sickness results from the energies being out of balance.
Biofeedback	A method that enables a person, usually with the help of electronic equipment, to learn to control otherwise involuntary bodily functions. Therapeutic uses can be helpful with asthma, cardiovascular disorders, headaches, incontinence, insomnia, irritable bowel syndrome, controlling stress, and neuromuscular problems.
Faith	Numerous clinical studies have concluded that patients who receive prayer, in addition to treatment, respond more favorably than those who don't. As a result of these studies, more medical schools now include spirituality training within their curricula. Even though some physicians and health care providers do not accept the power of faith and prayer, many do recognize something or someone else was responsible for a patient's unexpected recovery.
Hand reflexology	This practice claims there is a map on the hands that matches a corresponding body part. Stimulating these points on the hand sends impulses to help the muscles in the corresponding body part relax and blood vessels open to increase circulation, therefore allowing more oxygen and nutrients to enter and promote healing.
Homeopathy	Homeopathy is a 200-year-old system of medicine based on the Law of Similars: If a dose of a substance can cause a symptom, that same substance in minuscule amounts can cure the symptom. It is a highly controversial form of medicine and lacks any scientific explanation of why it might work. The dose of a substance is diluted many times in a base of water and alcohol, sometimes to the point that no molecules of the ingredient remain. Holistic healers, such as naturopaths, herbalists, chiropractors, acupuncturists, midwives, and even some medical doctors, also use the drugs.
Humor	The physical response to humor and laughter affects most of the major systems of the body, increasing heart rate and blood pressure and improving muscle tone. Research has shown that humor can play a part in reducing anxiety. More research is needed to understand the role of humor in recovery or coping with illness. It is known that laughter increases NK cell activity, lymphocyte proliferation, monocyte migration, and the production of IL-2 and IgA, which are positive effects in the immune system.
Hypnosis	Hypnotherapy provided by a therapist is actually supported by more scientific research than many other complementary therapies. Clinically, hypnotherapy has been used in childbirth; to provide acute or chronic pain relief; for stress management; to control certain phobias; for postamputation phantom limb pain, nausea, and hypertension; in irritable bowel syndrome; and for other conditions.
Magnet therapy	Magnet therapy is based on the theory that each cell possesses an electromagnetic field and that disease occurs as a result of an electromagnetic imbalance. Therapy involves placing small magnets close to the skin to correct the imbalance. The magnets are especially popular for pain relief, but some magnet manufacturers also state that the therapy aids in reducing constipation, inflammatory processes, and depression.
Massage	Therapeutic massage is the second most popular related therapy in the United States and can be covered by insurance. It encompasses a wide range of approaches, using hands to manipulate muscles and soft tissue. It is a powerful means to treat stress-related conditions, such as insomnia, headaches, and irritable bowel syndrome, and health conditions such as sciatica and depression. There are many other variations of massage.

TYPE OF THERAPY	DESCRIPTION
Naturopathy	This is a multidisciplinary approach to health care based on the belief that the body has power to heal itself. Treatment is based on assessment of the correct diet, rest, relaxation, exercise, fresh air, clean water, and sunlight the patient is receiving. Herbal products, detoxification procedures, massage, hydrotherapy, counseling, and advice on lifestyle might be used. It can also use homeopathy and acupuncture.
Tai Chi	This is a Chinese movement discipline that improves strength, flexibility, and sense of balance. It can help reduce frailty and falls in elderly patients. It involves a series of fluid movements performed while relaxed but maintaining focus on a pattern of movements. Proper breathing with the exercises helps integrate the body and mind and enhance the flow of qi and overall health.
Visualization and guided imagery	Visualization refers to what you see in your mind's eye, whereas imagery involves all the senses. The therapy works when patients visualize some activity affecting their problem. An example might be a patient with cancer visualizing immune cells attacking the malignant cells and destroying them. The more senses used, the more real it will seem to the brain. There is evidence that it reduces nausea with chemotherapy, reduces postoperative pain, shortens hospital stays, and reduces anxiety.
Yoga	This is a discipline of breath control, meditation, and stretching and strengthening exercises that is thought to promote mental, physical, and spiritual well-being. It has been practiced for thousands of years. There are many types of yoga. It places great emphasis on mental and physical fitness. It increases strength; balance; flexibility; and, some claim, energy and calmness. It consists of breathing exercises, assuming a number of positions, and meditation.

HEALTH CARE PROVIDERS

Medical assistants are agents or representatives of the health care provider. A health care **provider** is an individual licensed to examine, diagnose, and prescribe treatment to patients seeking assistance. An organization such as a hospital or clinic can also be referred to as a health care provider. Oftentimes, when you think of health care providers, you think of physicians, but in actuality, there is an array of health care professionals that are considered health care providers. The following sections explore each type.

PHYSICIANS

Physicians invest many years in learning how to practice medicine, which is the art and science of the diagnosis, treatment, and prevention of disease and the maintenance of good health. Their training, education, and practical experience include a four-year undergraduate degree, four years in medical school, and three to eight years of internship and residency.

Licensure

Physicians must now pass all sections of the United States Medical Licensing Examination (USMLE) prior to receiving a medical license. According to the American Medical Association, the USMLE measures a physician's ability to apply knowledge, concepts, and principles by demonstrating core patient-centered skills. The three steps of the USMLE are completed at various stages of

the medical education and training process. The USMLE provides a common metric that all U.S. states and jurisdictions can use to assess an applicant's readiness for medical licensure.

Licensure requirements will vary by state, but in general, physicians applying for licensure must:

- Be of legal age.
- Be of good moral character.
- Have graduated from an approved medical school.
- Have completed an approved residency program or its equivalent.
- Be a resident of the state in which the physician is practicing.
- Submit proof of successful completion of all three steps of the USMLE.

Physicians must continue their education following licensing by completing continuing medical education (CME) units. The number of CME units will vary by state.

Reciprocity

In the past, physicians meeting all necessary requirements for licensure had an opportunity to be licensed by another state through a process referred to as **reciprocity**. This is where one state recognizes the licensing requirements of another state as being similar or more stringent than their own. This process is looked down upon today due to the ease of attaining fraudulent licenses in multiple states. As a result, many states do not license physicians through reciprocity.

Revocation

Each state’s Board of Medical Examiners provides procedures for **revocation** or suspension of licensure. In some states, the board has the power to revoke a license, and in other states, a special review committee has this authority.

A physician may lose the license to practice medicine if convicted of a crime such as murder, rape, violation of narcotic laws, or income tax evasion. A medical license may also be revoked for unprofessional conduct. The most usual offenses in this category are betrayal of patient-physician confidence, illegal use of drugs and alcohol, and inappropriate sexual conduct with patients.

A license may be revoked because of proven fraud in the application for a license. In some cases, fraudulent diplomas are used. Fraud in the filing of claims for services that were not rendered and fraud in the use of unproven treatments are also grounds for revocation of a license.

Physicians who are found to be incompetent to practice because of mental incapacity also may have their license revoked.

DOCTOR OF MEDICINE AND DOCTOR OF OSTEOPATHIC MEDICINE

One of the areas of greatest confusion is the differentiation between **doctors of medicine (MDs)** and **doctors of osteopathic medicine (DOs)**. Holders of either degree have similar educational requirements, are licensed physicians, and may use all accepted methods of treatment; the difference in the degrees originates from somewhat different schools of thought. DOs place specific emphasis on the body’s musculoskeletal and nervous systems, preventive medicine, holistic patient care, and patient education.

In the United States, medical licensing boards permit DOs to perform the same duties as MDs. Additionally,

physicians of both schools, MDs and DOs, must satisfactorily complete board examinations and be licensed in the state in which they wish to practice medicine. Whether you find employment working for either a DO or an MD, you will be able to apply the same administrative and clinical knowledge and skills.

GENERAL OR FAMILY PRACTICE

A physician in general or family practice sees all kinds of patients with all kinds of problems. If, however, the symptoms of a case suggest a serious or perhaps unknown cause, the physician might refer the patient to a specialist for further diagnosis or treatment. When the patient’s specific need or problem has been remedied or the recovery plan has been established, the patient returns to the family doctor for continued care.

PHYSICIAN SPECIALTIES

Advances in modern medicine have made it impossible for physicians to study every aspect of medicine. Because of this, some have become medical specialists, focusing on a specific kind of medicine. To help you become familiar with these specialties, Table 1–2 contains basic information concerning each area.

Specialty areas require additional years of study in the particular area of choice, usually requiring a minimum of two or as much as six years of additional study. After satisfactorily accomplishing all requirements, the physician is awarded a certificate of competency in the specialty area and is recognized as a diplomat or fellow of that specialty.

In addition to specialty areas, some physicians have a particular interest that is not a specialty but is an area they believe worthy of their time and effort to help their patients toward better health. These areas are viewed as subspecialties or areas of special interest.

TABLE 1–2 Physician Specialists

SPECIALTY	TITLE OF PRACTITIONER	AREA OF SPECIALIZATION	TYPES OF PATIENTS SEEN
Allergy	Allergist	Diagnosing and treating conditions of altered immunologic reactivity (allergic reactions)	Adults of all ages, children, both sexes
Anesthesiology	Anesthesiologist	Administering anesthetic agents before and during surgery	Adults of all ages, children, both sexes
Cardiology	Cardiologist	Diagnosing and treating abnormalities, diseases, and disorders of the heart	Adults of all ages, children, both sexes
Dermatology	Dermatologist	Diagnosing and treating disorders of the skin	Adults of all ages, children, both sexes
Endocrinology	Endocrinologist	Diagnosing and treating diseases and malfunctions of the glands of internal secretion (hormones)	Adults of all ages, children, both sexes

SPECIALTY	TITLE OF PRACTITIONER	AREA OF SPECIALIZATION	TYPES OF PATIENTS SEEN
Family practice	Family practitioner	Similar to general practice in nature, but centering on the family unit	Adults of all ages, infants and children of all ages, both sexes
Gastroenterology	Gastroenterologist	Diagnosing and treating diseases and disorders of the stomach and intestines	Adults of all ages, children, both sexes
Geriatrics	Gerontologist or geriatrician	Diagnosing and treating diseases, disorders, and problems associated with aging	Older adults, both sexes
Gynecology	Gynecologist	Diagnosing and treating diseases and disorders of the female reproductive tract; strong emphasis on preventive measures	Female adolescents and adults
Hematology	Hematologist	Diagnosing and treating diseases and disorders of the blood and blood-forming tissues	Adults of all ages, infants and children, both sexes
Hospital	Hospitalist	Work with patients admitted to the hospital. They work in many departments and reduce the load of hospital visits for the primary care provider and specialist.	Adults of all ages, children, both sexes
Infertility	Infertility specialist	Diagnosing and treating problems in conceiving and maintaining pregnancy	Couples who desire to have children but cannot
Internal medicine	Internist	Diagnosing and treating diseases and disorders of the internal organs	Adults of all ages, both sexes. Do not typically treat children.
Interventional cardiology	Interventional cardiologist	Catheter-based treatment of structural heart diseases	Adults of all ages, both sexes
Nephrology	Nephrologist	Diagnosing and treating diseases and disorders of the kidney	Adults, children, both sexes
Neurology	Neurologist	Diagnosing and treating diseases and disorders of the nervous system	Adults, children, both sexes
Nuclear medicine	Nuclear medicine specialist	Diagnosing and treating diseases with the use of radionuclides	Adults, children, both sexes
Obstetrics	Obstetrician	Providing direct care to women during pregnancy and childbirth and immediately thereafter	Pregnant patients
Occupational medicine	Occupational medicine specialist	Diagnosing and treating diseases or conditions arising from occupational circumstances (e.g., disorders caused by chemicals, dust, or gases)	Adults of all ages, both sexes
Oncology	Oncologist	Diagnosing and treating tumors and cancer	Adults of all ages, children, both sexes
Ophthalmology	Ophthalmologist	Diagnosing and treating diseases and disorders of the eye	Adults of all ages, children, both sexes

(continues)

TABLE 1–2 (Continued)

SPECIALTY	TITLE OF PRACTITIONER	AREA OF SPECIALIZATION	TYPES OF PATIENTS SEEN
Orthopedics	Orthopedist	Diagnosing and treating disorders and diseases of the bones, muscles, ligaments, and tendons and fractures of the bones	Adults of all ages, children, both sexes
Otorhinolaryngology	Otorhinolaryngologist, commonly referred to as an ENT (ear, nose, and throat) specialist	Diagnosing and treating disorders and diseases of the ear, nose, and throat	Adults of all ages, children, both sexes
Pathology	Pathologist	Performing analysis of tissue samples to confirm diagnosis	Usually has no direct contact with patients
Pediatrics	Pediatrician	Diagnosing and treating diseases and disorders of children; strong emphasis on preventive measures	Infants, children, and adolescents
Physical medicine	Physical medicine specialist	Diagnosing and treating diseases and disorders with physical agents (physical therapy)	Adults, children, both sexes
Plastic surgery	Plastic surgeon	Evaluates and improves appearance of scars, deformities, and birth defects; also provides elective procedures that patients desire for aesthetic purposes	Adults of all ages, children, both sexes
Psychiatry	Psychiatrist	Diagnosing and treating pronounced manifestations of emotional problems or mental illness that might have an organic cause	Adults of all ages, children, both sexes. (<i>Note:</i> Child psychiatry is a further specialized field dealing exclusively with children and adolescents.)
Pulmonary specialties	Pulmonary, thoracic, or cardiovascular specialist	Diagnosing and treating diseases and disorders of the chest, lungs, heart, and blood vessels	Adults, both sexes
Radiology	Radiologist	Diagnosing and treating diseases and disorders with Roentgen rays (X-rays) and other forms of radiant energy	Adults of all ages, children, both sexes
Sports medicine	Sports medicine specialist	Diagnosing and treating injuries sustained in athletic events	Adults, especially young adults (athletes), both sexes
Surgery	Surgeon	Diagnosing and treating diseases, injuries, and deformities by manual or operative methods	Adults of all ages, infants, children, both sexes
Trauma medicine	Emergency provider (commonly referred to as ER or trauma provider because most work in hospital emergency rooms)	Diagnosing and treating acute illnesses and traumatic injuries	Adults of all ages, infants, children, both sexes
Urology	Urologist	Diagnosing and treating diseases and disorders of the urinary system of females and genitourinary system of males	Adults of all ages, infants, children, both sexes

TABLE 1–3 Non-Physician Specialties

SPECIALTY	TITLE OF PRACTITIONER	DEGREE	AREA OF SPECIALIZATION	TYPES OF PATIENTS SEEN
Chiropractic	Chiropractor	DC, or doctor of chiropractic	Manipulative treatment of disorders originating from misalignment of the spinal vertebrae	Adults of all ages, children, both sexes
Dentistry	Dentist	DDS, or doctor of dental surgery, DMD, or doctor of dental medicine	Diagnosing and treating diseases and disorders of the teeth and gums	Adults of all ages, children, both sexes
Optometry	Optometrist	OD, or doctor of optometry	Measuring the accuracy of vision to determine whether corrective lenses are needed	Adults of all ages, children, both sexes
Podiatry	Podiatrist	DPM, or doctor of podiatric medicine	Diagnosing and treating diseases and disorders of the feet	Adults of all ages, children, both sexes
Psychology	Psychologist	PhD, or doctor of philosophy	Evaluating and treating emotional problems; these professionals give counseling to individuals, families, and groups	Adults of all ages, children, both sexes

Quick Tips

PRACTICAL APPLICATION

A basic understanding of the term *doctor* might be helpful. It comes from Latin and means “to teach.” Persons who hold doctoral degrees (**doctorates**) are entitled to be addressed as “Doctor” and to write the initials that stand for their doctorate after their name; for example, PhD or MD. Doctorates are attainable in most disciplines, such as nursing, mathematics, education, chemistry, philosophy, and so on. In the medical field, the “Dr.” abbreviation denotes the person’s qualification to practice medicine. In other fields, it means the person has achieved the highest academic degree awarded by a college in the particular discipline.

able to examine patients, order diagnostic tests, and prescribe certain types of medications. Activities for midlevel practitioners are usually directed or dictated by a supervising physician, although in some states, nurse practitioners have more autonomy and can work independently of a physician. Midlevel practitioners are gaining acceptance by patients all over the country. Some patients feel more comfortable with these practitioners because they are often able to spend more time with patients than physicians can. The medical assistant should be familiar with state delegation laws and whether an NP or PA can delegate particular responsibilities to medical assistants.

NURSES

The American Nurses Association (ANA) describes nursing as the following:

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

There are several types of nurses. The role of the nurse practitioner has already been discussed. The following descriptions apply to other nursing categories.

NON-PHYSICIAN SPECIALTIES

Many other health care professionals with the title of doctor are not physicians but provide services to patients. Table 1–3 lists the ones with whom you are most likely to have contact.

MIDLEVEL PRACTITIONERS

Health care providers such as **nurse practitioners (NPs)** and **physician assistants (PAs)** are sometimes referred to as **midlevel practitioners**. They are

Registered Nurse

In the United States, a registered nurse (RN) is defined as a professional nurse who has completed a course of study at a state-approved school of nursing and passed the National Council Licensure Examination (NCLEX-RN). RNs are licensed to practice by individual states. Employment settings for RNs include hospitals, convalescent facilities, clinics, and home health care, to name a few. (A registered nurse is not considered a provider but is mentioned in this section because it discusses other types of nurses. This is a starting point for nurses who become providers.)

Nurse Anesthetist

A **nurse anesthetist** is an RN who is certified to administer anesthesia. The acronym CRNA stands for Certified Registered Nurse Anesthetist and means that the RN has completed an anesthesia training program and passed the certification test to administer anesthesia. CRNAs normally work in hospitals and ambulatory surgical centers as well as in a host of other surgical environments.

Nurse Midwife

A **nurse midwife** is a professional RN who has had extensive training and experience in labor and delivery.

Most states require a certification in addition to the state nurse license. The midwife assists the birthing mother throughout her pregnancy, the delivery of her infant at home or in a medical facility, and the postpartum period. Nurse midwives manage normal pregnancies and deliveries that potentially have no risks of developing complications.

Licensed Practical Nurse

Sometimes referred to as licensed vocational nurses (LVNs), licensed practical nurses (LPNs) are trained in basic nursing techniques and direct patient care. They practice under the direct supervision of an RN or a provider and are employed in hospitals, convalescent centers, nursing homes, and home health care. (LPNs are not considered providers.)

HEALTH CARE TEAM MEMBERS

Many other health professionals provide specific care to patients (Figure 1–11). They work in a variety of settings such as hospitals, laboratories, municipal safety divisions, provider offices, pharmacies, convalescent and extended care facilities, and for home health care agencies. It is



Figure 1–11: Allied health professionals: (A) Pharmacy technician, (B) Radiologic technologist, (C) Emergency medical technician, and (D) Phlebotomist. (b) © Christopher Fletcher/Getty Images. (c) © Steve Debenport/Getty Images. (d) © iStockphoto/JSABBOTT.

important for you to have some understanding of the specific duties for which they have been trained and their role in total patient care. Unless you work for a hospital, or in a group practice or clinic, you probably will not work directly with most of these team members, but you might have contact with them by telephone or by written communication. Often, patients can have several health problems at the same time, and cooperation with other members of the health care team to accommodate the patient is vital. Knowing the role each professional plays

in the total health care of patients enables you to speak more intelligently with others in the medical field and become more efficient in your role as the medical assistant. You might even be able to take on some of these roles as a medical assistant with additional experience and training. Specialized roles for medical assistants will be italicized in Table 1–4.

Table 1–4 provides a listing of health care professionals and their descriptions.

TABLE 1–4 Health Care Team Members

HEALTH CARE PROFESSIONAL	DESCRIPTION
*Audiologists	Work with patients with hearing and balance disorders. These specialists examine patients, diagnose disorders, and recommend and fit patients with assistive devices such as hearing aids and cochlear implants. They can work in combination with a speech pathologist and work in a variety of settings including private practice, hospitals, and rehabilitation centers.
*Dieticians	Assist patients in regulating their diets. They instruct patients to select a daily well-balanced special or regular diet and design meal plans for patients with conditions such as diabetes, heart problems, and liver disorders. They work in hospitals, clinics, home health care, and private practice.
Emergency medical technicians (EMTs)	Administer specialized emergency care to victims of acute illness or injury and transport them to a medical facility. EMTs have ongoing training following certification and must be recertified every two years.
<i>Hospital registrars</i>	<i>Take patients' demographic and insurance information upon arrival or admission to the hospital.</i>
Laboratory technicians	Perform specialized chemical, microscopic, and bacteriologic tests of blood, tissue, and bodily fluids under the direction of a pathologist, other provider, or medical scientist. They work in hospitals, laboratories, and clinics. Some medical assistants are able to obtain a limited license to take radiographs in an ambulatory health care setting.
<i>Limited X-ray machine operator</i>	(This will vary by state as well as the title for this occupation.) A Limited X-ray operator usually performs radiographs of the chest, extremities, spine, and sinuses in ambulatory settings.
Medical billers	Create a billing statement listing all charges the patient has incurred for services rendered and send the bill to the patient, insurance company, or attorney. They work in doctor's offices, hospitals, medical billing companies, and insurance companies.
Medical coders	<i>Use an alphanumeric coding system for all diagnoses and all procedures in a manner that results in the maximum reimbursement for the provider and in fewer fees billed to the patient. They work in the same environments as medical billers.</i>
Medical Office Managers	<i>Supervise members of the medical office staff, coordinate schedules, perform human resource functions, and oversee the daily operations of the office. These individuals usually work in physician offices, clinics, and urgent care centers.</i>
Nuclear medicine technologists	Administer radiopharmaceuticals to patients and then scan the body with a special camera to observe how the pharmaceuticals concentrate in specific organs. They mainly work in hospitals or diagnostic centers.
*Occupational therapists	Assist patients in developing, recovering, and maintaining daily living and work skills following injury or disease, including helping improve basic motor functions and reasoning abilities. They work in hospitals, rehabilitation centers, home health care, and private practice.
Pharmacy technicians	Assist licensed pharmacists in preparing medications for patients and, in certain cases, administering the medicine. They also assist in clerical duties such as telephone communication, typing, and filing and, often, in patient education regarding medicines. (Requirements and duties can vary in different states.) Professional certification can be obtained through individual state pharmacy boards. They often work in hospitals and store chain pharmacies.

(continues)

TABLE 1–4 (Continued)

HEALTH CARE PROFESSIONAL	DESCRIPTION
Phlebotomists	<i>A phlebotomist is a health care worker whose primary responsibility is to obtain blood samples. Other duties include the transportation, handling, and processing of blood specimens for analysis. Phlebotomists work in a variety of settings including doctor's offices, outpatient laboratories, skilled nursing facilities, and hospitals.</i>
*Physical therapists	Evaluate, diagnose, and treat movement disorders in patients with musculoskeletal injuries and illness. Treatments can include therapeutic exercise, functional training, manual therapy techniques, assistive and adaptive devices and equipment, and physical agents and electrotherapeutic modalities. They usually work in hospitals, rehabilitation centers, home health care, and private practice.
Radiologic Technologists	Perform diagnostic imaging examinations, such as radiographs on patients. Some may also administer non-radioactive chemicals to help illuminate structures on the radiograph. They work in hospitals, diagnostic centers, and clinics.
Respiratory therapists	Perform procedures of treatment that maintain or improve the ventilatory function of the respiratory tract in patients. They work in hospitals, nursing homes, and home health care.
Sonographers	Create images of structures within the body by using sound waves instead of X-rays. Although people think of the sonography associated with OB/GYN practices, sonography aids in the diagnosis of many other conditions as well. Sonographers work in hospitals, diagnostic centers, and specialty offices such as cardiovascular and OB/GYN practices.
Surgical technologists	Assist the surgeon and surgical team before, during, and after a procedure. They set up the operating room and instruments before surgery and help in the cleanup following surgery. They work in hospital OR departments and ambulatory surgical centers.

*Indicates those professionals that might also work in private practice.

THE IMPACT OF GOVERNMENT ON HEALTH CARE

The federal government has provided much impetus and influence in the growth of medicine through funding, grants, and regulations.

Table 1–5 lists organizations and legislation that have affected the delivery of health care. A review of the information will give you some insight about why certain policies and procedures are followed in the medical office.

TABLE 1–5 Organizations and Legislation Affecting Health Care

DATE	ORGANIZATION/LEGISLATION	DESCRIPTION
1930	Food and Drug Administration	Legislation that gave status to Public Health Service and the Food and Drug Administration. In 1953, the two became part of the Department of Health, Education, and Welfare, which has since become the Department of Health and Human Services.
1930	National Institutes of Health (NIH)	Had its beginnings in 1887 as a laboratory, researching the causes of cholera and tuberculosis. There was no treatment for either disease. In 1930, the NIH was established under the U.S. Department of Health and Human Services (DHHS). There are 13 research institutes (e.g., the National Cancer Institute) that work to improve health and provide information to health care professionals. They support biomedical research in the cause and prevention of disease at the institutes and at universities and hospitals.

DATE	ORGANIZATION/LEGISLATION	DESCRIPTION
1946	Hill–Burton Act	Provided for the improvement and construction of hospitals. Big cities renovated existing buildings and established ICU units, trauma centers, and outpatient services. Small towns and rural areas were provided with regional health centers.
1948	World Health Organization (WHO)	A specialized agency of the United Nations that cooperates to control and eradicate disease worldwide. It shares information and technology and delivers medical supplies and drugs where needed.
1965	Medicaid	A title under the Social Security amendments that provides government funding to the states to help pay for the medical care of indigents. States establish criteria for qualification and set fee schedules to reimburse providers who perform services.
1966	Medicare	National health insurance for persons over 65 or those who are blind, disabled, or have certain kidney conditions. It is administered by the Centers for Medicare and Medicaid Services (CMS) through the DHHS. Medicare has Part A, which covers hospitalization, and Part B, which covers physicians and other medical providers.
1967	Clinical Laboratory Improvement Amendments (CLIA)	Established guidelines for operating laboratories. A congressional investigation into physicians' office labs (POL) resulted in the 1988 amendments. The labs were found deficient in both quality of service and results, mainly due to lack of accredited technologists. The new law set standards for laboratories and listed tests that were exempt from CLIA that could be performed in a POL with a certificate of waiver.
1968	Uniform Anatomical Gift Act	Allows living individuals to indicate their desire for their body or organs to be gifted to research, transplant services, or a tissue and organ bank at the time of their death.
1970	Occupational Safety and Health Administration (OSHA)	Originally an act to reduce the incidence of injury, illness, and deaths in the workplace. It is under the U.S. Department of Labor. Since the end of the 1980s has been extended to the health care industry. The threat of HIV and AIDS brought about guidelines to protect workers from blood-borne organisms by requiring compliance to standards covering body fluids, needles, sharps, spills, personal protective equipment, and other hazards.
1970	Controlled Substances Act	The Drug Enforcement Administration (DEA), which is part of the U.S. Department of Justice, works with all levels of government to address the serious use and abuse of drugs. Providers must apply for registration and receive a DEA number to administer, prescribe, or dispense drugs. The act also specifies the proper storage or disposal of controlled drugs.
1996	Health Insurance Portability and Accountability Act (HIPAA)	HIPAA legislation is intended to limit health administration costs, provide for patient information privacy, and prevent fraud and abuse. The regulations deal with many areas, such as electronic transmission of data, release of personal information, security of records, establishing individuals as HIPAA officers, and so on.
2006	Medicare D	Everyone who receives Medicare is eligible to join a prescription drug plan to assist in payment of medication costs. Multiple insurance companies provide plans from which to choose coverage based on drugs covered, drug costs, monthly premiums, co-payments, and deductible costs.
2010	Patient Protection and Affordable Care Act (now known as the Affordable Care Act)	Intended to expand access to health insurance, provide additional consumer protections, and reduce costs of health care. See Chapter 3 for more detail.

CHAPTER SUMMARY

- The field of medical assisting is one of the most versatile allied health occupations in today's health care environment. The majority of medical assistants work in ambulatory care settings or outpatient health care facilities.
- The three main areas of medical assisting are general, administrative, and clinical.
 - The *general skills* of the medical assistant are included in the areas of psychology, communication, professionalism, medical law/regulatory guidelines, medical ethics, risk management, quality assurance and safety, and medical terminology.
 - Performing *administrative skills* helps manage the business affairs of the practice and includes categories such as medical reception, patient navigator/advocate, medical business practices, establishing patient medical records, scheduling appointments and practice finances.
 - *Clinical skills* are divided into areas that include anatomy and physiology, infection control, patient intake and documentation of care, patient preparation and assisting the provider, nutrition, collecting and processing specimens, diagnostic testing, pharmacology and emergency management/basic first aid.
- Professional behaviors include being accurate, adaptable, courteous, confident, dependable, empathic, honest, initiative-taking, patient, punctual, respectful, and tactful, as well as being a team player.
- Medical assistants may work with physicians in a sole proprietorship (solo practice), in a partnership (two or more providers), or in a multi-provider clinic (group practices with three or more providers). Other health care environments include urgent care centers and the patient-centered medical home model.
- The job outlook for medical assistants continues to be very promising. This is due to the versatility of medical assistants as well as to our aging population. The field of medical assisting is expected to grow 23 percent through 2028.
- American Association of Medical Assistants (AAMA) offers the CMA (AAMA) credential, continuing education opportunities, the publication *CMA Today*, and other services. Members must recertify every five years.
- American Medical Technologists (AMT) offers the RMA (AMT) credential and the CMAS (AMT) credential, continuing education opportunities, and the publications *AMT Events* and *Journal of CE Topics and Issues*. The organization offers certification testing for other allied health professions as well. Members must renew their certification every three years.
- The National Center for Competency Testing (NCCT) offers the NCMA credential and the NCMOA credential, and continuing education opportunities. The organization offers certification testing for other allied health professions as well. Members must renew their certification every five years.
- The National Healthcareer Association (NHA) offers the CCMA and CMAA credentials as well as continuing education, program development, and career and networking services. The organization offers certification testing for other allied health professions as well. Certified individuals must renew their certification every two years.
- Administrative MAs might want to obtain certification as a medical coder. The American Academy of Professional Coders (AAPC) offers several certifications, including CPC, CPC-H, and CPC-P, among others. It also provides education, networking opportunities, and publications for members.
- Hippocrates was a Greek physician and is considered the father of medicine. He is best known for his code of behavior known as the Hippocratic oath. Physicians often repeat a modernized version of the oath sometime around graduation from medical school.
- One type of related therapy is complementary alternative medicine (CAM), which are treatments and therapies that supplement or add to the conventional form of medicine. Table 1–1 is a brief look at several therapies that promote some form of medical intervention or treatment.
- A health care provider is an individual licensed to examine, diagnose, and prescribe treatment to patients seeking assistance. An organization such as a hospital or clinic may also be referred to as a health care provider.
- Physician training includes a four-year undergraduate degree, four years in medical school, and three to eight years of internship and residency. The physician must successfully complete all sections of the United States Medical Licensing Exam (USMLE) prior to becoming fully licensed to practice medicine. Licensure requirements are established by each state. Physicians can lose their license to practice medicine if convicted of a crime or for unprofessional conduct.
- Previously, physicians moving to another state were able to be licensed in the new state through reciprocity. Reciprocity is a practice in which one state recognizes the licensing requirements of another state as being similar or more stringent than their own.
- A physician in general or family practice sees all kinds of patients with all kinds of problems. Advances in modern medicine have made it impossible for physicians to study every aspect of medicine. Because of this, some have become medical specialists, focusing on a specific kind of medicine. Table 1–2 contains basic information concerning each area.

- There are many other health care professionals with the title of doctor who are not physicians but provide services to patients. Table 1–3 lists the ones with whom you are most likely to have contact.
- Health care providers such as nurse practitioners (NP) and physician assistants (PA) are sometimes referred to as midlevel practitioners. They are able to examine patients, order diagnostic tests, and prescribe certain types of medications.
- A registered nurse (RN) is defined as a professional nurse who has completed a course of study at a state-approved school of nursing and passed the NCLEX-RN exam. A nurse anesthetist is an RN who is certified to administer anesthesia. A nurse midwife is a professional RN who has had extensive training and experience in labor and delivery. Licensed practical nurses (LPNs) are trained in basic nursing techniques and direct patient care.
- Table 1–4 provides a listing of other health care professionals and their descriptions.
- The federal government has provided much impetus and influence in the growth of medicine through funding, grants, and regulations. Table 1–5 lists organizations or legislation that have affected the delivery of health care.

CHECK YOUR UNDERSTANDING

1. To be successful as an MA, you must learn a specific:
 - a. knowledge base.
 - b. set of skills.
 - c. set of behaviors.
 - d. all of the above
2. All of the following are clinical skills EXCEPT:
 - a. filing patient records.
 - b. phlebotomy.
 - c. administering medications.
 - d. wrapping instruments.
3. A system where patients pay an added fee in exchange for more personalized care and better access to their providers for medical services is referred to as which type of service?
 - a. PCMH
 - b. ACO
 - c. Boutique
 - d. Managed care
4. Employment opportunities for medical assistants are expected to grow by what percentage through 2028?
 - a. 23 percent
 - b. 32 percent
 - c. 36 percent
 - d. 38 percent
5. Which of the following organizations provides the RMA credential?
 - a. AAMA
 - b. AMT
 - c. AAPC
 - d. NHA
6. Which of the following defines the role of the patient advocate or navigator?
 - a. Drives the patient to appointments
 - b. Assists the patient or acts on behalf of the patient
 - c. Acts on behalf of the provider
 - d. Keeps the patients' medical records
7. Which of the following describes the role of an ACO?
 - a. Provides health care with an emphasis on prevention.
 - b. A group of physicians, hospitals, and other health care providers, like the PCMH model, who together coordinate high-quality care to their Medicare patients.
 - c. A system of health care that integrates the delivery and payment of health care for covered persons (patients, or subscribers) by contracting with selected providers for comprehensive health care services at a reduced cost
 - d. Care centers that take care of patients with acute illness or injury and those with minor emergencies
8. What is the name of the physician specialist who looks after patients admitted to the hospital?
 - a. Physician partner
 - b. Hospitalist
 - c. Psychiatrist
 - d. Hospital physician
9. Which health care professional administers radio-pharmaceuticals to patients and then scans the body with a special camera to observe how the pharmaceuticals concentrate in specific organs?
 - a. Radiological technician
 - b. Radiologist
 - c. Ultrasound technician
 - d. Nuclear medicine technologist
10. Which type of medicine identifies three types of energies that are present in all things?
 - a. Ayurvedic medicine
 - b. Biofeedback
 - c. Acupuncture
 - d. Homeopathy

2 | Professionalism

OBJECTIVES

In this chapter, you will learn the following:

KB Knowledge Base

1. Describe behaviors that are necessary when working in a professional capacity.
2. Describe the ideal appearance of a medical assistant.
3. List the basic goals of time management.
4. Describe items or situations that take priority when working in an administrative or clinical capacity.
5. Describe how biases or prejudices can inhibit therapeutic communication.
6. Describe how to apply critical thinking skills when providing patient care.
7. Explain what continuing education is and how it is acquired.
8. Discuss examples of cultural, social, and ethnic diversity.

S Skills

1. Demonstrate professional behavior.

B Behaviors

1. Demonstrate empathy and active listening skills.
2. Demonstrate respect for individual diversity including gender, race, religion, age, economic status, and appearance.
3. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice, i.e., values/ethics; roles/responsibilities; interprofessional communication; teamwork.
4. Demonstrate cultural awareness.
5. Display effective interpersonal skills with patients and health care team members.

WORDS TO KNOW

appearance	critical thinking	integrity	self-awareness
attitude	diversity	organized	self-confidence
behaviors	empathetic	prejudice	team player
biases	feedback	prioritize	time management
confidential	initiative	punctual	work ethic
continuing education	innate	resiliency	

WORKING IN A PROFESSIONAL CAPACITY

In the labor market, employers from all different businesses and trades have one thing in common: They seek employees who stand out with exceptional professional skills. The profession of medical assisting

is no exception. Professionalism is the manner, behavior, and attitude of someone in a professional environment. It has been proven that professionalism leads to workplace success, a high level of **work ethic**, and a strong professional reputation built on excellence. Professionalism is not just about the way you dress or

how effectively you communicate (although these are very important aspects), it also includes such things as whether one conducts themselves with responsibility, integrity, and accountability. Studies conducted throughout the nation have shown that above all, employers value employees who perform their duties in a professional manner over those who are lacking professional skills. Professionalism is a collective combination of qualities that include someone who arrives on time for work and can manage their time effectively; someone who takes accountability for their own behavior and works effectively with others; and someone who has integrity, is honest, is well-groomed, and dresses appropriately.

Whether you are a student in the classroom or online, on your practicum, or employed as a medical assistant, professionalism is the key to success. In the education environment professionalism starts with arriving to class on time with your homework completed and being prepared to learn. This will also prepare you for the expectations of being on time in the workplace. Arriving late and not prepared not only makes you look unprofessional, but it is disruptive to your fellow classmates or coworkers who were on time and ready. Another common issue that occurs frequently is improper cell phone usage. Most educational programs and health care organizations have policies on cell phone use, and violating the policy could result in disciplinary action. If having your cell phone on your person is too tempting, it is advisable to leave it in the

car or with your other personal belongings in a storage locker or drawer at the school or clinical site. If you are expecting an important call and it is not an option to have the call come directly through the clinic, alert your supervisor and keep your phone on vibrate, and then excuse yourself to take the call in private if you are able. If it is during class, be sure and let your instructor know and excuse yourself from the classroom to take the call. When employers must spend time dealing with **attitudes**, tardiness and absenteeism, and other non-professional behaviors, time is taken away from more important business aspects such as working toward a common goal of excellent patient care. The ability to treat patients, coworkers, providers, and supervisors with sensitivity and civility has become indispensable as people prefer working with people who make them feel respected. Also refrain from gossiping, as it only leads to negativity in the workplace. Learn to change the subject, walk away, and never repeat any information you may hear or overhear. Although professionalism is of the utmost importance, it can sometimes be difficult for employers to find employees who consistently demonstrate professionalism. You can set yourself apart from others by adhering to a strict professional code of conduct. The CMA (AAMA) Core Values describe professional attributes for medical assistants such as demonstrating integrity and respect and protecting patient confidentiality that contribute to a positive health care experience for patients.

Quick Tips

PRACTICAL APPLICATION

Professionalism starts with having excellent communication skills. Knowing how to communicate with coworkers and patients and what is an appropriate response is an important part of your role as a medical assistant. Knowing how to address providers and patients is a very important part of the communication interaction. Generally addressing providers by “Doctor” before their last name is the most appropriate (i.e., “Doctor Smith”). If they prefer you use their first name you may refer to them as “Doctor” followed by their first name. Additionally, policy on addressing patients will need to be followed as well. The general rule is to use Mr., Mrs., or Ms., followed by their last name. Every interaction relies on being able to communicate effectively. Refer to Chapter 4 for tips on communicating with a variety of patients and in a variety of settings.

PROFESSIONAL BEHAVIORS

Employers in health care settings pursue candidates who possess professional **behaviors** and desirable character traits. Some characteristics seem to be

Quick Tips

PRACTICAL APPLICATION

Having integrity means doing the right thing even if no one is around to witness it. Be accountable and reliable and always tell the truth even if negative consequences may occur. Keep your commitments, and follow the policies and rules set forth by the organization. Do not get involved in gossip, and be aware of where personal conversations are being held and if they are appropriate. Stand up for what is right and set an example.

almost **innate**—meaning inherent or natural—whereas others must be learned. All traits can be enhanced by consciously trying to improve them. Your ability to work well with your employer, supervisors, and coworkers and your effectiveness in dealing with patients are greatly influenced by your personal characteristics. Table 2–1 is a list of professional characteristics that are necessary to possess when working as a health care worker.

PERSONAL QUALITIES

In addition to character traits, other personal qualities affect the way character traits are perceived. An individual might demonstrate **initiative**, dependability, honesty, and other traits, but if they are not likable, that individual will struggle in bonding or getting along with others. These qualities can be more difficult to acquire



PRACTICAL APPLICATION

At times, your personal life can spill over into your professional life. Social networking sites such as Facebook, Twitter, or Instagram have caused some employers to reconsider hiring individuals due to disreputable postings or distasteful photographs. Think about what the information or photographs you share say about you before you post them.

because they seem to be connected to one's personality. Let us look at some of these qualities in Table 2–2 and demonstrate them in Procedure 2–1, which follows the table.

TABLE 2–1 Professional Traits

Accurate	Be detail oriented and ensure that information is correct. Accuracy is vital: Not being accurate in the medical field can cost a patient his or her life.
Adaptable	The ability to adjust. Your willingness to be flexible and cooperative without complaining will be noticed by your employer or supervisor and coworkers and reciprocated as a result of your actions.
Courteous	Be polite and well mannered. In a professional environment, courtesy is not optional, and manners really do matter.
Confidential	Be prudent and conscious—especially in your speech. Never give out any information regarding a patient without the patient's written permission. To do so is a violation of privacy laws and can result in termination, expensive fines, and possible jail time.
Dependable	Be reliable and responsible. Supervisors and coworkers need to be able to trust you to show up for work and to follow through with what you say you are going to do. Reliability integrates with this concept in that when you accept a job, you assume the responsibility of assignment. It is your duty to make sure that you thoroughly complete all of your assigned tasks in a timely manner to the best of your ability.
Empathetic	Put yourself in another person's shoes; think about what is best for the patient.
Honest	Be trustworthy and truthful. Dishonesty can be harmful or even fatal. Being dishonest also causes others to feel you have no integrity. Once integrity is lost, it is very hard to regain.
Initiative	Show ambition; do things that need to be done without being told—as long as it is within your scope of practice.
Integrity	Be honest and have strong moral principles. Always do the right thing.
Patient	Act calm when things do not necessarily go as planned or as quickly as planned.
Punctual	It is essential that you arrive on time for your job, just as it is important that you are on time for your classes. Be in exact agreement with time; showing up for work before you are scheduled to be there allows you to start your workday on time. Break times, which include the lunch break, should never extend beyond the allowable limit. Additionally, you should never leave early unless previously approved or in the event of a true emergency. Employers view tardiness as a serious offense, and individuals have been fired for issues with this.
Respectful	Show regard for others even if you disagree with their message; be respectful of others' property, culture, position, or opinion. Respect is a two-way street. To gain respect, you have to give it!
Team player	Work cooperatively with a group of people. Working together as a team, professionals must balance responsibilities, values, knowledge, skills, and even goals about patient care, against their role as a team member in shared decision making. A team player always puts the team first, doing what is best for the team rather than themselves.

TABLE 2–2 Positive Personal Qualities

Friendly attitude	A true, concerned, caring viewpoint; your attitude can be your greatest asset or your biggest stumbling block. A good attitude has to be cultivated and nourished. Having a good outlook on life carries over into every area and promotes a general well-being.
Genuine smile	A genuine smile conveys that you acknowledge others and are interested in being of service.
Perception as a professional	To look your best, you must be in good health. This means that you practice what you preach: Have a well-balanced diet, get plenty of rest, and avoid smoking.

Procedure 2–1 Demonstrate Professional Behavior

Purpose: To demonstrate professional qualities in all aspects of your position and thus be respected as a reputable medical assistant.

Equipment: Because this is more of a mindset than a procedure, the scenarios selected by your instructor will dictate conditions and supplies with which to practice this procedure. In general, you must exhibit professional characteristics as you play out the scenarios selected by your instructor to measure each step.

S Skill: Demonstrate professional behavior

Procedure Steps and Criteria	Detailed Instructions and/or Rationales
B 1. <i>Demonstrate respect for individual diversity including gender, race, religion, age, economic status, and appearance.</i> Criteria: Ask the patient if they have any special concerns they want to address and avoid judgments or biases . Be courteous and polite and adapt care appropriately based on patient needs.	Scenario: Role-play different patients presenting to the medical office.
B 2. <i>Demonstrate active listening skills during all encounters.</i> Criteria: Avoid distractions while listening and accurately report back what was said for clarification.	<i>Good listening skills improve the communication process.</i> Scenario: Practice listening to a patient as the patient discusses their chief complaint.
B 3. <i>Demonstrate empathy.</i> Criteria: Acknowledge the patient's concerns and express support and encouragement.	<i>Putting yourself in the place of others and having an understanding of how they may be feeling or what they may be going through will allow you to provide comfort and genuine care to the patient.</i> Scenario: In addition to expressing concerns over their chief complaint, the patient also expresses concern about recently losing their job.
4. Display effective interpersonal skills with patients and health care team members by displaying appropriate body language while communicating.	<i>Patients and coworkers feel you really care about them when you are sensitive toward their feelings, are respectful and you conduct yourself in a positive manner. Never interrupt someone when they are speaking, and be alert to things you can do for patients and coworkers that will assist them in times of need. This also helps others have respect for you.</i> Scenario: Have another student role-play as a coworker and interrupt with a non-urgent question. Handle the encounter effectively by not letting the coworker cause interference to the patient encounter.
5. Demonstrate cultural awareness by recognizing and showing respect for differences in culture.	Scenario: Role-play being a patient from a different culture (use information on culture from the textbook).

(continues)

Procedure 2–1 (Continued)

Procedure Steps and Criteria	Detailed Instructions and/or Rationales
6. Adapt to changes when necessary by being flexible.	<i>Unexpected changes are common in health care. Being flexible assists you in being a good team player.</i> Scenario: Role-play being interrupted with a more important request when you are in the middle of a task (<i>i.e., in the middle of obtaining a chief complaint have a provider interrupt who needs a supply</i>).
7. Take feedback in a positive manner.	You will receive feedback daily. <i>Take it in a positive manner and try and learn from it. You may not always agree with the feedback, but you owe it to both parties to reflect on it and make changes accordingly.</i> Scenario: Receive feedback from your instructor on one thing you can improve on.
8. Remain confidential at all times by never divulging patient information to people that do not have permission.	<i>Divulging confidential information can lead to distrust, loss of respect, and possible fines concerning patient confidentiality.</i> Scenario: Jordan is a 20-year-old patient at your clinic. His parent calls to request his test results without his permission. How do you respond?

INITIATIVE

Initiative is an important factor, and having the skill to be able to demonstrate resourcefulness will help you advance in your career. Being on time and dependable is vital in the health care industry. Absences and tardiness are not tolerated from employees who make it a habit. Performing assigned tasks in a reasonable amount of time correctly and efficiently, without needing to be reminded, is an integral part of your assigned job responsibilities. Other examples of showing initiative include, but are not limited to, having innovative thinking, which leads to being able to problem solve effectively, being a quick learner, and having the confidence to try something new that could potentially improve efficiency. All these initiative ideas promote a continual development of your leadership skills, which can lead to future job promotions.

Quick Tips

PRACTICAL APPLICATION

You can take initiative in the workplace by being a team player—a professional characteristic that is crucial for the office to run efficiently. Stepping up and rooming a patient for a coworker who is behind, cleaning a dirty room that is not assigned to you, notifying the office manager or whomever is in charge of ordering when a supply is running low, and ensuring all rooms are cleaned and stocked are all essential for the well-being of the business and will be appreciated by all.

CONFLICT MANAGEMENT

In some situations, conflict arises between employees that can be impossible to resolve. This type of situation should not be brought up in a public manner or staff meeting. You must try to work out your differences with your colleague directly at first. If this is not successful, take the matter to your office manager. Your office manager will work with you and your colleague to resolve the conflict. If the issue is severe or cannot be resolved, the office manager might contact the HR department for further direction. If the situation does not improve, it can lead to termination of one or both employees. Personnel managers are often aware of these problems before they are reported, and they are usually handled privately.

ACCEPTANCE OF FEEDBACK

No matter what your job role is, a normal part of employment is to receive feedback. Constructive feedback, also known as constructive criticism, is usually based on observations and is very specific to information or issues surrounding that observation. Generally, there are two ways to provide feedback. One is through praise for the performance or action, which is considered positive feedback, and the other is through criticism, which is often associated with a negative viewpoint or opinion. You will receive feedback often, and you must know how to handle receiving both praise and criticism. When receiving feedback that we may see as negative, we may inappropriately act with anger or defensiveness. Many times, this can lead to having an uneasy feeling toward the person delivering the feedback or putting the blame onto them.

However, feedback is very valuable and assists us with identifying areas in our job performance that we can work on to improve things for the better of the organization and for ourselves. There are many tips that can assist you in receiving feedback gracefully and help you to be on your way to improving your successfulness at work. Try these out yourself the next time you receive feedback that you may not be expecting to hear.

- Give yourself the five-second rule and do not react. This allows for your brain to process what is really being said and allows for you to remain calm and hear it in a non judgmental way.
- Find the benefit of what is being expressed to you. Generally, feedback is given to you to assist you in improving your workflow, skills, and interpersonal relations in the workplace.
- Do not blame the messenger. Whether the feedback is from a coworker, a peer, a manager, or even someone you may not feel is in a place to be delivering the feedback, you owe it to yourself and to them to hear them out. Try not to analyze everything they are saying, but try and understand where they are coming from. Remember perception is real even if you do not always agree with it.
- Hear them out. Try not to interrupt. Show them that it is important for you to hear what they have to say. Ask for clarification in a polite manner if you do not understand what they are conveying. This is not time to get into a debate, but it is fair to ask for further clarification to assist you with processing the feedback. Giving feedback is not always easy and may be just as uncomfortable for them as it is for you. There is usually some merit to the feedback that can assist you with making a change for the better.
- Thank the person for their feedback. Expressing appreciation shows the person that you value what they have to say. Again, you may not always agree with them and that is okay. Asking for suggestions from them on how to improve may also be warranted. They may have been through something similar, have had to work through it, and can now offer advice to others on what worked for them.
- Reflect on what is being said, and hopefully find some common ground to work on for making improvements—even if it just means having a better awareness to other feelings and opinions. If you can express to them ways in which you plan to adjust or improvements, that may be very helpful to them to show your initiative on the matter.
- Follow-up. Give yourself sometime to put the changes or adjustments into place. After some time has gone by in which the changes can be seen, ask to meet with the person who delivered the feedback to see if they too have noticed a difference.

Feedback tends to be one of the only ways we can improve on areas that need improving. Taking it in a positive manner will really make a difference for all involved. Having **resiliency** and being able to overcome any negative feelings that you may have toward the feedback will allow you to bounce back stronger and wiser. It is important to have this skill when faced with difficulties that may arise in the workplace and even in life in general. This allows for personal growth and higher self-esteem.

SELF-CONFIDENCE

Self-confidence can be viewed as a suggestive thing that each health care professional might perceive differently. Many people feel that confidence is something that simply comes with the knowledge. The more you know or the better you get at a skill, the more confident you will be. That may be correct, however, there are other aspects that people feel are related to confidence. Some may feel like confidence is the ability to show you are strong on the outside (fake it until you make it), whereas for others, it might just be simply knowing that you have made the patient or a coworker feel like everything will be alright.

No matter how you view confidence in your life, one thing for sure is that in health care confidence can be just as important as the care you administer. Studies have determined that patients who have confidence in their health care providers are more likely to follow their advice and comply with their treatment plan. Studies also show that patients will return for subsequent visits if issues come up in the future. Caregivers need to form trust and build a strong rapport with their patients. One key thing you can remember is the phrase “if you know it, show it.” On the other hand, if confidence does not come naturally to you, practice until it does. Find someone who can act as a mentor to you and offer support and guidance while delivering honest feedback. This will help you identify areas to work on and will be very beneficial in your quest to build confidence.

Self-awareness

Another way to build your self-confidence is to achieve a greater **self-awareness**. Having a strong awareness for who you are and what you value is key to building your confidence. If you are self-aware, you may have an intrinsic notion when something in your life is not going right and changes need to be made, or the insight to celebrate when things are going great. Think of it as doing your own performance evaluation on yourself and then adjusting things to make them better, as well as having an intuition as to the feelings of others and adjusting accordingly to them. It is not only knowing your strengths and areas for improvement but also having awareness of how you come across to others—having a good understanding of

your motivators, emotions, and beliefs. Self-awareness is a very valued skill to have and will be extremely beneficial to you in the workforce and overall life.

PROFESSIONAL APPEARANCE

The patients and visitors coming into a medical office obtain the first impression of the practice from the medical assistant who greets them. A neat, professional person has a good psychological effect on everyone. Your **appearance** says volumes about you. Neat, well-groomed professionals look self-confident, display pride in themselves, and give an impression of being capable of performing whatever duties need to be done (Figure 2–1). Not only does the patient feel that you are competent, but you feel good about yourself. Looking like a professional not only encourages the respect of others for your profession but helps you feel like an integral part of the health care team. To present yourself in the best possible light, remember to adhere to the general guidelines that are outlines in Table 2–3 and demonstrate them in Procedure 2–2, which follows the table.



Figure 2–1: Medical assistants should always look very professional. Uniforms should always be crisp and clean.

TABLE 2–3 How to Project a Professional Appearance

Cleanliness	This is the first essential for good grooming. Take a daily bath or shower and use a deodorant or antiperspirant. Shampoo your hair often. Brush and floss your teeth at least twice a day. Use mouthwash or breath mints when necessary.
Posture	The ease with which you move around reflects your poise and confidence. Posture affects not only your appearance but also the amount of fatigue you experience.
Hand care	Keep your fingernails manicured and cut well below the fingertips. Start each day with an aseptic hand wash, paying close attention to nails. Keep hand cream or lotion in convenient places to use after washing your hands. Follow institutional guidelines in relation to artificial nails and polishes (most facilities prohibit artificial nails, colored nail polish, and art).
Hair	Keep your hair clean and away from your face. Long hair should be worn up or fastened back.
Proper attire	Attire may vary with medical specialty. When uniforms are required, they should be clean and free of wrinkles and fit well. Uniform shoes should be kept clean and have clean shoestrings; hose must not have runs. Pay attention to the undergarments you wear beneath the uniform so that they do not show through the fabric of your uniform and that t-shirts or other long-sleeved shirts look professional.
Jewelry	Do not wear jewelry except for a watch or wedding ring. A single small earring may be worn in each ear. Not only does jewelry look out of place, but it is a great collector of microorganisms. Novelty piercings, such as nose rings and tongue studs, are not appropriate for professional grooming and may not be allowed by the facility.
Fragrances	Perfumes, colognes, and aftershave lotions can be offensive to some patients, especially if they have allergies or are suffering from nausea. If you feel it is necessary to wear something, use one with a light, clean-smelling fragrance. Some facilities have fragrance-free policies that prohibit any use at all.
Cosmetics	Cosmetics should be tasteful and skillfully applied.

Procedure 2–2 Demonstrate Accountability and Professional Appearance

Purpose: To demonstrate the professional qualities of accountability and appearance in all aspects of your position and thus be respected as a reputable medical assistant.

Equipment: Because these are affective skills your instructor will dictate conditions and supplies with which to practice this procedure. In general, you must exhibit a professional appearance and exhibit accountability.

S Skill: Demonstrate professional behavior

Procedure Steps	Detailed Instructions and/or Rationales
1. Exhibit accountability by always attending class on time and prepared.	<i>Supervisors, peers, and patients need to know they can count on you. If you are constantly running late or not following through with prearranged commitments, others feel they cannot trust you. Show dependability and punctuality by being on time and following through with what you say you are going to do.</i> Scenario: Over a set period of time, rate the student based on their punctuality and attendance to class.
2. Display a professional appearance by attending class dressing professionally.	Your uniform should be clean, free of wrinkles, and include appropriate under-attire. Hair should be clean and tied back (if applicable), and jewelry should be kept to a minimum. Hands should be freshly washed between each patient, and nails should be clean and short. <i>The patient will be much more accepting of your role as a health care professional if you look the part. (If you fail to cover tattoos and wear facial and tongue piercings, it could cause the patient to feel uncomfortable and ask for someone other than you to care for them.)</i> Scenario: Over a period of time or on a select day evaluate the student's appearance for this step using Table 2–3 for criteria.

TIME MANAGEMENT

To assist with your accountability in arriving to work and being ready to start the workday on time, additional skills are needed. **Time management** refers to an assortment of skills, tools, and practices to manage time well during daily activities and when accomplishing specific projects. To be an efficient professional, you must take control of your time rather than allowing time to take control of you. One way to do this is to use a tool to rank your task according to the importance. List everything you need to complete and rank them accordingly to importance. Tasks that rate a 1 (critical and vital) should be placed at the top of the list whereas those ranked a 4 (not critical or vital) can be placed toward the bottom. A tool like this can assist you with your time management (Figure 2–2). Time management specialists focus on a principle referred to as Pareto's Principle, or the 80–20 rule, which states that as little as 20 percent of your labors result in 80 percent of your results. To be efficient with your time, focus on the 20 percent of your work that yields the greatest results.

The following list is a set of goals that assist you in being more efficient with your time:

- *Make a daily list of tasks and projects that must be completed. **Prioritize** the list so that if you are unable to complete all tasks, the ones that are most important will be completed. When you are just beginning your career, an experienced individual such as a supervisor will help to identify tasks that have priority.*

		CRITICAL (STAT) HIGH	
VITAL	1 Critical and Vital	2 Vital not Critical	
	3 Critical not Vital	4 Not Vital not Critical	
LOW			

Figure 2–2: Time can take control of you, or you can take control of time. Try using a matrix like this to prioritize your daily work and to keep you on track.

- *Learn to say no to low-priority requests—especially those that are optional.* Supervisors might ask whether you are able to take on some new responsibilities in addition to your assigned responsibilities. If your plate is already full, thank the supervisor for considering you for the task, but politely state that your schedule is already very full and that you do not want to run the risk of performing poorly because you have taken on too much.
- *Do not be a perfectionist for tasks that do not require your best effort.* Some tasks, such as accounting tasks and patient procedures, require great precision and accuracy, but others do not. For example, if you find that you spend a great deal of time composing email messages, it might be timelier just to call the individual rather than trying to find the perfect words to put in a written message.
- *Stay away from bad habits that rob you of your time such as surfing the Internet or using the phone for extended lengths of time.* Additionally, Internet surfing and texting to personal friends and family members are not tolerated in the workplace.

PRIORITIZING TASKS

When working in an administrative capacity, patients in the office take priority over patients calling in to the office except in emergency situations. Filing insurance claims has time limits; claims should be filed by date so that you never miss a deadline. Other timely tasks such as record requests for patients who have next-day surgeries and depositing patient and insurance payments take priority over tasks that can wait until the next day.

The clinical side of medical assisting has a natural progression as well. Table 2–4 sums up what takes priority when working in a clinical capacity.

Staying **organized** also assists in time management. Keep your desk area and patient rooms clean and organized. Figure 2–3 illustrates both a disorganized desk and a nicely organized desk. You can act more efficiently if your desk is neat and clean. All patient rooms should be set up



Figure 2–3: A cluttered, disorderly desk makes it difficult to stay organized (top photo), whereas a clean, orderly desk enables you to be much more efficient with your time (bottom photo).

in the same manner. This helps in retrieving items quickly and provides you with more time to work on other tasks.

RESPECT FOR INDIVIDUAL DIVERSITY

As the world becomes more diverse, so does our workplace, which includes our coworkers, patients, outside vendors, and business affiliates. People present to the

TABLE 2–4 Floor Management Priority Table

First priority	Assisting the provider with emergencies and procedures. Learning to anticipate when a patient might need a special procedure performed is a good skill to cultivate. The medical assistant can save time by preparing items necessary for the procedure ahead of time, but do not open any supplies until a direct order is given to perform the procedure.
Second priority	Rooming patients. When a room becomes vacant, clean and prepare it for the next patient. Retrieve the patient from the reception area, document the patient's chief complaint, and perform vital signs. Try to stay one to two rooms ahead of the provider; the provider should never have to wait for the medical assistant to room a patient.
Third priority	Performing procedures and dismissing patients.
Fourth priority	Working on pending files that have tasks (calling back patients with test results, calling in prescriptions per the provider's order, etc.).



Figure 2–4: Diverse people present to the medical facility from all different backgrounds, races, and ethnicities.

medical facility from all different backgrounds: culturally (values, practices, traditions, or beliefs a group shares, such as age, race, and religion), ethnically (nationalities, ancestry, and language), and socially (when people belonging to different religions, cultural backgrounds, economic status, etc. make up a community) (Figure 2–4). Managers, supervisors, and employees need to find ways to embrace and respect **diversity** in their departments and the organization. Realizing that we all have biases is a start. Biases have developed over time through our individual life experiences. Knowing what they are is the first step in being able to work on preventing them from affecting the way you conduct yourself at work. Some ways to embrace and learn more about diversity include the following:

- Get to know someone with a different background than your own. As a starting point for conversation, try finding some commonalities between you.
- When confronted with an issue in the workplace, ask for feedback and opinions from a diverse group of people. This will help you respect what others are able to bring to the workplace and teach you to respect each other.

Becoming aware of cultural differences can improve trust, communication, and relationships with coworkers and patients. Awareness of and respect for social diversity reduces biases and **prejudices**. A few tips to assist you with being respectful are:

- Keep in mind that patients may be new to this country and have challenges of their own with learning and understanding a different language and way of life.
- Learning a few phrases or polite expressions in other languages can assist you with making your non-English speaking patients more comfortable.
- Avoid language that degrades a specific group of individuals such as calling women “girls” or making jokes that have religious or cultural implications.

Having cultural competence is not something that is learned in a short training, it is something that continues and is an ongoing process of learning about the experiences of other cultures that may last a lifetime. For more information on cultural competency you can access free online training through the U.S. Department of Health and Human Services Office of Minority Health at <https://www.minorityhealth.hhs.gov/>.

Many times, when we hear the term *diversity* we think of culture. Culture is part of diversity but there is also diversity in race, religion, age, gender, sexual orientation, and abilities. These types of diversity are all protected by law. As a medical assistant, having knowledge in all these areas will assist you in making the patient experience the most therapeutic care. Refer to Table 2–5 for examples of the different types of diversity. Other diversities that are not protected by law but are equally important to be aware of are diversities in socioeconomic background and class, education, life experiences, personality, and worldview. All these diversities discussed here have bearing on the patient’s experience with health care and should be considered. Chapter 4 discusses more on communication with culturally diverse patients and explains cultural concepts, skills, and knowledge that can assist you when communicating with individuals that are culturally diverse from you.

TABLE 2–5 Diversity Types and Examples

DIVERSITY TYPE	DESCRIPTION	EXAMPLE
Race	Grouping based on physical traits	Black or African American, Asian, White, Native American
Religious	Based on spiritual beliefs	Catholic, Muslim, Jewish
Age	Different ages and generations	Adolescents, middle age, older adults
Gender identity	An individual's psychological sense of their gender	Men, women, gender-fluid
Sexual orientation	Sexual and emotional attraction to a particular gender(s)	Gay, bisexual, heterosexual
Disability	Mental or physical disabilities or chronic conditions	Hard of hearing, bipolar, mobility impairment