SEVENTH EDITION

CLINICAL PROCEDURES FOR MEDICAL ASSISTING

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About the Authors

Kathryn A. Booth, RN-BSN, RMA (AMT), RPT, EFR, CPhT, MS is a medical assistant (RMA) who started her career as a nurse (RN). She has a master's degree in education as well as certifications as a pharmacy technician and in phlebotomy and medical assisting. She is a certified emergency first responder and rescue scuba diver. Kathryn is an author, an educator, and a consultant for Total Care Programming, Inc. She has over 35 years of teaching, nursing, and healthcare experience that spans five states. As an educator, Kathy has been awarded the teacher of the year in three states where she taught various health sciences, including medical assisting in both a classroom and an online capacity. Kathy serves on the AMT Examinations, Qualifications, and Standards Committee and the Cardiac Credentialing International CRAT Exam Committee, as well as on the advisory board of two educational institutions. She stays current through volunteer employment and obtaining and maintaining certifications. Her goal is to develop up-to-date, dynamic healthcare educational materials to assist her and other educators and to promote healthcare professions especially medical assisting. Kathy values the medical assisting profession, recognizing that the diverse and dynamic professionals in it are essential to the future of our healthcare system.

Leesa G. Whicker, BA, CMA (AAMA) is a Certified Medical Assistant with a BA in art with a concentration in art history. She is an educator with more than 20 years of experience in the classroom. With 35 years of experience in the healthcare field as a medical assistant, a research specialist in molecular pathogenesis and infectious disease, and a medical assisting program director and instructor, she brought a broad background of knowledge and experience to the classroom. As a curriculum expert, she served on several committees, including the Writing Team for the Common Course Library for the North Carolina Community College System and the Curriculum Committee at Central Piedmont Community College. Leesa was among the first instructors to develop online courses at Central Piedmont Community College. She has presented Methods of Active and Collaborative Learning on the national level. She recently retired from Central Piedmont Community College in Charlotte, North Carolina. Though retired from teaching, she continues searching for novel and varied ways to reach the ever-changing learning styles of today's students.

Terri D. Wyman, AS, CPC, CMRS, CMCS has 35 years of experience in the healthcare field, first as a CMA specializing in hematology/oncology and homecare and then in the medical billing and coding field. At the suggestion of a coworker, she began her career in education as instructor and program director for both medical assisting and medical billing and coding programs for several technical schools in New England. Currently, Terri is the revenue management coordinator for the Baystate Health System's Eastern Region, where her love of teaching continues in the hospital setting. She is active with her local AAPC chapter and is on the National Advisory Board for the American Medical Billing Association (AMBA) and the executive advisory board for the Massachusetts Association of Patient Account Management. She provides continuing education opportunities for AMBA members by writing numerous billing and coding courses for them and speaking at their national conferences on medical coding and revenue management topics. In the rapidly changing world of healthcare billing and coding, she is excited to continue sharing the language of billing and coding with instructors, students, and career professionals. Terri sends special thanks to Dale for his unending support and to Francis Stein, MD, whose patience with a new medical assistant years ago showed her the joy of learning and education.

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Procedures

*Indicates EHRClinic video

Digital Exercises and Activities

Administrative and Clinical Skills Videos

Find the complete list of of NEW! Application-Based Activities (ABAs) with the Instructor Resources on Connect.
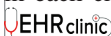
A Closer Look

Medical assisting is a rock-solid career with a variety of essential tasks. These tasks are always expanding and changing as the healthcare environment changes. Learning these tasks and stacking them together can be a challenge. The seventh edition is updated to help students as well as instructors learn these ever-changing tasks and stay current in the healthcare environment. McGraw-Hill is committed to helping prepare students to succeed in their educational program and career by providing a complete and easy set of solutions for the educators of these programs. The following will give you a snapshot of some of the exciting solutions available with the seventh edition of *Medical Assisting: Clinical Procedures with Anatomy and Physiology* for your Medical Assisting course. Instructors across the country have told us how much preparation it takes to teach medical assisting. To help, we have added more detailed information on how to organize and utilize the many available practice features and activities, as well as a breakdown by Learning Outcomes for corresponding activities entitled the Comprehensive Asset Map, located in the Instructor Resources portion of Connect.
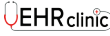
The Content—a Note from the Authors

The seventh edition of *Medical Assisting: Clinical Procedures with Anatomy and Physiology* has many exciting and noteworthy updates. With insightful feedback from our users and reviewers, our experienced author team set out to create a one-of-a-kind, dynamic, practical, realistic, *and* comprehensive set of tools for individuals preparing to become medical assistants as well as the instructors helping them to accomplish this task.

When you begin the book, you will find it is not just about rote memorization of concepts. *Medical Assisting* immerses you in the world of BWW Medical Associates, where you learn as you confront new workplace challenges in each chapter. All elements of the book—from the case studies in each chapter and the Soft Skills Success exercises to the EHRclinic screenshots and other visuals—immerse the student in a realistic learning environment. Case studies are built around a set of patients who regularly visit BWW Medical Associates, and you will get to know these patients as well as the employees of BWW Medical Associates as you move through the chapters and the accompanying EHR exercises.

Within this framework, we have worked to provide the most up-to-date information about all aspects of the medical assisting profession, with a focus on consistency, authenticity, and accuracy. Along with thousands of minor tweaks and updates, *Medical Assisting,* seventh edition, incorporates the following:

- **New!** Over 100 EHRclinic electronic health record exercises correlated to 34 chapters.
- **New!** A complete set of 23 EHRclinic exercises included with Chapter 12 Electronic Health Records that provides documentation of EHR proficiency and a "big picture" journey for the student.
- Dozens of BWW EHR documentation/progress note examples in both clinical and administrative chapters.
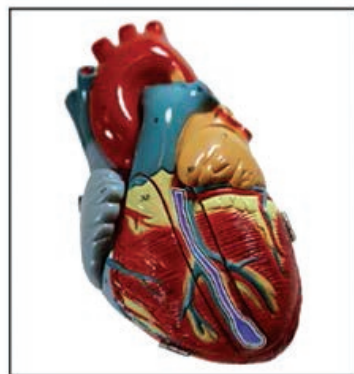
FIGURE FM-1   The new Practice Atlas.
©McGraw-Hill Education

- Soft Skills Success exercises located with the Chapter Review that test employability skills and link students to related modules in Practice Medical Office (PMO) and Application-Based Activities (ABAs).
- ⬤EHRclinic Over 30 ⬤EHRclinic screenshots throughout the text to showcase basic EHR skills in the context of the BWW Medical Associates.
- Case studies that are enhanced by the inclusion of more detailed clinical information and link to the new Soft Skills Success activities where applicable.
- Coding content focusing on ICD-10-CM, including detailed 1500 claim form instructions utilizing the 5010 updates to make the form compliant with ICD-10 requirements
- **New!** Thirteen math and dosage videos and questions located as assignments in Connect.
- Inclusion of content and terminology related to all of the current medical assisting standards to help ensure student certification success.
- Brand new level heading in all of the anatomy and physiology chapters titled "Diagnostic Exams and Test."
- **New! Medical Terminology Practice** feature with the anatomy and physiology chapters to bring further understanding of the power of the construction and deconstruction of medical terms, as well as corresponding practice questions in the Chapter Review.
- **New!** Corresponding practice of anatomy and physiology with **Practice Atlas** on Connect.

A more detailed list of chapter changes is covered in the next section.

Key Chapter-by-Chapter Changes

The following chapter-by-chapter list includes the essential changes and updates made to the book. A full list of changes is available in the transition guide provided in the Instructor Resources on Connect.

Chapter 1	The medical assistant as a patient navigator, scope of practice procedure, standard of care, and practice test provided by certification organizations. A new procedure titled Locate Your State's Legal Scope of Practice
Chapter 3	Professional use of personal electronic devices and social media, customer service as professionalism, cultural diversity with co-workers
Chapter 4	Introduction to Behavioral Health Issues, Substance Abuse, and Gender Identity and Sexuality and more detail about Roadblocks to Effective Communication
Chapter 5	POLST, Advance Medical Directive, DNR, and DNAR
Chapter 6	OPIM, transmission-based precautions, and OSHA education and training requirements for ambulatory care

Chapter 7	Computer Vision Syndrome, service dogs and comfort animals, visual relay services
Chapter 9	Mixing 10% bleach solution; key terms *anoscope, examination light, laryngeal mirror, nasal speculum, otoscope, penlight, reflex hammer*
Chapter 12	Meaningful Use, expanded coverage of shared data, general guidelines for using an EHR program, practice management systems, updated EHR content with new ⬤EHRclinic program
Chapter 14	Communicating with deaf, Uber, Lyft, and cell phone use
Chapter 15	Electronic media use, defined modeling versus return demonstration; sample e-newsletter, patient information form, and physician information figures added
Chapter 21	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 22	Added melanin and modified burn and skin cancer sections, New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 23	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 24	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 25	Added *interatrial* and *interventricular* as related to the septum and additional information about capillaries; new Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 26	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 27	Removed HIV/AIDS section and revised Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology
Chapter 28	Added image of paranasal sinuses, new Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 29	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 30	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section

Chapter 31	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 32	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 33	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 34	New Medical Terminology focus feature and "Diagnostic Exams and Tests" heading under Pathophysiology section
Chapter 35	Updated CDC Reportable Diseases
Chapter 36	Clarified communication with child, updated tables
Chapter 37	Updated normal vital signs measurements, added Points on Practice for Body Measurements, moved Pulse Oximeter to this chapter.
Chapter 38	Added new Caution: Handle with Care feature "Understanding Communication Barriers"
Chapter 39	New Figure 39-3 of mammogram
Chapter 40	Expanded the list of tests routinely performed as part of neonatal screening to include cystic fibrosis, biotinidase deficiency, galactosemia, hypothyroidism, and sickle cell disease
Chapter 41	Added more challenges faced by geriatric patients, updated hypertension per AHA guidelines
Chapter 42	Added chondrosarcomas to Table 42-1; updated several images; added chemical and nuclear stress tests information
Chapter 43	Revised types of vision test and included contrast sensitivity and functional acuity tests; added Weber and Rhine hearing tests with images
Chapter 44	Added section about Point of Care tests
Chapter 45	Revised content about microscope, CLIA Certificate of Waiver, and calibration and control samples
Chapter 46	Added CDC's "Be Antibiotics Aware" information on antibiotic resistance avoidance
Chapter 47	Revised the text and illustrations for clarity, and replaced some illustrations with photographs; added new photos for bacteria, yeast, and parasites
Chapter 48	Reorganized information for clarity and added new learning outcome, new information about ESR, and performing blood collection; added requisition form to chapter
Chapter 49	Moved Pulse Oximeter information to Chapter 37
Chapter 50	Added information about the problem with eye makeup causing MRI artifacts
Chapter 51	Updated drug names and addressed look-alike/sound-alike drugs
Chapter 52	Added media resources to improve understanding
Chapter 53	New images of calibrated spoons and oral syringes; additional information about needle selection
Chapter 54	New images of crutch gaits to improve understanding
Chapter 55	New images of nutrients; added celiac and nonceliac gluten sensitivity, allergy treatments, preventing obesity
Chapter 57	Updated tourniquet usage, changed triage to prioritization protocols in Caution box: Planning and Implementing a Preparedness Plan for Pandemic Illness
Chapter 58	Stressed leaving options open in the "Professional Objective" section of the résumé

A Guided Tour

Learning Outcomes, Key Terms, and Textbook Organization

Every learning outcome in *Medical Assisting,* seventh edition, is aligned with a level I heading. McGraw-Hill has made it even easier for students and instructors to find, learn, and review critical information. The chapter organization of the seventh edition is organized to promote learning based on what a medical assistant does in practice. The chapters build on one another to ensure student understanding of the many tasks they will be expected to perform. The chapters can be easily grouped together to create larger topics or units for the students to learn. For ease of understanding, content can be organized as follows:

- Unit One, Medical Assisting as a Career—Chapters 1, 3, 4, 5
- Unit Two, Safety and the Environment—Chapters 6, 7, 9
- Unit Three, Communication—Chapters 12, 14, 15
- Unit Four, Administrative Practices—Chapters 15 to 20
- Unit Five, Applied Anatomy and Physiology—Chapters 21 to 34
- Unit Six, Clinical Practic...
- Unit Seven, Assisting wi... rs 45 to 50
- Unit Eight, Assisting in ... 51 to 55
- Unit Nine, Medical Assi... s 56 to 58

Key terms are called out at ... hapter and are set in bold throughout th... e the mastery of learning outcomes.

LEARNING OUTCOMES

After completing Chapter 11, you will be able to:

11.1 Explain the importance of patient medical records.

11.2 Identify the documents that constitute a patient medical record.

11.3 Compare SOMR, POMR, SOAP, and CHEDDAR medical record formats.

11.4 Recall the six Cs of charting, giving an example of each.

11.5 Describe the need for neatness, timeliness, accuracy, and professional tone in patient records.

11.6 Illustrate the correct procedure for correcting and updating a medical record.

11.7 Describe the steps in responding to a written request for release of medical records.

KEY TERMS

audit
CHEDDAR
demographic
documentation
noncompliant
objective
patient record/chart
problem-oriented medical record (POMR)

review of systems
sign
source-oriented medical record (SOMR)
subjective
Subjective, Objective, Assessment, and Plan (SOAP)
symptom
transcription

Content Correlations

Medical Assisting, seventh edition, also provides a correlation structure that will enhance its usefulness to both students and instructors. We have been careful to ensure that the text and supplements provide coverage of topics crucial to all of the following:

- CAAHEP (Commission on Accreditation of Allied Health Education Programs) Standards and Guidelines for Medical Assisting Education Programs

- ABHES (Accrediting Bureau of Health Education Schools) Competencies and Curriculum
- AAMA (American Association of Medical Assistants) CMA (Certified Medical Assistant) Occupational Analysis
- AMT (American Medical Technologists) RMA (Registered Medical Assistant) Task List
- AMT (American Medical Technologists) CMAS (Certified Medical Assistant Specialist) Competencies and Examination Specifications
- NHA (National Healthcareer Association) Certified Clinical Medical Assistant (CCMA)
- NHA (National Healthcareer Association) Certified Medical Administrative Assistant (CMAA)
- CMA (AAMA) Certification Examination Content Outline
- NCCT (National Center for Competency Testing) National Certified Medical Assistant (NCMA) Detailed Test Plan
- NAHP (National Association for Health Professionals) Nationally Registered Certified Medical Assistant (NRCMA) content outline
- NAHP (National Association for Health Professionals) Nationally Registered Certified Administrative Health Assistant (NRCAHA) content outline
- CAHIIM (Commission on Accreditation for Health Informatics and Information Management Education)
- SCANS Correlation

Correlations to these are included with the instructor resources located on Connect (see later pages for information about Connect™). In addition, CAAHEP requires that all medical assistants be proficient in the 71 entry-level areas of competence when they begin medical assisting work. ABHES requires proficiency in the competences and curriculum content at a minimum. The opening pages of each chapter provide a list of the areas of competence that are covered within the chapter.

MEDICAL ASSISTING COMPETENCIES

CAAHEP	ABHES
V.P.1 Use feedback techniques to obtain patient information including: (a) reflection (b) restatement (c) clarification	**3. Medical Terminology** d. Define and use medical abbreviations when appropriate and acceptable
V.P.11 Report relevant information concisely and accurately	**4. Medical Law and Ethics** a. Follow documentation guidelines b. Institute federal and state guidelines when: (1) Releasing medical records or information
VI.C.4 Define types of information contained in the patient's medical record	**5. Human Relations** h. Display effective interpersonal skills with patients and health care team members
VI.C.5 Identify methods of organizing the patient's medical record based on: (a) problem-oriented medical record (POMR) (b) source-oriented medical record (SOMR)	**7. Administrative Procedures** a. Gather and process documents g. Display professionalism through written and verbal communications
VI.C.6 Identify equipment and supplies needed for medical records in order to: (a) Create (b) Maintain	

You will also find that each procedure is correlated to the ABHES and CAAHEP competencies within the workbook on

the procedure sheets. These sheets can be easily pulled out of the workbook and placed in the student file to document proficiency.

Chapter Features

Each chapter opens with material that includes the Case Study, the learning outcomes, a list of key terms, the ABHES and CAAHEP medical assisting competencies covered in the chapter, and an introduction. Since the learning outcomes represent each of the level I headings in the chapter, they serve as the chapter outline. Chapters are organized into topics that move from the general to the specific. Updated color photographs, anatomical and technical drawings, tables, charts, and text features help educate the student about various aspects of medical assisting. The text features include the following:

- **Case Studies** are provided at the beginning of all chapters. They represent situations similar to those that the medical assistant may encounter in daily practice. The case studies include pictures of each of the patients who come to BWW Medical Associates for care (and, where applicable, matching *avatars* in the new EHRclinic and ABAs). Students are encouraged to consider the case study as they read each chapter. Case Study Questions in the end-of-chapter review check students' understanding and application of chapter content.

CASE STUDY

PATIENT INFORMATION		
Patient Name	DOB	Allergies
Mohammad Nassar	05/17/2005	NKA
Attending	MRN	Other Information
Elizabeth H. Williams, MD	00-AA-007	

©David Sacks/Getty Images

for his rescue inhaler in the last several days. His mother has brought him to the appointment, but Mohammad Nassar has asked that she remain in the reception area during his appointment. She does give you a list of Mohammad's current asthma medications and the previously completed new patient documents.

Mohammad Nassar is a teenage male who is new to the practice and comes to the office today for an annual physical examination. He has a known past medical history of asthma, which has been relatively stable until recently. He states when he arrives that he has been experiencing an increasing need

Keep Mohammad Nassar (and his mother) in mind as you study this chapter. There will be questions at the end of the chapter based on the case study. The information in the chapter will help you answer these questions.

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CASE STUDY CRITICAL THINKING

Recall Mohammad from the case study at the beginning of the chapter. Now that you have completed the chapter, answer the following questions regarding his case.

1. As a new patient, which documents should be completed prior to Mohammad being seen by the

physician? What documents should he have brought with him, if available?

2. Your office uses a SOAP format for medical records. After Dr. Williams completes her exam, explain where each of the new documents or pieces of information obtained during Mohammad's exam will be filed using the SOAP format.

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- **Procedures** give step-by-step instructions on how to perform specific administrative or clinical tasks that a medical assistant will be required to perform. The procedures are referenced within the content when discussed and found in their entirety at the end of the chapter. In the workbook, the tearable procedure sheets mirror the exact procedures in the book and allow for easy practice and assessment. Critical procedures also can be studied in Clinical or Administrative skills video exercises on Connect, as well as new step-by-step videos of the procedures using the EHRclinic.

PROCEDURE 12-1 Creating a New Patient Record Using EHR Software

Procedure Goal: To create a new patient record using EHR software

OSHA Guidelines: This procedure does not involve exposure to blood, body fluids, or tissue.

Materials: Initial patient forms (patient information, advance directives, physician notes, referrals, and laboratory orders)

Method:

1. From the EHRclinic home screen, select "Tools" from the left side of the screen.
2. On this Administrative tools screen, under the Information Management window, click on the blue bar labeled "Manage practice data."
3. At the next screen, Information Management List, choose "Patient Information." At the top of the Patient Listing, click the "Add New Patient" button.
4. The patient's chart number will auto-populate on the

RATIONALE: *This is a legal record. The information must be entered completely and correctly.*

8. Any field marked with an * is a required field. For instance, the patient's address is a required field, as is the identification number. The insurance name field must be completed with the insurance company name. This field may also be used if the patient does not have insurance by entering "none" or used temporarily if the patient has insurance that is new to the practice that must be entered into the system. In any case, the insurance name field is required.

RATIONALE: *A required field is considered essential information by the practice, so the field cannot be skipped.*

9. Continue entering the information in each field, and use the scroll bar on the right-hand side of the screen to see all of the fields.
10. Inspect all information for accuracy. Once you are satisfied that all information is complete and accurate, click the "Add Patient" button to save the patient

- **Points on Practice** feature boxes provide guidelines on keeping the medical office running smoothly and efficiently.
- **Educating the Patient** feature boxes focus on ways to instruct patients about caring for themselves outside the medical office.
- **Caution: Handle with Care** feature boxes cover the precautions to be taken in certain situations or when performing certain tasks.

CAUTION: HANDLE WITH CARE

Maintaining Standards of Cleanliness in the Reception Area

Cleanliness is (and should be) one of a medical office's hallmarks. Not only is cleanliness required in the examination and testing rooms, it is also expected in the patient reception area. A messy patient reception area reflects badly on the practice. Patients may think, "If they don't care about this, what else do they not care about?" Maintaining standards of cleanliness helps ensure that the reception area is presentable and inviting at all times.

As a medical assistant, you may be involved—along with the physician, office manager, and other staff members—in setting the office's cleanliness standards. Standards are general guidelines. In addition to setting standards, you will need to specify the tasks required to meet each standard. You also may want to create a checklist of the tasks required to meet all of these standards.

The following list outlines standards you may want to consider. Specific housekeeping tasks for meeting those standards are included in parentheses.

1. Keep everything in its place. (Complete a daily visual check for out-of-place items. Return all magazines to racks. Push chairs back into place.)
2. Dispose of all trash. (Empty trash cans. Pick up trash on the floor or on furniture.)
3. Prevent dust and dirt from accumulating on surfaces. (Wipe or dust furniture, lamps, and artificial plants. Polish doorknobs. Clean mirrors, wall hangings, and pictures.)

4. Spot-clean areas that become dirty. (Remove scuffmarks. Clean upholstery stains.)
5. Disinfect areas of the reception area if they have been exposed to body fluids. (Immediately clean and disinfect all soiled areas.)
6. Handle items with care. (Take precautions when carrying potentially messy or breakable items. Do not carry too much at once.)

After the standards have been established, type and post them in a prominent place for the office staff (but not the patients) to see. The cleaning activities checklist may be posted, but the person responsible for cleaning the office also should keep a copy. It is everyone's duty to keep the office looking clean and presentable.

A schedule of specific daily and weekly cleaning activities also should be posted. Less frequent housekeeping duties, such as laundering drapes, shampooing the carpet, and cleaning windows and blinds, can be noted in a tickler file so that they will be performed on a regular basis.

It is always a good idea to have a second staff member responsible for periodically working with the medical assistant on housekeeping responsibilities. That person also may be responsible for handling cleaning duties when the medical assistant is away from the office.

- **Pathophysiology** is featured in each of the chapters on anatomy and physiology. These sections provide students with details of the most common diseases and disorders of each body system and include information on the causes, common signs and symptoms, diagnostic exams and tests, treatment, and, where possible, the prevention of each disease.

PATHOPHYSIOLOGY

Common Diseases and Disorders of the Skeletal System

Arthritis is a general term meaning "joint inflammation." Although there are more than 100 types of arthritis, we will discuss the two most common types: osteoarthritis and rheumatoid arthritis.

OSTEOARTHRITIS, also known as *degenerative joint disease (DJD),* is the most common type of joint disorder, affecting nearly everyone to some degree by the age of 70. DJD primarily affects the weight-bearing joints of the hips and knees, and the cartilage between the bones and the bones themselves begin to break down.

Causes. Research points to inflammatory processes or metabolic disorders as the etiology of DJD.

Signs and Symptoms. These include joint stiffness, aching, and pain, especially with weather changes. There is often fluid around the joint and grating noises with joint movement. The grating noise is usually caused by bone-on-bone contact.

Diagnostic Exams and Tests. X-rays of the affected joint are used to determine if osteoarthritis is present. Blood tests are

FIGURE 23-14 X-ray image of the Birmingham Hip Resurfacing prosthesis of the left hip.
©Total Care Programming, Inc.

Causes. RA is an autoimmune disease. The body's immune system attacks the synovium (lining) of the joints, triggering inflammation.

Signs and Symptoms. In this disease, immune system attacks cause edema (swelling), tenderness, and warmth in and around the joints. Tissue becomes granular and thick, eventually

Each chapter closes with a summary of the Learning Outcomes. The summary is followed by an end-of-chapter review with questions related to the case study, as well as 10 multiple-choice exam-style questions.

SUMMARY OF LEARNING OUTCOMES

OUTCOME	KEY POINTS
12.1 List four medical mistakes that will be greatly decreased through the use of EHR.	Medical mistakes that will be greatly decreased or eliminated with EHR include lost or misfiled paper records, mishandled or "forgotten" patient messages, inaccurate or unreadable information in a paper medical record, and mislabeled or unreadable laboratory or prescription orders.
12.2 Differentiate among electronic medical records, electronic health records, and personal health records.	The electronic medical record is an electronic record of health-related information for an individual patient that is created, compiled, and managed by providers and staff members located within a *single* healthcare organization. An electronic health record is created, managed, and gathered in a manner that conforms to nationally recognized *interoperability standards*, so that members of more than one healthcare organization can utilize it. A personal health record is an electronic version of the comprehensive medical history and record of a patient's lifelong health that is collected and maintained by the individual patient.
12.3 Explain the concept of meaningful use, identifying at least two of its goals.	*Meaningful use* describes EHR as improving quality, safety, and efficiency, and reducing health disparities. It engages the patient and family as well as improves coordination of care for population and public health. Maintenance of the privacy and security of PHI also is required. The goals include better clinical outcomes, improved population health outcomes, increased transparency and efficiency, empowered individuals, and more robust research data on health systems.

- **Medical Terminology** practice exercises have been added to all the anatomy and physiology chapters.

- **Soft Skills Success** practice scenarios emphasize employability skills and critical thinking in complex situations. These new exercise features are included in most non-A&P chapters and are correlated to Practice Medical Office and Application-Based Activities where applicable.

SOFT SKILLS SUCCESS

A 35-year-old male patient is scheduled for a vasectomy tomorrow. It is within your scope of practice to provide preoperative instruction, and you feel confident in performing this task. When you introduce yourself and explain what you are going to do, the first words out of the patient's mouth are, "How do you know what this is all about? I am the one who is getting things cut!" How would you respond to this patient?

Go to PRACTICE MEDICAL OFFICE and complete the module Admin: Check Out - Interactions.

The book also includes a glossary and three appendices for use as reference tools. The glossary lists all the words presented as key terms in each chapter, along with a pronunciation guide and the definition of each term. The appendices present a list of common medical terminology, including prefixes, root words, and suffixes, as well as medical abbreviations and symbols. A Diseases and Disorders appendix provides a quick reference point for patient conditions that the student may encounter.

Digital Materials for *Medical Assisting*

For the seventh edition, we enhanced the integration between the textbook and our digital study materials and expanded our offerings to better cover all aspects of medical assisting. Links between the textbook and the key study resources are highlighted by eye-catching icons divided by resource type. Digital study resources with icons include BodyANIMAT3D, ⏱EHRclinic electronic health record exercises, and both Administrative and Clinical Skills videos. Real-life practice opportunities include Practice Medical Office and Application-Based Activities, with icons at the end of the chapter.
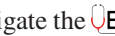
Go to CONNECT to see a video exercise about
*Establishing and Conducting the Supply
Inventory and Receiving Supplies.*

These different types of icons are then used to call out specific activities and exercises by name. For example, above you can see an icon for Connect skills videos (the resource) about Establishing and Conducting Supply Inventory and Receiving Supplies (the exercise name).

McGraw-Hill Connect® Medical Assisting

A number of our key resources for *Medical Assisting,* 7e—including BodyANIMAT3D activities, skills video exercises, and ⏱EHRclinic electronic health records exercises—are part of our Connect offering for Medical Assisting.

Here is more on what you can expect to find in Connect for *Medical Assisting,* 7e, specifically:

- NEW! ⏱EHRclinic Exercises
  - Over 101 *electronic health record actionable exercises* correlated to over 34 chapters of Booth *Medical Assisting,* 7th edition. These simulated exercises allow students to navigate the ⏱EHRclinic tool while learning the tasks of a Medical Assistant.
- NEW! ⏱EHRclinic *financial practice management exercises* designed to provide students with practical experience with electronic billing, charge capture, payment posting, and more.
- Pre- and Post-Tests
- End-of-Chapter Exercises
- Interactive Exercises
- Administrative and Clinical Skills Video Exercises*
- BodyANIMAT3D Exercises*
- ICD-10 Coding Exercises*
  - Utilizing scenarios developed by the authors, students can practice identifying and inputting the proper ICD-10 codes.

in applicable chapters
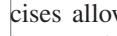
- Medical Terminology Practice*
  - A refresher area for the body systems chapters with Word Part exercises on select terms as well as audio terms with associated spelling practice.
- NEW! Math and dosage videos with questions that reinforce basic math needed by Medical Assistant students.
- NEW! **Practice Atlas** exercises for all of the Anatomy and Physiology chapters. The Practice Atlas for Anatomy & Physiology is an interactive tool that pairs images of common anatomical models with stunning cadaver photography, which allows students to practice naming structures on both models and human bodies. Additional multiple choice questions for practice are available as assignments in Connect.
- A completely revised and updated Test Bank (also available through the Instructor Resources).

As part of Connect for *Medical Assisting,* we also offer SmartBook's adaptive reading experience, which is powered by LearnSmart, the most widely used adaptive learning resource.

For more information on Connect—the teaching and learning platform used with all McGraw-Hill Education products—and SmartBook, look for the section *Connect, Required=Results.*

Simulations and Games for Medical Assisting

⏱EHRclinic®, McGraw-Hill's NEW electronic health record tool, allows for the look and feel of a real electronic health records system fully integrated with CONNECT. ⏱EHRclinic provides over 101 exercises directly correlated to 34 chapters of Booth *Medical Assisting,* 7e, with *Chapter 12 Electronic Health Records* being the most robust. These actionable exercises allow students to navigate the ⏱EHRclinic tool, providing practical experience using electronic health records while they learn the tasks of a medical assistant. These simulated exercises are assignable in Connect and are autograded. Chapter 12 includes 23 exercises that take the student through the paces of electronic health records including administrative functions and financial management. Completion of these exercises in total provides the basis for documenting electronic health record practical experience and gives the student "the big picture."

In **Practice Medical Office (PMO),** the student takes on the role of a new medical assistant in a 3D, immersive game focused on teaching the six key skills important to working in a medical office—professionalism, soft skills, office acumen, liability, medical knowledge, and privacy. **Practice Medical Office** features 12 engaging and challenging
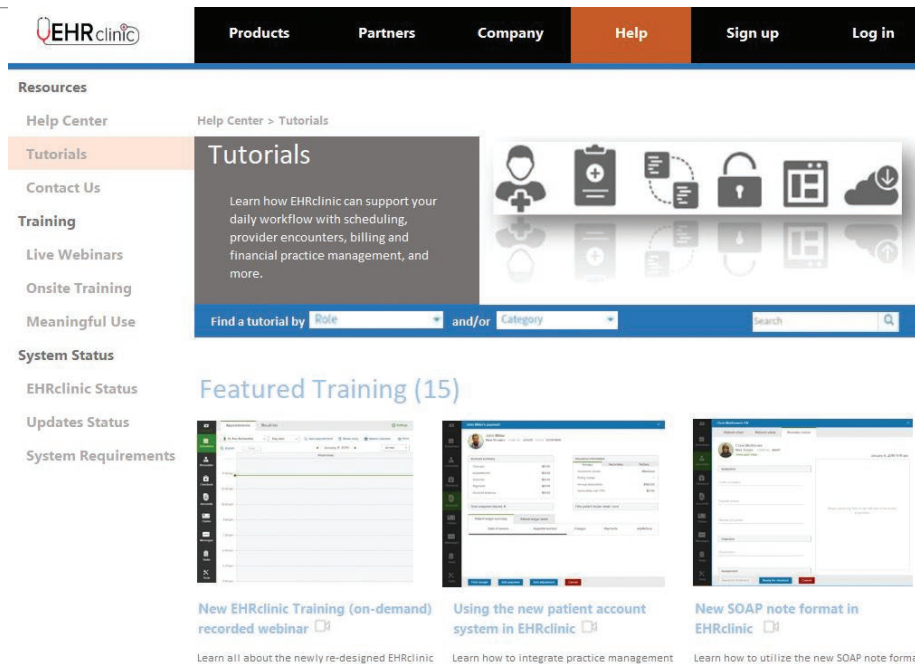
FIGURE FM-2   The new EHRclinic
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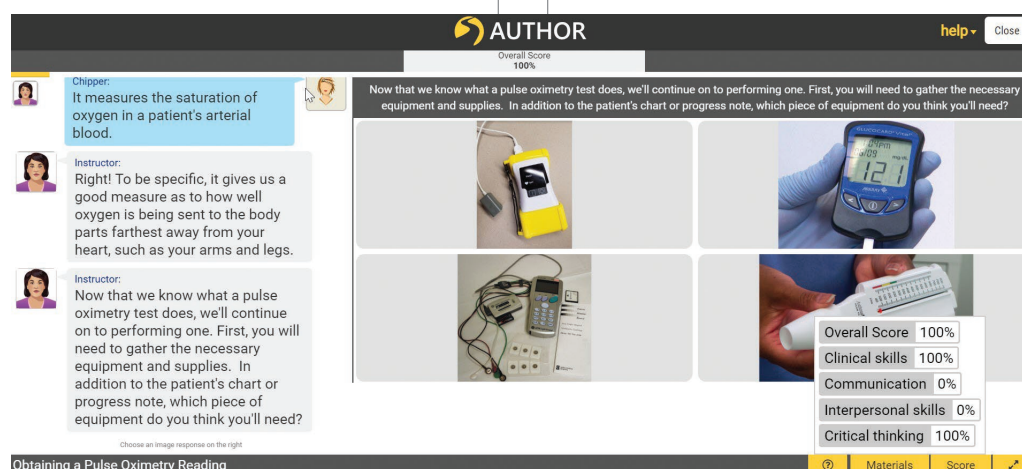
FIGURE FM-3   A new Application-Based Activity (ABA)
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modules representing the functional areas of a medical practice: administrative check-in interactions, clinical interactions, and administrative check-out interactions. As the players progress through each module, they will be faced with realistic situations and learning events that will test their mastery of critical job readiness skills in a fun, engaging learning experience. The **PMO modules** will be found together with the **Application-Based Activities** described below.

For a demo of **Practice Medical Office,** please go to http://www.mhpractice.com/products/Practice_Medical_Office and click on "Play the Demo." An instructor's manual for PMO, correlated to ABHES and CAAHEP standards by learning event, is available in your Instructor Resources on Connect.

For the NEW **Application-Based Activities,** or **ABAs,** the student is immersed in a brief, microsimulation experience, with the ability to practice steps in key Procedures *outside* a lab and "virtually" with an instructor. Along with the **Procedure ABAs,** students will be able to practice real-life **Scenario ABAs** that call upon decision making and application of medical assisting knowledge. Depending on the **ABA,** students will be graded on Objectives such as Clinical Skills, Administrative Skills, Interpersonal Skills, Communication, and more, all of which are aligned with ABHES and CAAHEP standards in the instructor materials. Find a full list of the **ABAs,** as well as resources for how to incorporate in your course, in the Instructor Resources on Connect.

On Connect, both the **PMO modules** and the **ABAs** can be found within the "Add Assignment" menu, under "MH Practice Activity" (title at publication).

Mc Graw Hill **connect**®

FOR INSTRUCTORS

You're in the driver's seat.

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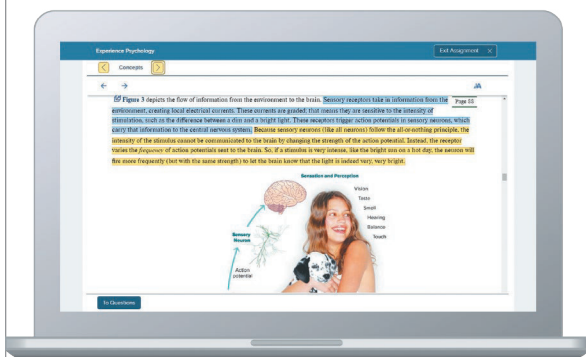
Laptop: McGraw-Hill; Woman/dog: George Doyle/Getty Images

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Make it simple, make it affordable.

Connect makes it easy with seamless integration using any of the major Learning Management Systems—Blackboard®, Canvas, and D2L, among others—to let you organize your course in one convenient location. Give your students access to digital materials at a discount with our inclusive access program. Ask your McGraw-Hill representative for more information.

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FOR STUDENTS

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Connect helps you be more productive with your study time and get better grades using tools like SmartBook 2.0, which highlights key concepts and creates a personalized study plan. Connect sets you up for success, so you walk into class with confidence and walk out with better grades.

Study anytime, anywhere.

Download the free ReadAnywhere app and access your online eBook or SmartBook 2.0 assignments when it's convenient, even if you're offline. And since the app automatically syncs with your eBook and SmartBook 2.0 assignments in Connect, all of your work is available every time you open it. Find out more at **www.mheducation.com/readanywhere**

"I really liked this app—it made it easy to study when you don't have your textbook in front of you."

- Jordan Cunningham, Eastern Washington University

No surprises.

The Connect Calendar and Reports tools keep you on track with the work you need to get done and your assignment scores. Life gets busy; Connect tools help you keep learning through it all.

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Learning for everyone.

McGraw-Hill works directly with Accessibility Services Departments and faculty to meet the learning needs of all students. Please contact your Accessibility Services office and ask them to email accessibility@mheducation.com, or visit **www.mheducation.com/about/accessibility** for more information.

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Additional Supplementary Materials

Student Workbook for Use with *Medical Assisting, 7e*–in print and full color (ISBN: 978-1-260-47702-3)

The *Student Workbook* provides an opportunity for the student to review and practice the material and skills presented in the textbook. The workbook is divided into parts and presented by chapter; the first part provides the following:

- Vocabulary review exercises, which test knowledge of key terms in the chapter
- Content review exercises, which test the student's knowledge of key concepts in the chapter
- Critical thinking exercises, which test the student's understanding of key concepts in the chapter
- Application exercises, which include figures and practice forms and test mastery of specific skills
- Case studies, which apply the chapter material to real-life situations or problems

Each section, Clinical and/or Administrative, contains the appropriate procedures, presented in the order in which they are shown in the student textbook. These have been revised for ease of use and include correlations to the ABHES and CAAHEP competencies mastered with the successful completion of each procedure. Accompanying Work Product Documentation (work/doc) provides blank forms for many of the procedures that require a specific type of document to complete the procedure. These documentation forms are used when completing many of the application activities as well as procedure competencies. Over 100 procedures as well as multiple application activities in the workbook include correlated work docs.

Pocket Guide for Use with *Medical Assisting, 7e* (ISBN: 978-1-260-47700-9)

The *Pocket Guide* is a quick and handy reference to use while working as a medical assistant or during training. It includes critical procedure steps, bulleted lists, and brief information all medical assistants should know. Information is sorted by Administrative, Clinical, Laboratory, and General content.

Instructor Resources

Medical Assisting also comes with the instructor resources
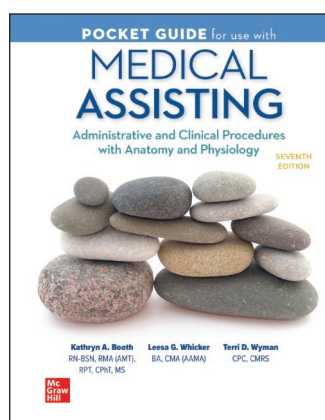
you've come to expect, all of which can be found through the Instructor Resources section in Connect.

- An **Instructor's Manual** that contains everything to organize your course, complete with lecture outlines (with PowerPoint slide references), discussion points, learning activities, and case studies. Also included are the answer keys to the book and workbook.
- **Correlation Guides** map the standards of many accreditation bureaus, including the Accrediting Bureau of Health Education Schools (ABHES) Medical Assisting competencies and curriculum; the Commission on Accreditation of Allied Health Education Programs (CAAHEP) Standards and Guidelines for Medical Assisting Education Programs competencies; American Association of Medical Assistants (AAMA) Occupational Analysis; the Association of Medical Technologists (AMT) Registered Medical Assistant (RMA) Certified Exam Topics; the National Healthcareer Association (NHA) Medical Assisting Duty/Task List; the National Association for Health Professionals (NAHP) Nationally Registered Certified Medical Assistant (NRCMA) and Nationally Registered Certified Administrative Health Assistant (NRCAHA) content outlines; the Commission for Accreditation on Health Informatics and Information Management Education (CAHIIM); and the Secretary's Commission on Achieving Necessary Skills (SCANS) areas of competence, as well as others.
- **PowerPoint Presentations** have been fully updated to include the latest figures and content and to mirror the design of the book. Teaching notes offer suggestions—in addition to those in the Instructor's Manual—to keep your class running smoothly. We also have taken steps to make our PowerPoints more accessible, including adding alt tags for images and tables and ensuring that our slides are organized to be easily read by screen readers.
- A **Comprehensive Asset Map** breaks down all of the resources available through the book and Connect by chapter and by learning outcome to help you identify *what* you want to include in your course and *where* to find it.
- **New! Challenging Topics Asset Map** uses Heat Map data gathered from LearnSmart to determine the most challenging topics and Learning Objectives for students and then gives direction as to what resources and practice activities are available for those Learning Objectives, allowing the instructor to focus lectures or group chats on areas most needed.
- A **Transition Guide** to help users of earlier editions make the leap to this new edition, with thorough details outlined by the authors about changes big and small.

Test Builder in Connect

Available within Connect, Test Builder is a cloud-based tool that enables instructors to format tests that can be printed or administered within a LMS. Test Builder offers a modern, streamlined interface for easy content configuration that matches course needs, without requiring a download.

Test Builder allows you to:

- access all test bank content from a particular title.
- easily pinpoint the most relevant content through robust filtering options.
- manipulate the order of questions or scramble questions and/or answers.
- pin questions to a specific location within a test.
- determine your preferred treatment of algorithmic questions.
- choose the layout and spacing.
- add instructions and configure default settings.

Test Builder provides a secure interface for better protection of content and allows for just-in-time updates to flow directly into assessments.

Tegrity: Lectures 24/7

Tegrity in Connect is a tool that makes class time available 24/7 by automatically cap¬turing every lecture. With a simple one-click start-and-stop process, you capture all computer screens and corresponding audio in a format that is easy to search, frame by frame. Students can replay any part of any class with easy-to-use, browser-based viewing on a PC, Mac, iPod, or other mobile device.

Educators know that the more students can see, hear, and experience class resources, the better they learn. In fact, studies prove it. Tegrity's unique search feature helps students efficiently find what they need, when they need it, across an entire semester of class recordings. Help turn your students' study time into learning moments immediately supported by your lecture. With Tegrity, you also increase intent listening and class participation by easing students' concerns about note-taking. Using Tegrity in Connect will make it more likely you will see students' faces, not the tops of their heads.

Check out the Instructor Resources area on Connect for additional resources, including an image library, sample syllabi, printable procedure checklists and work documents, and more!

Acknowledgments

The task of putting together a textbook and all of its supplements, both written and digital, takes a vast amount of cumulative effort and coordination among multiple individuals and companies. To acknowledge each of them here individually would take far too long. However, we would like start by acknowledging McGraw-Hill and all of the individuals who are listed in the front of this book for their continued assistance, encouragement, and support. A special thanks for those who are so close to this edition, including Bill Lawrensen, Chipper Scheid, Amy Ensign, Ann Courtney, Betsy Blumenthal, Lori Hancock, Marlena Pechan, and Marilynn Taylor. Without McGraw-Hill and its valued employees and subcontractors, there would be no need for this acknowledgment to be written. We'd also like to give a special thank you to those that helped with supplement materials, and new digital tools on Connect including our ABAs: Amy Ensign, Rhonda Harris-Scott, Ashita Patel, Tammy Vannatter, and Denise Pruitt.

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Contributors and Reviewers

We, along with McGraw-Hill, would like to thank the reviewers and contributors for their assistance in developing content, offering suggestions, and shaping this revision. We appreciate you. Many of the additions, improvements, and changes are due directly to their feedback. We appreciate their insight and commitment to helping us provide information that is relevant and valuable to medical assisting students.

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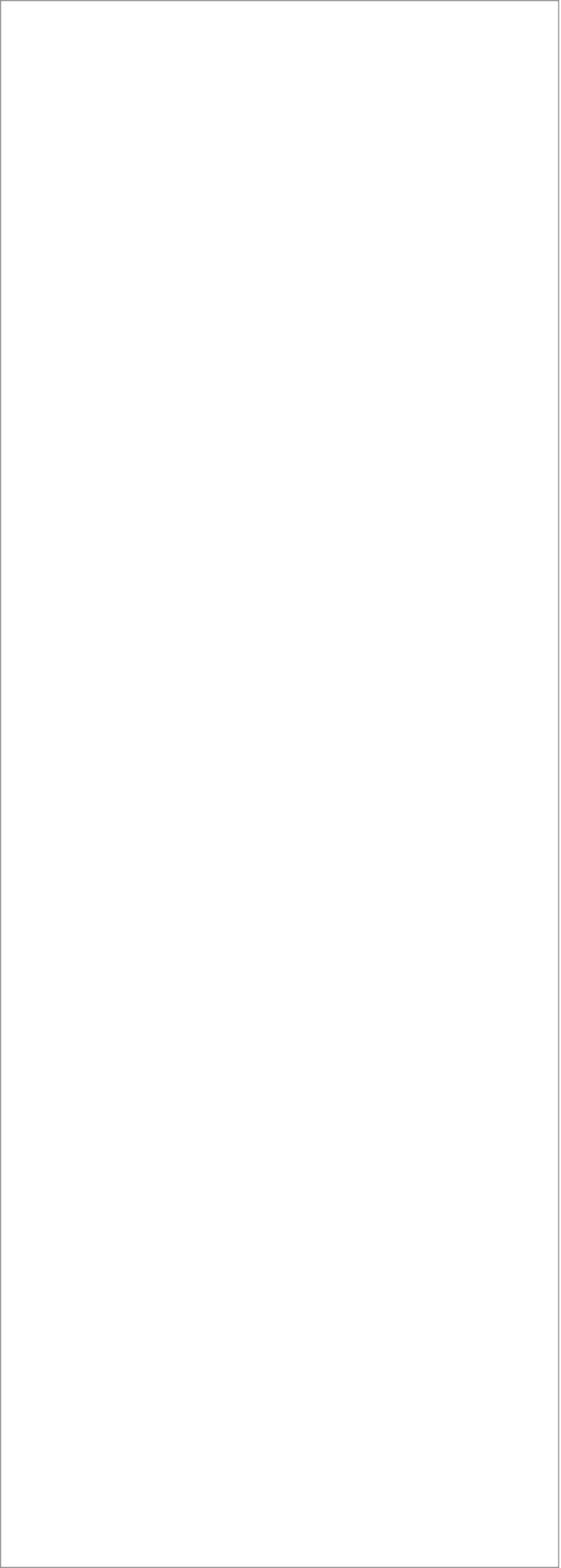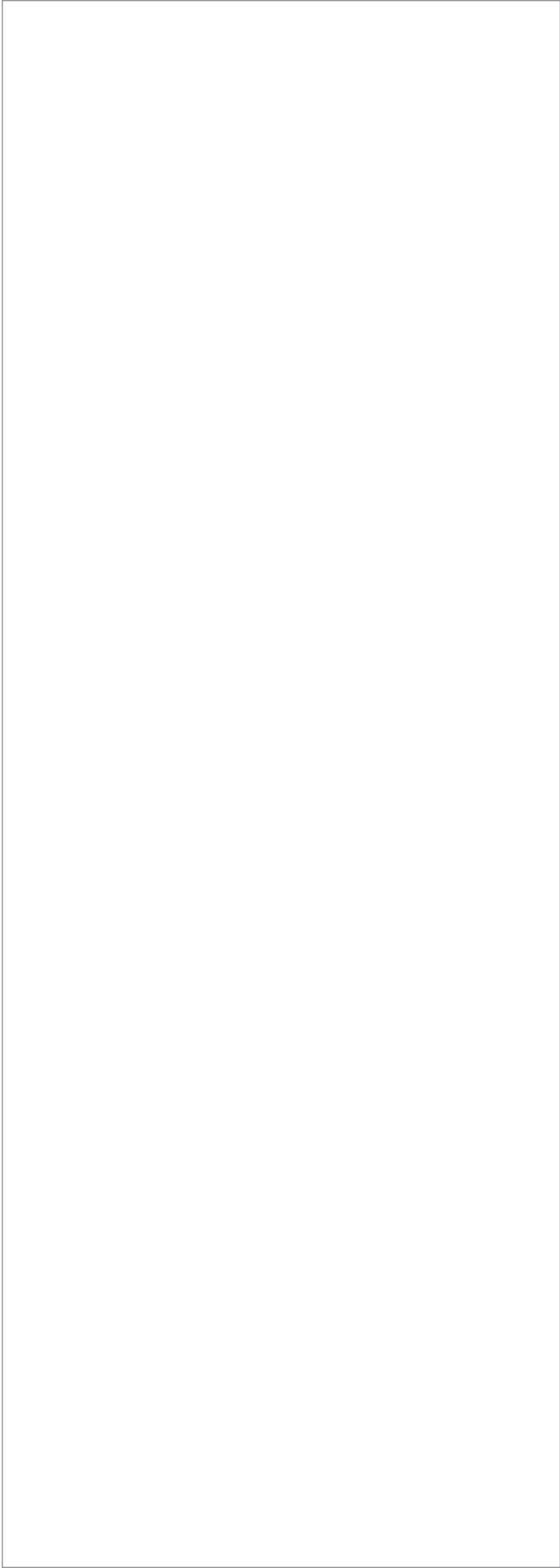
UNIT ONE: MEDICAL ASSISTING AS A CAREER

Introduction to Medical Assisting

1

CASE STUDY

	Employee Name	Position	Credentials
EMPLOYEE INFORMATION	Sandro Peso	Student	In Training
	Supervisor	**Date of Hire**	**Other Information**
	Malik Katahri, CMM	10/11/2019	Assigned to Dr. Paul F. Buckwalter

Sandro Peso, a father of four in his mid-thirties, lost his job at a local factory. He is now a medical assistant-in-training and is currently working at BWW Medical Associates. He will be working in the administrative, clinical, and laboratory sections of the office. He wants to decide which area he likes best and where he might like to work when he finishes his training. It will not be

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long until he graduates and needs to take the test to become credentialed. He is nervous about the exam but really wants to do well to get the best job he can to help support his family.

Keep Sandro Peso in mind as you study this chapter. There will be questions at the end of the chapter based on the case study. The information in the chapter will help you answer these questions.

LEARNING OUTCOMES

After completing Chapter 1, you will be able to:

1.1 Recognize the duties and responsibilities of a medical assistant.

1.2 Distinguish various organizations related to the medical assisting profession.

1.3 Explain the need for and importance of the medical assistant credentials.

1.4 Identify the training needed to become a professional medical assistant.

1.5 Discuss professional development as it relates to medical assisting education.

KEY TERMS

accreditation

Accrediting Bureau of Health Education Schools (ABHES)

American Association of Medical Assistants (AAMA)

American Medical Technologists (AMT)

certification

Certified Medical Assistant (CMA)

Clinical Laboratory Improvement Amendments of 1988 (CLIA '88)

Commission on Accreditation of Allied Health Education Programs (CAAHEP)

continuing education

cross-training

Health Insurance Portability and Accountability Act (HIPAA)

licensed practitioner

multiskilled healthcare professional (MSHP)

Occupational Safety and Health Administration (OSHA)

patient navigator

professional development

Registered Medical Assistant (RMA)

registration

résumé

scope of practice

standard of care

MEDICAL ASSISTING COMPETENCIES

CAAHEP

V.C.12 Define patient navigator

V.C.13 Describe the role of the medical assistant as a patient navigator

X.C.1 Differentiate between scope of practice and standards of care for medical assistants

X.C.5 Discuss licensure and certification as they apply to healthcare providers

X.P.1 Locate a state's legal scope of practice for medical assistants

ABHES

1. General Orientation

a. Describe the current employment outlook for the medical assistant

c. Describe and comprehend medical assistant credentialing requirements, the process to obtain the credential and the importance of credentialing

d. List the general responsibilities and skills of the medical assistant

4. Medical Law and Ethics

f. Comply with federal, state, and local health laws and regulations as they relate to healthcare settings

(1) Define the scope of practice for the medical assistant within the state that the medical assistant is employed

(2) Describe what procedures can and cannot be delegated to the medical assistant and by whom within various employment settings

10. Career Development

b. Demonstrate professional behavior

c. Explain what continuing education is and how it is acquired

▶ Introduction

Healthcare is changing at a rapid rate. Advanced technology, implementation of cost-effective medicine, and the aging population are all factors that have caused growth in the healthcare services industry. As the healthcare services industry expands, the US Department of Labor projects that medical assisting will grow 29% between 2012 and 2022, which is much faster than the average for all occupations. The growth in the number of physicians' group practices and other healthcare practices that use support personnel such as medical assistants will in turn continue to drive up demand for medical assistants. The multifunctional medical assistant is the perfect complement to the changing healthcare industry.

Medical assistants have the training to perform a variety of duties, which qualify them to fill many different job openings in the healthcare industry. This chapter provides an introduction to the medical assisting profession. It presents a general description of your future duties, credentials, and needed training. Some basic facts about professional associations, organizations, and development related to medical assisting also are discussed. All of this will help you understand the career of a medical assistant.

▶ Responsibilities of the Medical Assistant LO 1.1

Your specific responsibilities as a medical assistant will depend on the type, location, and size of the facility, as well as its medical specialties. General tasks performed by most medical assistants include working and communicating with patients throughout the healthcare experience. In fact, medical assistants often perform the role of **patient navigator.** They help patients find their way through the sometimes complex healthcare system, helping them overcome any barriers they may encounter to help ensure that they get the diagnosis and treatment they need in a timely manner.

Medical assistants work in an administrative, clinical, and/or laboratory capacity. As an administrative medical assistant, you may handle the payroll for the office staff (or supervise a payroll service), obtain equipment and supplies, and serve as the link between the physician or other **licensed practitioner** and representatives of pharmaceutical and medical supply companies. As a clinical medical assistant, you will be the physician's or other licensed practitioner's right arm by maintaining an efficient office, assisting the practitioner during examinations, and keeping examination rooms in order. Note that a licensed practitioner in healthcare means an individual other than a physician who is licensed or otherwise authorized by the state to provide healthcare services. Your laboratory duties as a medical assistant may include performing basic laboratory tests and maintaining laboratory equipment. In small practices, you may handle all duties. In larger practices, you may specialize in a particular duty. As you grow in your profession, advanced duties may be required. The lists of duties in Table 1-1 are provided to help you better understand what you will be doing when you practice as a medical assistant.

TABLE 1-1 Daily Duties of Medical Assistants		
Duty Type	**Entry-Level Duties**	**Advanced Duties**
General ©monkeybusinessimages/ iStockphoto/Getty Images	• Recognizing and responding effectively to verbal, nonverbal, and written communications • Explaining treatment procedures to patients • Providing patient education within scope of practice • Facilitating treatment for patients from diverse cultural backgrounds and for patients with hearing or vision impairments, or physical or mental disabilities • Acting as a patient navigator and advocate • Maintaining medical records	None
Administrative ©JGI/Daniel Grill/Blend Images/Getty Images	• Greeting patients • Handling correspondence • Scheduling appointments • Answering telephones • Creating and maintaining patient medical records • Handling billing, bookkeeping, and insurance processing • Performing medical transcription • Arranging for hospital admissions	• Developing and conducting public outreach programs to market the licensed practitioner's professional services • Negotiating leases of equipment and supply contracts • Negotiating nonrisk and risk managed care contracts • Managing business and professional insurance • Developing and maintaining fee schedules • Participating in practice analysis • Coordinating plans for practice enhancement, expansion, consolidation, and closure • Performing as a **HIPAA (Health Insurance Portability and Accountability Act)** compliance officer • Providing personnel supervision and employment practices • Providing information systems management
Clinical ©VGstockstudio/Shutterstock	• Assisting the licensed practitioner during examinations • Assisting with asepsis and infection control • Performing diagnostic tests, such as spirometry and ECGs • Giving injections, where allowed • Phlebotomy, including venipuncture and capillary puncture • Disposing of soiled or stained supplies • Performing first aid and cardiopulmonary resuscitation (CPR) • Preparing patients for examinations • Preparing and administering medications as directed by the licensed practitioner, and following state laws for invasive procedures • Recording vital signs and medical histories • Removing sutures or changing dressings on wounds • Sterilizing medical instruments • Instructing patients about medication and special diets, authorizing drug refills as directed by the licensed practitioner, and calling pharmacies to order prescriptions • Assisting with minor surgery • Teaching patients about special procedures before laboratory tests, surgery, X-rays, or ECGs	• Initiating an IV and administering IV medications with appropriate training and as permitted by state law • Reporting diagnostic study results • Assisting patients in the completion of advance directives and living wills • Assisting with clinical trials
Laboratory ©Adam Gault/AGE Fotostock	• Performing Clinical Laboratory Improvement Amendments (CLIA)–waived tests, such as a urine pregnancy test, on the premises • Collecting, preparing, and transmitting laboratory specimens • Teaching patients to collect specific specimens properly • Arranging laboratory services • Meeting safety standards (OSHA guidelines) and fire protection mandates	• Performing as an OSHA compliance officer • Performing moderately complex laboratory testing with appropriate training and certification

INTRODUCTION TO MEDICAL ASSISTING **3**

You also may choose to specialize in a specific area of healthcare. For example, podiatric medical assistants make castings of feet, expose and develop X-rays, and assist podiatrists in surgery. Ophthalmic medical assistants help ophthalmologists (doctors who provide eye care) by administering diagnostic tests, measuring and recording vision, testing the functioning of eyes and eye muscles, and performing other duties. A discussion of medical specialties is found in the chapter *Healthcare and the Healthcare Team.* For specific information about medical assistant duties within medical specialty practice, refer to the following chapters: *Assisting in Reproductive and Urinary Specialties, Assisting in Pediatrics, Assisting in Geriatrics, Assisting in Other Medical Specialties,* and *Assisting with Eye and Ear Care.*

▶ Medical Assisting Organizations   LO 1.2

Many organizations guide the profession of medical assisting. These include professional associations such as the American Association of Medical Assistants (AAMA), the American Medical Technologists (AMT), and National Healthcareer Association (NHA), as well as accrediting and registering organizations. As a future medical assistant, knowledge of these organizations will help you make critical decisions about your career.

Professional associations set high standards for quality and performance in a profession. They define the tasks and functions of an occupation, provide members with the opportunity to communicate and network with one another, as well as offer **continuing education.** Becoming a member of a professional association helps you achieve career goals and furthers the profession of medical assisting. Joining as a student is encouraged, and some associations even offer discounted rates to students for a specified amount of time after graduation.

American Association of Medical Assistants

The idea for a national association of medical assistants—later to be called the **American Association of Medical Assistants (AAMA)**—was suggested at the 1955 annual state convention of the Kansas Medical Assistants Society. The next year, at an American Medical Association (AMA) meeting, the AAMA was officially created. In 1978, the US Department of Health, Education, and Welfare declared medical assisting as an allied health profession.

AAMA's Purpose The AAMA works to raise standards of medical assisting to a more professional level. It is the only professional association devoted exclusively to the medical assisting profession. The AAMA provides the CMA (AAMA) credential.

AAMA Occupational Analysis In 1996, the AAMA formed a committee whose goal was to revise and update its standards for the **accreditation** of programs that teach medical assisting. The committee's findings were published in 1997 as the "AAMA Role Delineation Study: Occupational Analysis of the Medical Assistant Profession." In 2009, it was updated and named the "Occupational Analysis of the

CMA (AAMA)". In 2013, the study identified the 12 most frequently performed responsibilities of medical assistants. They are listed here in the order of most performed to least performed.

1. Abide by principles and laws related to confidentiality.
2. Adapt communications to an individual's understanding.
3. Demonstrate respect for individual diversity (culture, ethnicity, gender, race, religion, age, economic status).
4. Employ professional techniques during verbal, nonverbal, and text-based interactions.
5. Comply with risk management and safety procedures.
6. Interact with staff and patients to optimize workflow efficiency.
7. Maintain patient records.
8. Provide care within legal and ethical boundaries.
9. Practice standard precautions.
10. Document patient communication, observations, and clinical treatments.
11. Identify potential consequences of failing to operate within the scope of practice of a medical assistant.
12. Transmit information electronically.

Professional Support for CMAs (AAMA) When you become a member of the AAMA, you will have a large support group of active medical assistants. Membership benefits include:

- Professional publications, such as *CMA Today*.
- A large variety of educational opportunities, such as chapter-sponsored seminars and workshops about the latest administrative, clinical, and management topics.
- Group insurance.
- Legal information.
- Local, state, and national activities that include professional networking and multiple continuing education opportunities.
- Legislative monitoring to protect your right to practice as a medical assistant.
- Access to the website at http://www.aama-ntl.org.

American Medical Technologists (AMT)

American Medical Technologists (AMT) is a nonprofit certification agency and professional membership association representing over 45,000 individuals in allied healthcare. Established in 1939, AMT began a program to register medical assistants at accredited schools in the early 1970s. The AMT provides allied health professionals with professional certification services and membership programs to enhance their professional and personal growth. Upon certification, individuals automatically become members of AMT and start to receive benefits. You will read more about the benefits of joining a professional organization later in the chapter. The AMT provides many certifications, including the Registered Medical Assistant RMA (AMT) credential and the Certified Medical Assistant Specialist CMAS (AMT) credential.

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Professional Support for RMA (AMT) and CMAS (AMT) The AMT offers many benefits. These include:

- Professional publications.
- Membership in the AMT Institute for Education.
- Group insurance programs—liability, health, and life.
- State chapter activities.
- Legal representation in health legislative matters.
- Annual meetings and educational seminars.
- Student membership.
- Access to the website at http://www.americanmedtech.org.

National Healthcareer Association (NHA)

The National Healthcareer Association (NHA) (http://www.nhanow.com) was established in 1989 as an information resource and network for today's active healthcare professionals. NHA provides certification and continuing education services for healthcare professionals and curriculum development for educational institutions. It offers a variety of certification exams, including Clinical Medical Assistant (CCMA), Medical Administrative Assistant (CMAA), Billing and Coding Specialist (CBCS), and Electronic Health Records Specialist (CEHRS).

Some of the NHA's programs and services include:

- Certification development and implementation.
- Continuing education curriculum development and implementation.
- Program development for unions, hospitals, and schools.
- Educational, career advancement, and networking services for members.
- Registry of certified professionals.

Healthcare educators working in their various fields of study develop the National Healthcare Association certification exams. The NHA is a member of the National Organization of Competency Assurance (NOCA).

Other Medical Assistant Organizations

Other organizations assist potential and current medical assisting professionals. These include the National Center for Competency Testing (NCCT) and the National Association for Health Professionals (NAHP).

The National Center for Competency Testing (NCCT) (https://www.ncctinc.com) is an independent agency that certifies the validity of competency and knowledge of the medical profession through examination. Medical assistants and medical office assistants receive the designation of National Certified Medical Assistant (NCMA) and National Certified Medical Office Assistant (NCMOA) after passing the certification examination. The NCCT avoids any allegiance to a specific organization or association.

The National Association for Health Professionals (NAHP) (http://www.nahpusa.com) offers multiple credentials for healthcare professionals. The organization, which has been in existence for 30 years, prides itself in making the process of obtaining a credential an accessible, affordable, and obtainable goal for individuals who wish to show commitment to their chosen profession. Having multiple credentials with one agency makes maintaining continuing education easier for practicing healthcare professionals. The NAHP offers many credentials, including the Nationally Registered Certified Medical Assistant (NRCMA), the Nationally Registered Certified Coding Specialist (NRCCS), and the Nationally Registered Certified Administrative Health Assistant (NRCAHA).

With the growth of the medical assisting field, new organizations have developed to serve professionals. For example, the American Medical Certification Association (AMCA), founded in 2010, provides certification for clinical and/or administrative medical assistants. The American Registry of Medical Assistants (ARMA) is also one of many national certifying organizations that certify/register medical assistants. Prospective medical assistants should be knowledgeable about the agency they will use to obtain their medical assistant credential.

▶ Medical Assistant Credentials   LO 1.3

Certification is confirmation by an organization that an individual is qualified to perform a job to professional standards. **Registration,** on the other hand, does not guarantee an individual's competence. Instead, registration is the granting of a title or license by a board that gives permission to practice in a chosen profession. Once credentialed, you earn the right to wear a pin that is obtained through the credentialing organization (Figure 1-1).

Medical assistant credentials such as certification and registration are not always required to practice as a medical assistant. However, employers today are aggressively recruiting medical assistants who are credentialed in their field. As discussed in the Medical Assisting Organizations, many credentials are available for medical assisting by various organizations. Small physician practices are being consolidated or merged into larger providers of healthcare, such as hospitals, to decrease operating expenses. Human resource directors of

FIGURE 1-1   Wearing one of these pins indicates you have obtained a credential in medical assisting. Medical assistants registered by the American Medical Technologists must past the RMA exam to be certified and can wear the pin on the left. Members of the American Association of Medical Assistants who pass the CMA exam wear the pin on the right.
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these larger organizations place great importance on professional credentials for their employees. Hiring credentialed medical assistants may lessen the likelihood of a legal challenge. Common administrative and clinical certifications are provided in Table 1-2.

State and Federal Regulations

Certain provisions of the **Occupational Safety and Health Administration (OSHA)** and the **Clinical Laboratory Improvement Amendments of 1988 (CLIA '88)** are making mandatory credentialing for medical assistants a logical step in the hiring process. OSHA and CLIA '88 regulate healthcare but presently do not require that medical assistants be credentialed. However, various components of these statutes can be met by demonstrating that medical assistants are certified. For example, some physician offices perform moderately complex laboratory testing onsite. The medical assistant can perform moderately complex tests if she or he has the appropriate training and skills.

AAMA Credential

The **Certified Medical Assistant (CMA)** credential is awarded by the Certifying Board of the AAMA. The AAMA's certification examination evaluates mastery of medical assisting competencies based on the Occupational Analysis of the CMA (AAMA), which is available at http://www.aama-ntl.org/resources/library/OA.pdf. The National Board of Medical Examiners (NBME) also provides technical assistance in developing the tests.

CMAs (AAMA) must recertify the credential every 5 years. To be recertified as a CMA (AAMA), 60 contact hours must be accumulated during the 5-year period: 10 in the administrative area, 10 in the clinical area, and 10 in the general area, with 30 additional hours in any of the three categories. In addition, 30 of these contact hours must be from an approved AAMA program. The AAMA also requires you to hold a current CPR card.

The recertification mandate requires you to learn about new medical developments through education courses or participation in an examination. Hundreds of continuing education courses are sponsored by local, state, and national AAMA groups. The AAMA also offers self-study courses through its continuing education department.

Only students who have completed medical assisting programs accredited by CAAHEP and ABHES are eligible to take the certification examination. The AAMA offers the Candidate's Guide to the Certification Examination to help applicants prepare for the examination. This guide explains the test format and test-taking strategies. It also includes a sample examination with answers and information about study references. Some schools also have incorporated test preparation reviews into their programs.

The CMA (AAMA) examination is a computerized test that may be taken any time at a designated testing site in your area. You may search the Internet for an application and test review materials. Once you have successfully passed the CMA (AAMA) examination, you have earned the right to add that credential to your name, such as Miguel A. Perez, CMA (AAMA).

AMT Credentials

The American Medical Technologists (AMT) organization credentials medical assistants as **Registered Medical Assistants (RMA)** or Certified Medical Assistant Specialists (CMAS). Although this section focuses on the RMA credential, you can find more about the CMAS credential on the AMT website at https://www.americanmedtech.org/.

Requirements for the RMA (AMT) credential include:

- Graduation from a medical assistant program that is accredited by ABHES or CAAHEP or is accredited by a regional accrediting commission, by a national accrediting organization approved by the US Department of Education, or by a formal medical services training program of the US Armed Forces.
- Alternatively, employment in the medical assisting profession for a minimum of 5 years, no more than 2 years of which may have been as an instructor in the postsecondary medical assistant program.
- Passing the AMT examination for RMA (AMT) certification.

RMAs (AMT) must accumulate 30 contact hours for continuing education units (CEUs) every 3 years if they were

TABLE 1-2	Medical Assisting Credentials	
Type of Certification	**Certification Title**	**Certifying Organization**
Administrative and Clinical	Certified Medical Assistant (CMA)	AAMA
Administrative and Clinical	Registered Medical Assistant (RMA) AMT	AMT
Administrative and Clinical	National Certified Medical Assistant (NCMA)	NCCT
Administrative and Clinical	Nationally Registered Certified Medical Assistant (NRCMA)	NAHP
Clinical	Certified Clinical Medical Assistant (CCMA)	NHA
Administrative	Medical Administrative Assistant (CMAA)	NHA
Administrative	Certified Medical Assistant Specialist (CMAS)	AMT
Administrative	National Certified Medical Office Assistant (NCMOA)	NCCT
Administrative	Nationally Registered Certified Administrative Health Assistant (NRCAHA)	NAHP

certified after 2006. RMAs (AMT) who were certified before this date are expected to keep abreast of all the changes and practices in their field through educational programs, workshops, or seminars. However, there are no specific continuing education requirements. Once a medical assistant has passed the AMT exam, she has earned the right to add RMA (AMT) to her name: Kaylyn R. Haddix, RMA (AMT).

Credentialing Examinations

Credentialing examinations are rigorous. Participation in an accredited program will help you learn what you need to know. Each certification examination is based on a specific content outline created by the certifying organization. Most organizations provide their content outline as well as practice examinations for potential medical assistants to prepare. You should research the Internet to gain additional information regarding any of these certifications. See Procedure 1-1, Obtaining Certification/Registration Information Through the Internet.

▶ Training Programs   LO 1.4

With continuous changes in healthcare today, the role of the medical assistant has become dynamic and wide-ranging. These changes have expanded the expectations for medical assistants. The knowledge base of the modern medical assistant includes:

- Administrative and clinical skills.
- Patient insurance product knowledge (specific to the workers' geographic locations).
- Compliance with healthcare-regulating organizations.
- Exceptional customer service.
- Practice management.
- Current patient treatments and education.

The medical assisting profession requires a commitment to self-directed, lifelong learning. Healthcare is changing rapidly because of new technology, new healthcare delivery systems, and new approaches to facilitating cost-efficient, high-quality healthcare. A medical assistant who can adapt to change and is continually learning will be in high demand.

Formal programs in medical assisting are offered in a variety of educational settings, including vocational-technical high schools, postsecondary vocational schools, community and junior colleges, and 4-year colleges and universities. Vocational school programs usually last 9 months to 1 year and award a certificate or diploma. Community and junior college programs are usually 2-year associate's degree programs. Training can be obtained through traditional classroom as well as online settings.

An accredited medical assisting program is competency based; this means that standards are set by an accrediting body for skill and proficiency in administrative and clinical tasks. It is the educational institution's duty to ensure that medical assisting students learn all medical assisting competencies and that evidence is clearly documented for each student. Periodic evaluations are performed by the accrediting agencies to ensure the effectiveness of the program.

Program Accreditation

Accreditation is the process by which programs are officially authorized. The US Department of Education recognizes two national entities that accredit medical assisting educational programs:

- **Commission on Accreditation of Allied Health Education Programs (CAAHEP).** CAAHEP works directly with the Medical Assisting Educational Review Board (MAERB) of Medical Assistants Endowments to ensure that all accredited schools provide a competency-based education. CAAHEP accredits medical assisting programs in both public and private postsecondary institutions throughout the United States that prepare individuals for entry into the medical assisting profession.
- **Accrediting Bureau of Health Education Schools (ABHES).** ABHES accredits private postsecondary institutions and programs that prepare individuals for entry into the medical assisting profession.

Accredited programs must cover the following topics:

- Anatomy and physiology
- Medical terminology
- Medical law and ethics
- Psychology
- Oral and written communications
- Laboratory procedures
- Clinical and administrative procedures

High school students may prepare for these courses by studying mathematics, health, biology, office skills, bookkeeping, and information technology. You may obtain current information about accreditation standards for medical assisting programs from the AAMA.

Medical assisting programs also must include a practicum (externship) or work experience. This applied training is for a specified length of time in an ambulatory care setting, such as a physician's office, hospital, or other healthcare facility. Additionally, the AAMA lists its minimum standards for accredited programs. This list of standards ensures that all personnel—administrators and faculty alike—are qualified to perform their jobs. These standards also ensure that financial and physical resources are available at accredited programs.

Graduation from an accredited program helps your career in three ways. First, it shows that you have completed a program that meets nationally accepted standards. Second, it provides recognition of your education by professional peers. Third, it makes you eligible for registration or certification. Students who graduate from an CAAHEP- or ABHES-accredited medical assisting program are eligible to take the CMA (AAMA) or RMA (AMT) immediately.

Work Experience

Your practicum (externship) or work experience is mandatory in accredited schools. The length of your experience will vary, depending on your particular program, so familiarize yourself with the program requirements as soon as possible.

Because this is a required part of the program, no matter how good your grades are in class, if the work experience is not completed, you will not graduate from the program.

Your practicum (externship) or work experience is an extension of your classroom learning experience. You will apply skills learned in the classroom in an actual medical office or other healthcare facility. You also earn the right to include this applied training experience on your résumé under job experience, as long as you title it as "Medical Assistant Practicum, Externship, or Work Experience." The *Preparing for the World of Work* chapter will further explain your practical work experience.

▶ Professional Development LO 1.5

Professional development refers to skills and knowledge attained for both personal development and career advancement. During your training, you should strive to improve your knowledge and skills. This will help you transition into your first job with ease. You also can gain valuable knowledge and skills through volunteering prior to or in addition to work experience obtained as a student.

Once you have entered the world of work as a medical assistant, you will want to continue to develop in your profession. You can do this through additional training, **cross-training,** and other forms of continuing education.

Volunteer Programs

Volunteering is a rewarding experience. Before you even begin a medical assisting program, you can gain experience in a healthcare profession through volunteer work. As a volunteer, you will get hands-on training and learn what it is like to assist patients who are ill, disabled, or frightened.

You may volunteer as an aide in a hospital, clinic, nursing home, or doctor's office, or as a typist or filing clerk in a medical office or medical record room. Some visiting nurse associations and hospices (homelike medical settings that provide medical care and emotional support to terminally ill patients and their families) also offer volunteer opportunities. These experiences may help you decide if you want to pursue a career as a medical assistant.

The American Red Cross also offers volunteer opportunities for student medical assistants. The Red Cross needs volunteers for its disaster relief programs locally, statewide, nationally, and abroad. As part of a disaster relief team at the site of a hurricane, tornado, storm, flood, earthquake, or fire, volunteers learn first-aid and emergency triage skills. Red Cross volunteers gain valuable work experience that may help them obtain a job.

Because volunteers are not paid, it is usually easy to find work opportunities. Just because you are not paid for volunteer work, however, does not mean the experience is not useful for meeting your career goals.

Include information about any volunteer work on your **résumé**—a document that summarizes your employment and educational history. Be sure to note specific duties, responsibilities, and skills you developed during the volunteer experience. Refer to the *Preparing for the World of Work* chapter for examples of résumés.

Multiskilled Healthcare Professionals

Many hospitals and healthcare practices are embracing the idea of a **multiskilled healthcare professional (MSHP).** An MSHP is a cross-trained team member who is able to handle many different duties.

Reducing Healthcare Costs By hiring multiskilled healthcare professionals, healthcare organizations can reduce personnel costs. MSHPs can perform the functions of two or more people, so they are cost-effective employees and are in high demand.

Expanding Your Career Opportunities Career opportunities are vast if you are self-motivated and willing to learn new skills. Following are some examples of positions for medical assistants with additional experience and certifications:

- Medical office manager
- Medical biller and coder
- Medical assisting instructor (with a specified amount of experience and education)
- ECG technician
- Sterilization technician
- Patient care technician

If you are multiskilled, you will have an advantage when job hunting. Employers are eager to hire multiskilled medical assistants and may even create positions for them.

You can gain multiskill training by showing initiative and a willingness to learn every aspect of the medical facility in which you are working. When you begin working in a medical facility, establish goals regarding your career path and discuss them with your immediate supervisor. Indicate to your supervisor that you would like cross-training in every aspect of the medical facility. Begin in the department in which you are currently working and branch out to other departments once you master the skills needed for your current position. This will demonstrate a commitment to your profession and a strong work ethic. Cross-training is a valuable marketing tool to include on your résumé.

Scope of Practice

Professional development includes knowing your **scope of practice** and working within it. Medical assistants are not "licensed" healthcare professionals, and most often work under a licensed healthcare provider, such as a nurse practitioner or physician. Licensed healthcare professionals may delegate certain duties to a medical assistant, providing he or she has had the appropriate training through an accredited medical assisting program or through on-the-job training provided by the medical facility or physician.

Questions often arise regarding the kinds of duties a medical assistant can perform. There is no universal answer to these questions. There is no single national definition of a medical assistant's scope of practice, so the medical assistant must research the state in which he or she works to learn about the scope of practice. You can find this information online by entering "medical assistant scope of practice" and the name

of your state in any major search engine. See Procedure 1-2, Locating Your State's Legal Scope of Practice. In general, a medical assistant may not perform procedures for which he or she was not educated or trained. Examples of procedures medical assistants may not perform include administering intravenous medications (without advanced training), diagnosing patients or informing patients of a diagnosis, and giving any advice to a patient unless permitted by a facility's standard policies and procedures. The AAMA and AMT are good resources to assist you in your research. The AAMA Occupational Analysis is also a helpful reference source that identifies the procedures that medical assistants are educated to perform.

Do not confuse the terms *scope of practice* and *standard of care*. A medical assistant's scope of practice is the set of procedures that can be performed and the actions that can be taken under the terms of his or her professional license and training. **Standard of care** is a legal term that refers to the care that would ordinarily be provided by an average, prudent healthcare provider in a given situation.

Networking

Networking is building alliances—socially and professionally. It starts long before your job search. By attending professional association meetings, conferences, or other functions, medical assistants generate opportunities for employment and personal and professional growth. Networking, through continuing education conferences throughout your career, keeps the doors open to employment advancement.

PROCEDURE 1-1 Obtaining Certification/Registration Information Through the Internet

WORK // DOC

Procedure Goal: To obtain information from the Internet regarding professional credentialing

OSHA Guidelines: This procedure does not involve exposure to blood, body fluids, or tissue.

Materials: Computer with Internet access and printer

Method:

1. Open your Internet browser and use a search engine to search for the credential you would like to pursue—for example, Certified Medical Assistant or Registered Medical Assistant. If you are unsure of the credential you would like to pursue, you may just want to search for "Medical Assisting Credentials."

2. Select the site for the credential you are pursuing. Avoid sponsored links. These links are paid for and typically will not take you to the site of a credentialing organization.

   For example to navigate to the home page:
   - For the CMA (AAMA) credential, enter the site http://www.aama-ntl.org.

   AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

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   - For the RMA (AMT) or CMAS (AMT) credential, enter the site http://www.americanmedtech.org.

   AMT
   American Medical Technologists
   Certifying Excellence in Allied Health

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   - For other selected credentials navigate to the selected organization.
     - National Association for Health Professionals (NAHP): http://nahpusa.com/
     - National Center for Competency Testing (NCCT): https://www.ncctinc.com/
     - National Healthcareer Association (NHA): http://www.nhanow.com/

3. Determine the steps you must take to obtain the selected credential. You will need to navigate to the information about the requirements for eligibility, certification standards, and the examination outline.

4. Print or write down the qualifications you must obtain. **RATIONALE:** *Maintaining a record of needed qualifications will be a reference as you pursue your chosen credential.*

5. Once you have met the qualifications, you will need to apply for the examination or certification. Download the application and the application instructions for the RMA (AMT) or the CMAS (AMT) or the candidate application and handbook for the CMA (AAMA).

6. To view or print these instructions, you may need to download Adobe Reader. You can click on a link to download Adobe Reader after you click on the "Apply Online" link for AMT or "Apply for the Exam" for AAMA.

7. Before or after you apply for the examination, you will need to prepare for the examination. Select the link "Study for the Exam" on the AAMA site or the "Prepare for Exam" link under the "Get Certified" drop-down menu on the AMT site.

8. Prepare for the exam by reviewing the content outline, obtaining additional study resources, or taking a practice exam online.

9. Print or save downloaded information in a file folder on your desktop labeled "Credentials" or another name you can recognize. To print, click the printer icon found at the bottom of the web page or click the printer icon in your browser.

10. Return to the appropriate site if you have additional questions. For the CMA (AAMA) site, you may want to check the "FAQs on CMA (AAMA) Certification" link. On the AMT site for RMA or CMAS, find the link "Take the

Exam" and download the FAQs regarding the testing process.

11. Any questions you have that are not addressed on the sites can be e-mailed to the organizations.

PROCEDURE 1-2 Locating Your State's Legal Scope of Practice

WORK // DOC

Procedure Goal: To obtain information from the Internet regarding your state's scope of practice

OSHA Guidelines: This procedure does not involve exposure to blood, body fluids, or tissue.

Materials: Computer with Internet access and materials to document and report your findings through a written or oral report

Method:

1. Open your Internet browser and use a search engine to find your state's Scope of Practice for Medical Assistants.

Consider a search such as ["your state name" scope of practice for medical assistants].

2. Verify that the Internet site is credible and save the site address(es) as a reference.

3. Prepare your findings by creating a list of tasks that are within and outside the scope of practice of a medical assistant in your state. Apply what you have learned to what your expectations are for your career.

4. Present your findings as a written or oral report and follow-up discussion. Cite your resources.

SUMMARY OF LEARNING OUTCOMES

OUTCOME	KEY POINTS
1.1 Recognize the duties and responsibilities of a medical assistant.	Medical assistants may have administrative, clinical, and/or laboratory duties and responsibilities. Duties range from entry-level to advanced and are listed in Table 1-1.
1.2 Distinguish various organizations related to the medical assisting profession.	Many organizations provide certification and support to the medical assisting profession. The AAMA and AMT are highly recognized professional associations that can help you progress in your medical assisting career. In addition, NCCT, NAHP, and NHA provide certifications for medical assistants.
1.3 Explain the need for and importance of the medical assistant credentials.	Certification and registration provide recognition of your education by peers and for advancement in your career. Medical assistants with a credential can expect more and better employment opportunities.
1.4 Identify the training needed to become a professional medical assistant.	Professional training for medical assistants includes formal training in a variety of educational settings. Training at a program accredited by CAAHEP or ABHES requires you to obtain work experience as part of your education.
1.5 Discuss professional development as it relates to medical assisting education.	*Professional development* refers to skills and knowledge attained for both personal development and career advancement. Continuing education, cross-training, and additional training help you develop within your profession. Medical assistants who network, work within their scope of practice, and are more multiskilled are highly marketable.

CASE STUDY CRITICAL THINKING
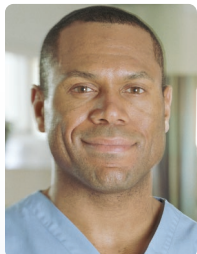
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Recall Sandro Peso from the case study at the beginning of the chapter. Now that you have completed the chapter, answer the following questions regarding his situation.

1. Describe for Sandro Peso the skills he may perform in each of the three areas (administrative, clinical, and laboratory) of medical assisting at the BWW Medical Associates office.

2. Why should Sandro Peso obtain a credential and membership to a professional organization?
3. How can Sandro find out what to expect on his certification test?
4. What suggestions would you give Sandro Peso to assist him in obtaining the best job?
5. To whom will Sandro be accountable during his work at BWW Medical Associates?

EXAM PREPARATION QUESTIONS

1. (LO 1.4) Two accrediting bodies for medical assisting training programs are
   a. ABHES and OSHA
   b. OSHA and AAMA
   c. ABHES and CAAHEP
   d. CAAHEP and CLIA
   e. CAAHEP and NHA

2. (LO 1.1) Entry-level administrative duties for a medical assistant include
   a. Educating patients, drawing blood, and negotiating leases
   b. Taking vital signs, performing phlebotomy, and calling in prescriptions
   c. Creating and maintaining patient medical records and billing and coding
   d. Performing ECGs, infection control, and billing and coding
   e. Checking vital signs, performing phlebotomy, and creating and maintaining patient medical records

3. (LO 1.2) The main purpose of the American Association of Medical Assistants (AAMA) is to
   a. Raise the standards of professionalism
   b. Assist with malpractice lawsuits
   c. Provide externships
   d. Support continuing education for CMAs (AAMA) and RMAs (AMT)
   e. Provide accreditation for medical assisting programs

4. (LO 1.2) You want to obtain an RMA credential. Which organization do you need to contact?
   a. NHA
   b. AAMA
   c. CAAHEP
   d. ABHES
   e. AMT

5. (LO 1.5) Which of the following is the best description of networking?
   a. Building alliances that generate opportunities
   b. Practical work experience during training
   c. Official authorization of medical assisting educational programs

   d. Training in every aspect of the medical facility
   e. Using the Internet

6. (LO 1.5) Which of the following is the *best* reason for you to become multiskilled?
   a. Reduction of healthcare costs
   b. Learning of new skills
   c. Increased employment opportunities
   d. Ability to work two jobs
   e. Recertification

7. (LO 1.2) You have become a member of the AAMA. Which of the following is most likely one of your benefits?
   a. Medical transcription
   b. Accreditation
   c. Cross-training
   d. Increased wages
   e. Group insurance

8. (LO 1.1) Which of the following would you be expected to do as an entry-level clinical medical assistant?
   a. Develop public outreach programs
   b. Be a HIPAA compliance officer
   c. Arrange laboratory services
   d. Arrange outpatient diagnostic tests
   e. Sterilize medical instruments

9. (LO 1.3) Which of the following is *least* likely the reason for the increased need to obtain a medical assisting credential?
   a. OSHA regulations
   b. An increase in malpractice
   c. An increase in organizations that require certification
   d. CLIA regulations
   e. An increase in multiskilled employees

10. (LO 1.2) Which of the following does *not* provide a certification examination for the medical assisting profession?
    a. NAHP
    b. AMT
    c. AMA
    d. NCCT
    e. NHA
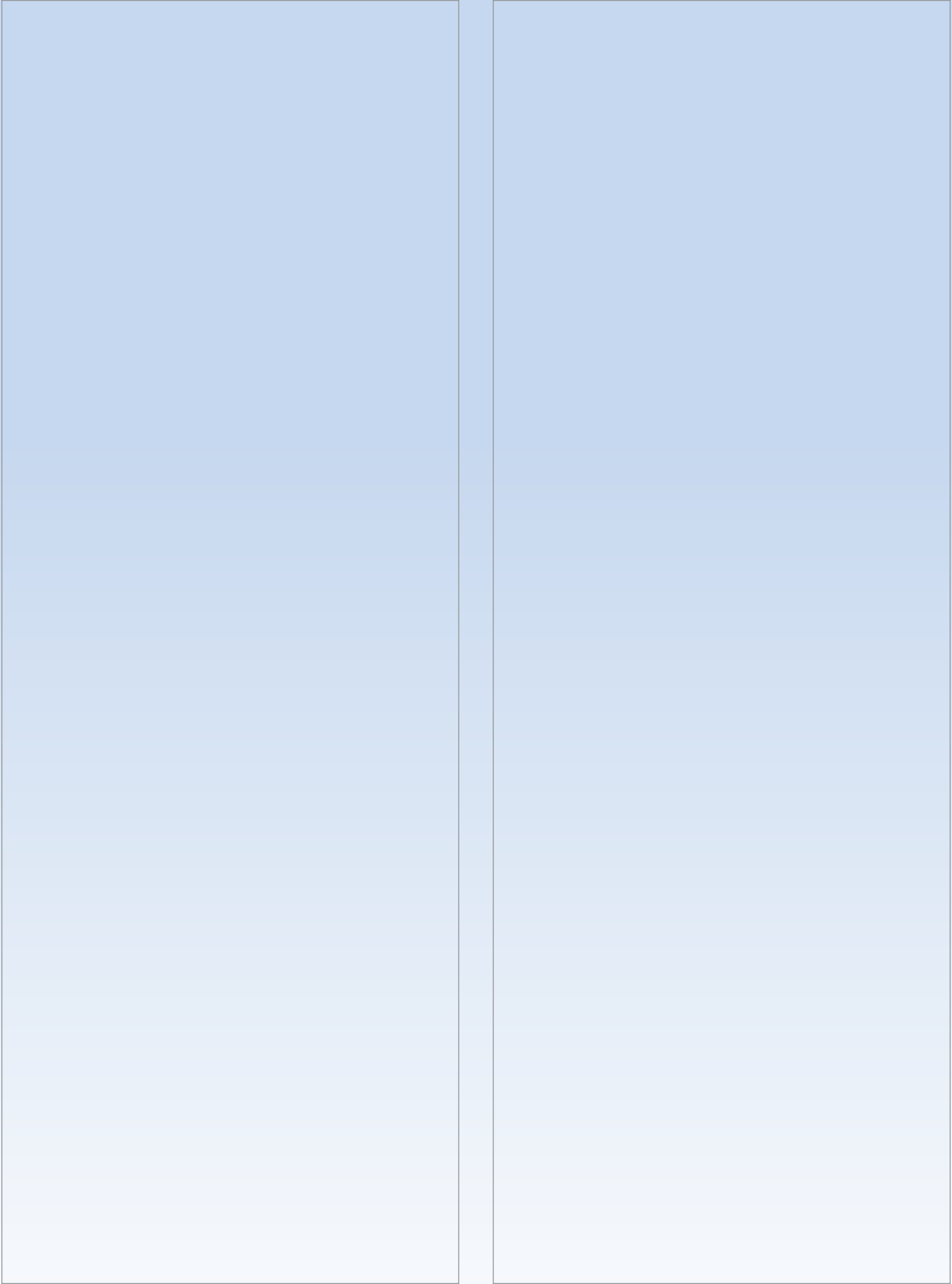
Professionalism and Success

3

CASE STUDY

EMPLOYEE INFORMATION

Employee Name	Position	Credentials
Kaylyn R. Haddix	Clinical Medical Assistant	RMA (AMT)
Supervisor	**Date of Hire**	**Other Information**
Malik Katahri, CMM	06/11/2018	Meeting with Malik at 1 P.M.

©Rubberball/Getty Images

Kaylyn R. Haddix does well with the "hands-on" skills and gets along fairly well with the other office personnel. However, Kaylyn has a problem with getting to work on time. She seems to show a pattern of poor planning, such as forgetting to set her alarm, losing her car keys, and neglecting to solve her various car problems when they first become apparent (brought on by skipped oil changes, worn tire treads, squeaky brakes, and a rusty muffler). The clinic suffers when

Kaylyn is late because she is not ready to see the first patient upon arrival, causing patients to wait and disrupting the routines and schedules of other staff members. Following the third time she was late, Malik, the office manager, noted the problem in Kaylyn's record and informed Kaylyn that chronic tardiness could lead to termination. Although Kaylyn is sometimes afraid to ask questions, her performance is generally above average, so Malik is hoping that Kaylyn will improve.

Keep Kaylyn in mind as you study this chapter. There will be questions at the end of the chapter based on the case study. The information in the chapter will help you answer these questions.

LEARNING OUTCOMES

After completing Chapter 3, you will be able to:

3.1 Recognize the importance of professionalism in the medical assisting practice.

3.2 Explain the professional behaviors that should be exhibited by medical assistants.

3.3 Model strategies for success in medical assisting education and practice.

KEY TERMS

attitude	persistence
comprehension	prioritize
constructive criticism	problem solving
critical thinking	punctuality
cultural diversity	self-confidence
empathy	soft skills
hard skills	teamwork
integrity	time management
organization	work ethic
patient advocacy	work quality

MEDICAL ASSISTING COMPETENCIES

CAAHEP

V.A.1 Demonstrate:
    (a) empathy

V.A.2 Demonstrate the principles of self-boundaries

V.A.3 Demonstrate respect for individual diversity including:
    (a) gender
    (b) race
    (c) religion
    (d) age
    (e) economic status
    (f) appearance

VII.A.1 Demonstrate professionalism when discussing patient's billing record

XI.P.2 Demonstrate appropriate responses to ethical issues

XI.A.1 Recognize the impact personal ethics and morals have on the delivery of healthcare

I.A.2 Incorporate critical thinking skills when performing patient care

ABHES

5. Human Relations
  b. Provide support for terminally ill patients
    (1) Use empathy when communicating with terminally ill patients
  c. Assist the patient in navigating issues and concerns that may arise (e.g., insurance policy information, medical bills, physician/provider orders)

10. Career Development
  a. Perform the essential requirements for employment such as resume writing, effective interviewing, dressing professionally, time management, and following up appropriately
  b. Demonstrate professional behavior

▶ Introduction

A profession is an occupation or a career based upon specialized educational training. Professionalism is behavior that exhibits the traits or features that correspond to the standards of that profession. Professional standards vary from occupation to occupation, and some vary within the same occupation, depending on the environment. And, of course, these standards go way beyond just personal appearance, although they do include this. Imagine the difference between the professional standards required of a commercial jet pilot who logs thousands of miles despite tough weather conditions and is responsible for the lives of 200-plus passengers at any given time versus those of a hobby pilot who likes to fly his Cessna solo for a few hours on sunny weekends. Will their uniforms or dress codes be different? Is punctuality equally important in both cases? Luckily, you will not need to worry too much about airplanes as a medical assistant, but this is just one example of how professional standards may differ in a particular industry.

As discussed in the *Introduction to Medical Assisting* chapter, standards for medical assisting education and the profession are developed by professional organizations, such as the American Association of Medical Assistants (AAMA), the American Medical Technologists (AMT), and the National Health Career Association (NHA). To be a professional medical assistant, not only do you need to know standards of the profession, but you also must be able to exhibit appropriate personal attributes and behaviors.

Success is a favorable or desired outcome. To achieve a favorable or desired outcome from your medical assisting education and in practice, you must follow the standards and exhibit the personal behaviors established by your school

and workplace. In this chapter, you will explore the professional behaviors required of a medical assistant in school and in practice, as well as the attributes and strategies needed for success in your education and career.

▶ Professionalism in Medical Assisting   LO 3.1

The mere fact that you are reading this book means you are embarking on the profession of medical assisting. To understand this profession, you should first understand what a profession consists of. A profession has two areas of competence (abilities):

1. **Hard skills**—specific technical and operational proficiencies
2. **Soft skills**—personal qualifications or behaviors that enhance an individual's interactions, job performance, and career prospects; these are sometimes called people skills (Figure 3-1)

Hard skills represent the minimum proficiencies necessary to do the job. Following are some examples of hard skills of medical assisting:

- Scheduling appointments
- Coding for insurance purposes
- Managing medical records
- Interviewing patients
- Taking vital signs
- Assisting a provider with patient examinations

These hard skills are the ones you will learn throughout this program, and your ability to perform them is readily observable. Your hard skills set is the first screen employers use to determine if you are qualified for the position.
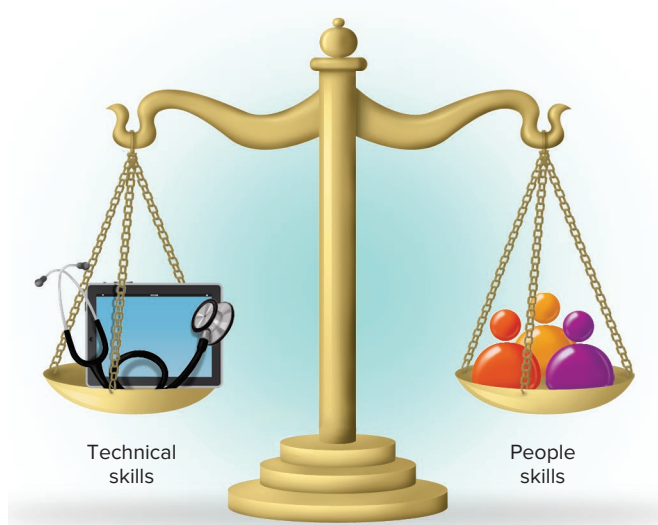
FIGURE 3-1 As a medical assistant, you need to have both technical skills (hard skills) and people skills (soft skills) and maintain a good balance between them.

Soft skills are less concrete and more difficult to observe and evaluate. These are the characteristics, attributes, or **attitudes** that people develop throughout their lives. Some examples are respect, dependability, and integrity. These personal attributes or qualities, which are sought after and significant for specific jobs, are also professional attributes or behaviors, and they tend to help define an individual's personality. Your professional behaviors together produce what is called a good **work ethic,** which is what employers seek.

A medical assisting credential and the technical skills associated with it are the reasons most graduates are hired. However, the lack of a specific soft skill or poor professional behavior is the reason for most terminations. Weakness in soft skills is also the major reason that some students do not successfully complete their medical assisting education. So knowing how to do something is important, but behaving professionally while practicing is essential.

Much of the medical assistant's role involves dealing with other people, whether this is a patient, a patient's family member, a coworker, an insurance agent, a pharmaceutical sales representative, a laboratory staff member, or anyone else with whom you may come in contact in the workplace. Because most professional behaviors and skills are about working with other people, it only makes sense that someone going into a profession that continually deals with people should possess these behaviors and skills to do a good job. As a student and in your medical assisting career, you will experience the ongoing assessment of your professional behaviors in the following environments:

- Classroom
- Student work experience
- Hiring process
- Workplace performance evaluation
- Promotion consideration

So no matter the circumstance, your professionalism contributes to your success and should always be on the top of your list of ongoing self-improvements. For example, what if a medical assistant did not know the proper instructions to give a patient regarding a diagnostic test? She was either too shy (lacked self-confidence) to ask or chose not to ask because of a lack of time or neglect. Consequently, she gave instructions based on what she thought might be appropriate (lacked knowledge). So it is highly probable that the patient would not be adequately prepared for the test. The results of this poor decision might be

- Difficulty in performing the test on the patient.
- Cancellation of the test, wasting time and resources.
- Repetition of the test, incurring increased costs that may not be reimbursed by insurance.
- Inaccurate test results, leading to incorrect diagnosis and treatment and a poor patient outcome.
- Potential litigation (lawsuit) against the medical practice.

The issue is not that the medical assistant did not know the correct instructions but that the medical assistant did not use the correct behaviors (communication, cooperation, knowledge, persistence, work quality) to obtain and give the correct instructions. Although this scenario may seem exaggerated, it has occurred. The importance of professional behaviors cannot be overemphasized.

▶ Professional Behaviors   LO 3.2

Certain behaviors distinguish medical assistants who behave professionally from those who just get by, as well as those who do not make it. Professional behaviors contribute to your overall success in life—as a medical assistant and as a human being on this planet. Let's explore essential medical assisting professional behaviors. As you read each of the following sections, take a moment to consider whether you exhibit this behavior or quality. When you have completed this section, review the sample self-evaluation document and Procedure 3-1, Self-Evaluation of Professional Behaviors, at the end of the chapter.

Comprehension

Comprehension is the ability to learn, retain, and process information. To function as a medical assistant, you must comprehend your role and responsibilities. This means not only to have information but also to be able to analyze that information, to know how to use it, and to retain it, no matter how infrequently you might use it. An example of comprehension is learning how to take a blood pressure, including the equipment needed, the steps in the procedure, what results to expect, how to record the results, and when to report a problem.

Persistence

Persistence is continuing in spite of difficulty—being determined and overcoming obstacles. Two other words for

persistence are *perseverance* and *tenacity*. The slang is *stick-to-itiveness*. This attribute ensures that you will finish the job no matter how difficult, boring, annoying, or time-consuming it may be. One example that is not uncommon in the medical office is trying to reach a patient whose contact information is not up-to-date. The issue may be an abnormal laboratory report that requires follow-up or another vital matter. The practitioner must be able to count on you and know that you will follow through and make contact no matter how difficult it may be. The patient's well-being often depends on it.

Self-Confidence

Self-confidence means believing in oneself. It is a trait that puts people at ease. The patient, the licensed practitioner, and others are more comfortable when they feel that you know what you are doing. The self-assured medical assistant is generally the one whom the patient and the practitioner prefer to work with. However, some people are self-confident to excess, which is not a professional trait. Have you ever felt a test was easy, but when the score came back you did less than great? That is overconfidence. On the other hand, self-confidence is a professional trait that makes you desirable to be around. An overconfident person acts as if she knows everything; a self-confident person knows what she knows and what she doesn't know. Display your self-confidence by smiling, making eye contact, and remaining calm no matter what the situation.

Judgment

Judgment is evaluating a situation, reaching an appropriate conclusion, and acting accordingly. It is also referred to as **critical thinking** (Figure 3-2). Critical thinking is defined as purposeful decisions resulting from analysis and evaluation. You will examine the steps of critical thinking in the *Strategies for Success* section. Applying sound judgment in all situations—even when you are distracted, upset, or annoyed—is necessary as a medical assistant.

Knowledge

Knowledge is understanding gained through study and experience. Medical assisting is a profession that requires understanding theory (knowledge) and then applying psychomotor

skills or hands-on experience. You will acquire knowledge by learning the principles and then performing the procedures. Students who do not have an understanding of the procedure and only memorize the steps may have difficulty performing when equipment varies or if a procedure is done differently (yet correctly) at the externship site. Understanding "why" something is being done is just as important as knowing "how" it is done. When both of these knowledge sets are known and practiced, a change in equipment or procedure will not have you "starting over from square one."

Organization

Organization is planning and coordinating information and tasks in an orderly manner to efficiently complete a job in a given time frame. This attribute has many aspects, including time management and prioritizing, which will be discussed in more detail in the *Strategies for Success* section. Organization is required to know how to prioritize the issues and tasks while addressing them all in an efficient and timely manner. One example is prioritizing your work—deciding which are the most important tasks of the day and which are less important. On a day when everything seems to be "top priority," you must use your professional judgment, knowledge of office policies, and experience with providers and coworkers to determine what should be completed first, second, third, and so on.

Integrity

Integrity is adhering to the appropriate code of law and ethics and being honest and trustworthy. Ethics is a system of values that determines right or wrong behavior. Integrity involves relatively simple matters, such as not taking pens home from the workplace, to more complex matters, such as always being truthful with patients. It also deals with subjects that are punishable and illegal, such as taking cash, cheating on an exam, or falsifying a time card. Falsifying a time card is clearly dishonest, but knowingly extending breaks or lunches also demonstrates a lack of integrity. Knowing that a coworker or a classmate is doing something dishonest and your actions regarding that knowledge can demonstrate integrity or lack of integrity (Figure 3-3). If you do not report your facts or
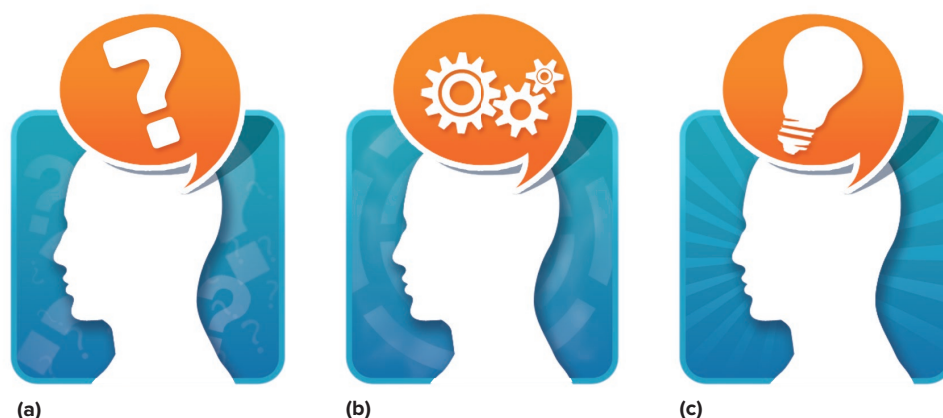

(a) (b) (c)

FIGURE 3-3 Being dishonest or not reporting something that you observe that is dishonest reduces your integrity and trustworthiness.
©Digital Vision

suspicion of the act, you could be considered an accomplice and subject to a penalty. Besides causing harm, once a person is involved in a dishonest act or is seen as lacking integrity, it is very difficult to regain the trust of others. The *Legal and Ethical Issues* chapter provides more details about standards of integrity that involve morals, laws, and ethics.

Growth

Growth is an ongoing effort to learn and improve. Being a professional brings with it an obligation to keep up with new standards, methods, procedures, and technologies in the field. Throughout this text and your medical assisting program, you will learn current practices. However, healthcare practices change frequently. For example, electronic health records (EHR) have replaced paper health records in many practices and facilities, and the standards for cardiopulmonary resuscitation (CPR) change frequently. Growth requires staying informed.

As discussed in the *Introduction to Medical Assisting* chapter, you should join one or more of the medical assisting professional organizations, such as AAMA, AMT, or NHA. Besides receiving the benefits, you are expected to earn a specific number of continuing education units (CEUs) within a specified time frame. These CEU offerings are credits given by the organization for participating in approved professional educational offerings. CEUs help you grow professionally and stay up-to-date with the latest information through taking seminars, reading articles, taking courses, and completing CEU modules, which may be accessed online, on a DVD or video stream, or in print.

Teamwork

Teamwork is working with others in the best interest of completing the job. The healthcare team, described in the *Healthcare and the Healthcare Team* chapter, is large and complex.

Like any team, its members must work together and cooperate with each other in order to increase the likelihood of achieving the goal. Also, studies show that in workplaces where staff members cooperate and help each other, job satisfaction and patient (client) satisfaction rates are higher than in those areas where cooperation is lacking.

In the healthcare practice, the overall goal should be providing good patient care, which is done through cooperation between team members. Everyone in the facility has an important job that depends on someone else. It is important to remember that the patient comes first and everyone is responsible for the care of that patient.

Another important aspect of teamwork and professionalism is the correct use of personal cell phones and other electronic devices while at work. Personal cell phones and other devices should never be used while you are working. Depending on the workplace policy, use of a personal cell phone or iPad may be allowed when you are on break, but otherwise you should place the device on mute or "airplane mode" and store it while you are working. In the same vein, although you may think of the computer you use at work as "yours," it belongs to your employer. Visiting social websites, such as Facebook, or checking personal e-mail or Twitter accounts should never be considered. Also, keep in mind that your work e-mail is not yours, either. Any e-mail you send from your work e-mail address reflects on your workplace and employer. Any sites you visit or e-mails you send may be tracked at any time by your employer. If you are tempted to send a "quick e-mail" to a friend or "quickly" check your Facebook account, remember, your employer and/or IT department has access to your work computer or network drive. Your employer will not ask you to work for him or her on your time; you should not be accessing personal websites and e-mail on work time.

Teamwork also requires coordination, which is the integration of activities. A typical patient may have three or more physician specialists, several prescriptions, home healthcare, routine blood work, physical therapy, hospital care, and outpatient procedures. This requires multiple appointments, one or more insurance plans, medical claims, and other processes. These processes require all the members of the team to work together for the benefit of the patient. Frequently, coordinating these patient care activities is the role of the medical assistant and requires cooperation and coordination with everyone involved. Team dynamics consist of:

- Assisting each other on a daily basis with the duties required.
- Avoiding interpersonal conflict with members of the team, and remaining professional at all times.
- Performing extra responsibilities without questioning or complaining.
- Being considerate of all other team members' duties and responsibilities.

Acceptance of Criticism

Acceptance of criticism is the willingness to consider feedback and suggestions to improve; it is taking responsibility for one's actions. In this context, let's focus on **constructive criticism,** which is counseling or advice that is intended to be useful

FIGURE 3-4 Accepting constructive criticism to improve your performance is essential to medical assisting practice. Get yourself inside the green zone.

with the goal of improving something. To grow and understand the areas in which you can improve, you must be able to accept constructive criticism (Figure 3-4). This may come from medical assisting educators, classmates, physicians, coworkers, or even patients. You will be evaluated throughout your education and workplace experience. Never expect a perfect evaluation because no one is perfect and improvements can always be made. Instead, be open to accepting criticism and suggestions, and offer your own thoughts on what you can do to improve. Do not be defensive or blame others. It is not about what your classmate or coworker does; it is about you.

Relations with Others

Relations with others—the ability to get along with those around you—involves treating everyone with respect and caring even when it is difficult. This sometimes includes **empathy,** feeling and understanding another's experience without having the experience yourself. In the healthcare environment, the medical assistant works with many patients who are experiencing great loss. It may be the loss of health or function or a terminal diagnosis. Or it may be a personal loss, such as the death of a spouse. As in any other workplace, coworkers also experience losses and unfortunate events. Sometimes medical assistants are very kind to patients but do not exhibit the same behaviors with coworkers. With coworkers, they may become involved in gossip and pettiness or display impatience and rudeness.

Caring is showing concern and appropriate attention, whereas enabling, or codependency, in this context is doing for others the things that they should be doing for themselves. When you enable, you become part of the disease process. For example, a young medical assistant learned this early in her career when she became attached to a 10-year-old juvenile diabetic patient. Every time the child came into the office, the MA gave her a stuffed animal or other gift. The patient started to have more and more problems, and the office visits became more frequent. An experienced medical assistant pointed out that the child was being rewarded for not managing her

illness. This exemplifies enabling. Instead of giving a gift (reward) for not managing the disease and becoming ill, the two medical assistants developed a more appropriate reward system for the patient if her diabetes was kept under control.

Professional Boundaries Having professional boundaries, or limitations, means always treating a patient as a client and not becoming involved in issues of his or her private life that do not directly relate to the healthcare. This is often difficult, especially with patients you see often and particularly enjoy and with patients you feel you may be able to help in addition to providing care in the medical office. Generally, the guidelines for maintaining professional boundaries are:

- Address the patient only by his or her last name unless first asking permission to use his or her first name (children are an exception).
- Avoid offering advice on personal matters.
- Use only tasteful, appropriate humor.
- Avoid becoming excessively friendly.
- Avoid giving or accepting money from a patient.
- Decline meeting a patient outside of the workplace unless you were acquainted prior to taking your position.

Cultural Diversity Have you heard the expression "it takes all kinds"? Professionalism involves understanding people who are different from you and respecting their right to be different. After all, from their point of view, you are the one who is different! Healthcare facilities serve patients from many countries who speak many languages. In addition, it is highly likely you will be working with people who are also from different cultures and belief systems. The variety of human social structures, belief systems, and strategies for adapting to situations in different parts of the world is referred to as **cultural diversity.** Showing respect to all individuals, regardless of culture, race, religion, age, gender, sexual orientation, physical challenges, special needs, lifestyle choices, or socioeconomic standing, impacts your relations with others (Figure 3-5). Being respectful does not mean that you have to agree with the lifestyles and beliefs of others. It means that

FIGURE 3-5 Respect and understanding for everyone is an essential professional behavior for the medical assistant.
©Terry Vine/Getty Images

you accept the idea that others have every right to be different from you and that as a medical assistant, you treat them appropriately. The following list gives some ideas that may help you understand and respect diversity.

- Increase your awareness of diversity. Communication with patients and coworkers will help you learn about individual similarities and differences.
- Increase your awareness of your own feelings. Everyone has biases. People tend to stereotype others, and this can lead to discrimination. Examine your own biases. Are they realistic?
- Look at individuals. As you learn about people as individuals, any group stereotypes you have often begin to break down.

Patient Advocacy As a medical assistant, you may be in a position to speak or act on behalf of the patient or the patient's family. This is called **patient advocacy.** Understanding your scope of practice, as well as being professional in your relations with others and being a good communicator, will help you be an effective advocate for the patient. Be sure you have all the facts before you act and include your supervisor or licensed practitioner as needed. Table 3-1 provides some examples of patient advocacy decisions.

Work Quality

Work quality means striving for excellence in doing the job and having pride in your performance. If you feel you need improvement in an area or would like to learn a new skill, consider taking a course, asking your supervisor or a coworker for help, or spending more time in that area. If you have an idea to improve a work process, make a suggestion. If you see something that is a potential risk, report it. Never say, "It is not my job." If it is not your job, simply state that you will get the person who can help and then get that person. Getting the job done is the focus. Being flexible is another part of work quality. If a staff member is absent or the schedule changes, the important thing is to get the job done. Again, do not worry about whose job it is as long as you are staying within your scope of practice.

Another way to look at this is to believe that patients are "customers" of the practice and, as such, deserve excellent customer service. Basically, this boils down to two things: The patient comes first and the patient is satisfied. When working with a patient, give him or her your undivided attention. Happy patients return to a practice and tell their friends about their experience. Be more than simply an employee; be part of building the practice. Keeping the following skills

TABLE 3-1 Examples of Patient Advocacy		
Circumstance	**Example**	**Suggested Action**
You have concern for the individual's safety.	You suspect an elderly patient is being abused.	Discuss with licensed practitioner; follow legal requirements and office protocols for reporting suspected elder abuse.
A complex situation requires your level of expertise.	A patient is having difficulty with an insurance claim.	Assist the patient as needed.
A potentially bad situation exists that your knowledge may help to avoid or resolve.	You are aware that a patient will not fill a prescription for an expensive drug because he cannot afford the insurance copay.	Inform the practitioner, who may be able to prescribe a generic version of the drug, or, with the practitioner's approval, contact the drug company to obtain free or reduced medications or contact a local pharmacy that provides low-cost medications if available.
Giving extra attention is likely to benefit the patient.	You are reviewing a 1-year-old patient's profile and notice that she is probably eligible for a nutritional program called WIC (Women, Infants, and Children).	Take the time to explain the program to the mother and provide the information for her to enroll.
The patient is capable of advocating for himself or herself.	The patient does not want to tell the provider that he does not understand why he needs a proposed procedure.	Encourage the patient to talk to the provider and assure him it is not unusual for patients to not fully understand the first time information is presented.
Anything that can be considered medical advice or a medical recommendation should be avoided.	The patient is asking your telephone advice regarding his symptoms.	Avoid saying anything that involves a potential diagnosis, such as "that sounds like the flu"; follow the office protocol for scheduling an appointment.
The action interferes with your job duties or presents a potential liability.	A patient asks you to keep an eye on her children during her exam.	Suggest the patient reschedule when she can arrange childcare; if needed, provide a contact number for a facility close to the office.
There are reasonable options.	A patient forgets to fill his monthly prescriptions and is consistently asking for an emergency refill. The office policy is that refills will be processed in 3 business days. He wants you to call and remind him each month.	Suggest to the patient that many pharmacies provide a monthly automatic refill or a monthly reminder.

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