PART 1

Introduction to Medical Assisting



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UNIT ONE UNDERSTANDING THE PROFESSION



Welcome! The world of medicine is an exciting and challenging frontier. This unit consists of four chapters that will introduce you to the field of medicine and medical assisting, offer vital help in communication skills, and provide you with information to enable you to educate your patients. In the first chapter, you will learn how medicine has evolved through the years from the era of superstition and magical cures to the age of modern technology, in which professionalism is expected from allied health professionals. The second chapter introduces you to legal and ethical responsibilities that affect medical professionals. Sometimes, the advances in medicine challenge our laws and ethics. Chapter 3 covers communication skills, and Chapter 4 introduces you to the concepts of patient education. This unit will help you to understand the bond between medicine, professionalism, law, and ethics, and to communication with patients and coworkers. Let the exploration begin!

CHAPTER 1

Medicine and Medical Assisting

Outline

History of Medicine
Modern Medical History
- Strides in the Prevention of Disease Transmission
- Possibilities in Surgery
- Women in Medicine
- Important Discoveries

Recent Medical History
The American Health Care System
The Medical Office
Medical Specialties
The Medical Assisting Profession
- What Is a Medical Assistant?
- Duties of a Medical Assistant

The Professional Medical Assistant
- Scope of Practice and Standards of Care
- Self-Boundaries
- Adaptive and Maladaptive Coping Mechanisms

Members of the Health Care Team
- Health Care Providers
- The Nursing Profession
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The History of Medical Assisting
Medical Assisting Education
- Medical Assisting Program Accreditation

Medical Assisting Credentials
- Certified Medical Assistant (American Association of Medical Assistants)
- Registered Medical Assistant (American Medical Technologist)
- Certified Clinical Medical Assistant (National Healthcareer Association)
- National Certified Medical Assistant (National Center for Competency Testing)

Medical Assisting and Related Allied Health Associations
- Association Membership

Employment Opportunities

Learning Outcomes

Cognitive Domain*

1. Spell and define the key terms
2. Summarize a brief history of modern medicine
3. Explain the system of health care in the United States
4. Discuss the typical medical office
5. List medical specialties a medical assistant may encounter
6. List settings in which medical assistants may be employed
7. List the duties of a medical assistant
8. Describe the desired characteristics of a medical assistant
9. *Differentiate between scope of practice and standards of care for medical assistants*
10. *Compare and contrast provider and medical assistant roles in terms of standard of care*
11. Recognize the role of patient advocacy in the practice of medical assisting

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Learning Outcomes (continued)

12. *Define a patient-centered medical home*
13. *Define the principles of self-boundaries*
14. *Differentiate between adaptive and nonadaptive coping mechanisms*
15. Identify members of the health care team
16. Explain the pathways of education for medical assistants
17. Discuss the importance of program accreditation
18. Name and describe the two nationally recognized accrediting agencies for medical assisting education programs
19. Explain the benefits and avenues of certification for the medical assistant
20. *Discuss licensure and certification as it applies to health care providers*
21. List the benefits of membership in a professional organization
22. *Identify the effect personal morals may have on professional performance*

PSY Psychomotor Domain*

1. *Locate a state's legal scope of practice for medical assistants*
2. Perform within scope of practice
3. Practice within the standard of care for a medical assistant
4. *Develop a plan for separation of personal and professional ethics*
5. Respond to issues of confidentiality

AFF Affective Domain*

1. Demonstrate awareness of the consequences of not working within the legal scope of practice
2. Apply ethical behaviors, including honesty and integrity, in the performance of medical assisting practice
3. *Recognize the impact personal ethics and morals have on the delivery of health care*
4. *Demonstrate the principles of self-boundaries*

***Note: AAMA/CAAHEP 2015 Standards are italicized.**

ABHES Competencies

1. Comprehend the current employment outlook for the medical assistant
2. Compare and contrast the allied health professions and understand their relation to medical assisting
3. Understand medical assistant credentialing requirements and the process to obtain the credential. Comprehend the importance of credentialing
4. Have knowledge of the general responsibilities of the medical assistant
5. Define scope of practice for the medical assistant, and comprehend the conditions for practice within the state that the medical assistant is employed
6. Demonstrate professionalism by:
   a. Exhibiting dependability, punctuality, and a positive work ethic
   b. Exhibiting a positive attitude and a sense of responsibility
   c. Maintaining confidentiality at all times
   d. Being cognizant of ethical boundaries
   e. Exhibiting initiative
   f. Adapting to change
   g. Expressing a responsible attitude
   h. Being courteous and diplomatic
   i. Conducting work within scope of education, training, and ability
7. Comply with federal, state, and local health laws and regulations
8. Analyze the effect of hereditary, cultural, and environmental influences

Key Terms

accreditation
administrative certification
clinical
concierge medicine
continuing education units (CEUs)
inpatient
laboratory
medical assistant
multidisciplinary
multiskilled health professional
outpatient
Patient-Centered Medical Home (PCMH)
practicum
recertification
scope of practice
self-boundaries
specialty

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Case Study

Rob Shelton, CMA, was recently hired as a clinical medical assistant at Great Falls Medical Center and has been told he will be responsible for giving all flu vaccines during his first week as ordered by the physicians. He will also be responsible for performing electrocardiograms for several patients scheduled for annual physical exams. Rob has also been told he will have to help with administrative duties when necessary. What are the clinical duties that Rob has been trained to do through his medical assisting education? What are the administrative responsibilities? Does giving injections fall within Rob's scope of practice? How is this determined? What does Rob have to do to maintain his CMA credential? Professional, credentialed medical assistants are invaluable to the physicians who employ them, and the job outlook continues to be excellent for individuals choosing this exciting career. In this chapter, you will learn what it takes to become a credentialed medical assistant and the skills necessary to earn a medical assisting credential. You will also learn about the benefits of joining a national organization as a professional medical assistant.

Welcome to the field of medicine and to the medical assisting profession! You have selected a fascinating and challenging career, one of the fastest growing specialties in the medical field. The need for the **multiskilled health professional**—an individual with versatile training in the health care field—will continue to grow within the foreseeable future, and you are now a part of this exciting career direction.

To help you understand the significance of the medical knowledge and skills you will receive during your course of study, we begin by taking a chronological look at the history of medicine and then explore the profession of medical assisting.

HISTORY OF MEDICINE

Tremendous achievements in the general health, comfort, and well-being of patients have been made just within the past 100 to 150 years, with the greatest advances occurring in the 20th century. The 21st century has brought continued advancement in cancer research, the human genome project, and the eradication of many diseases. Table 1-1 lists some of the important discoveries in the history of medicine. It is difficult to imagine health care without antibiotics, x-ray machines, or anesthesia, but these developments are fairly new to medicine. For example, penicillin was not produced in large quantities until World War II, and surgery was performed without anesthesia until the mid-1800s. The possibility of cures for some of the devastating diseases humans face gets closer with every research project, and there are many being conducted. Chances are good that the next great medical discovery will result from stem cell and cord blood research.

MODERN MEDICAL HISTORY

The Renaissance was a period of enlightenment in all areas of art, science, and education, and it fostered great strides in medicine. The invention of the printing press and the establishment of great universities made the practice of medicine more accessible to larger numbers of practitioners. Great minds collaborated to advance medical and scientific theories and perform experiments that led to discoveries of enormous benefit in the fight against disease.

During this period, Andreas Vesalius (1514–1564) became known as the "Father of Modern Anatomy." He corrected many of Galen's errors and wrote the first relatively correct anatomy textbook. Soon afterward, William Harvey identified the pumping action of the heart. He described circulation as a continuous circuit pumped by the heart to carry blood through the body. Harvey studied the action of the heart using dogs, not humans.

The microscope was invented in the mid-1660s by a Dutch lens maker, Anton van Leeuwenhoek. He was the first person to observe bacteria under a lens, although he had no idea of the significance of the microorganisms to human health. His instrument also allowed him to accurately describe a red blood cell.

The stethoscope was invented by French physician Rene Laennec in 1816, which gave him insights into classifying respiratory conditions and lung diseases that are still being used today.

John Hunter (1728–1793) became known as the "Father of Scientific Surgery." He developed many surgical techniques that are still used today. Hunter also developed and inserted the first artificial feeding tube

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TABLE 1-1 Important Discoveries in Medicine

Person(s)	Discovery
Andreas Vesalius (1514–1564)	Wrote the first relatively correct anatomy book. Known as the "Father of Modern Anatomy"
William Harvey (1578–1657)	Identified circulation as a continuous circuit pumped by the heart to carry blood through the body
Anton van Leeuwenhoek (1632–1723)	Invented the microscope
John Hunter (1728–1793)	Developed many surgical techniques still used today. Known as the "Father of Scientific Surgery"
Edward Jenner (1749–1823)	Developed the smallpox vaccine in 1796
Benjamin Rush (1746–1813)	Known for efforts to improve the treatment of mentally ill patients. He wrote the first textbook on psychiatry in America.
Rene Laennec (1781–1826)	Invented the stethoscope
Ignaz Semmelweis (1818–1865)	Discovered hand washing to prevent childbed fever
Louis Pasteur (1822–1895)	Promoted using heat to sterilize surgical instruments. Also developed the rabies vaccine. Known as the "Father of Bacteriology" and the "Father of Preventative Medicine"
Florence Nightingale (1820–1910)	Founder of modern nursing
Elizabeth Blackwell (1821–1910)	First woman to complete medical school in the United States in 1849
Clara Barton (1821–1912)	Founded the American Red Cross in 1881
Joseph Lister (1827–1912)	Began applying antiseptics to wounds to prevent infections
Crawford Williamson Long (1815–1878)	Discovered modern anesthesia in 1842
Marie Curie (1867–1934)	Together with her husband, Pierre Curie, discovered polonium and radium, which revolutionized the principles of energy and radioactivity
Wilhelm Konrad Roentgen (1845–1943)	Discovered x-rays in 1895
Sir Alexander Fleming (1881–1955)	Discovered penicillin in 1928
Jonas Edward Salk (1914–1995)	Discovered the polio vaccine in 1952
Albert Sabin (1906–1993)	Discovered the oral polio vaccine in 1961
John Gibbon (1903–1973)	Developed the first heart–lung machine in 1953
C. Walton Lillehei (1918–1999)	Performed first successful open heart surgery in 1954. Known as the "Father of Open Heart Surgery"

into a patient in 1778 and was the first to classify teeth in a scientific manner.

In 1796, Edward Jenner, a physician in England, overheard a young milkmaid explain that she could not catch smallpox because she had already had the very mild cowpox caught while milking her cows. Several weeks later, Jenner inoculated a small boy with smallpox crusts. The boy did not contract the disease, and the prevention for smallpox was discovered. Jenner's discovery of the smallpox vaccine led to more emphasis on prevention of disease rather than on cures.

Also during the early 1800s, the importance of the mind as a part of the health care process was becoming a recognized field of medicine. The first extensive work and writing on mental health was published in 1812 by Benjamin Rush, titled *Medical Inquiries and Observations upon Diseases of the Mind*. He advocated humane treatment of the mentally ill at a time when most were imprisoned, chained, starved, exhibited like animals, or simply killed. Rush's influence began the separate field of study into the working of the mind that became modern psychiatry.

Strides in the Prevention of Disease Transmission

The mid-1880s saw a surge in the study of disease transmission. Louis Pasteur (1822–1895) became famous for his work with bacteria. Pasteur discovered that wine turned sour because of the presence of bacteria. He found that, when the bacteria were eliminated, the wine lasted longer. Pasteur's discovery that bacteria in liquids could be eliminated by heat led to the process known as pasteurization. This finding led to using heat to sterilize

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surgical instruments. Pasteur has been called the "Father of Bacteriology" for this accomplishment. Pasteur also focused on preventing the transmission of anthrax and discovered the rabies vaccine and was honored with the title "Father of Preventive Medicine" for this work.

In the mid-1880s, Ignaz Semmelweis, a Hungarian physician, noticed that women whose babies were born at home with a midwife in attendance had childbed fever less often than those who delivered in well-respected hospitals with prestigious physicians at the bedside. He was ridiculed by the medical establishment and was fired from his position when he required medical personnel to wash their hands in a solution of chlorinated lime before performing obstetric examinations. He was right, of course, and hand washing is still the most important factor in the fight against disease transmission.

At about the same time, Joseph Lister began to apply antiseptics to wounds to prevent infection. The concept was not clearly understood, but before Lister's practices, as many patients died of infection as died of the primitive surgical techniques of the early part of the century.

In 1928, Sir Alexander Fleming, a bacteriologist, accidentally discovered penicillin when his assistant forgot to wash the Petri dishes Fleming had used for experiments. When he noticed the circles of nongrowth around areas of a certain mold, he was able to extract the prototype for one of our most potent weapons against disease. He won the Nobel Prize in 1945 for this accomplishment.

Possibilities in Surgery

Modern anesthesia was discovered in 1842 by Crawford Williamson Long. The effects of nitrous oxide were known by the mid-1700s, but Long discovered its therapeutic use by accident when he observed a group of chemistry students inhaling it for amusement. Before this time, anesthesia consisted of large doses of alcohol or opium, leather straps for patient restraint, or the unconsciousness resulting from pain. Ether and chloroform came into use at about this time.

In 1952, the first successful open heart surgery was performed by C. Walton Lillehei, and the invention of the first heart–lung machine by John Gibbon paved the way for the first successful open heart surgery using the bypass machine in 1953.

Women in Medicine

The 1800s brought the first notable records of the contributions of women to the medical field. Florence Nightingale (1820–1910) was the founder of modern nursing. She set standards and developed educational requirements for nurses.

Elizabeth Blackwell (1821–1910) became the first woman to complete medical school in the United States when she graduated from Geneva Medical College in New York. In 1869, Blackwell established her own medical school in Europe for women only, opening the door for a rapidly expanding role for women in the medical field.

Clara Barton (1821–1912) founded the American Red Cross in 1881 and was its first president. She identified the need for psychological as well as physical support for wounded soldiers in the Civil War.

Marie Curie (1867–1934), a brilliant science student, married Pierre Curie, and together, they discovered polonium and radium. Their discovery revolutionized the principles of energy and radioactivity. Marie and Pierre Curie shared the Nobel Prize for chemistry in 1903. Marie continued the research after Pierre's death and again won the Nobel Prize for physics in 1911.

Important Discoveries

X-rays were discovered in 1895 by Wilhelm Konrad Roentgen when he observed that a previously unknown ray generated by a cathode tube could pass through soft tissue and outline underlying structures. Medical diagnosis was revolutionized, earning Roentgen a Nobel Prize in 1901 for his discovery. The therapeutic uses of x-rays were recognized much later.

Jonas Edward Salk and Albert Sabin discovered the vaccines for polio in the 1950s, which led to near eradication of one of the 20th century's greatest killers.

CHECKPOINT QUESTION

1. How was penicillin discovered?

RECENT MEDICAL HISTORY

Throughout the next three decades, public health protection improved and advancements continued. Government legislation mandated clean water, and citizens reaped the benefits of preventive medicine and education about health issues.

In the 1980s, advancements in radiology gave doctors ways to see inside a patient with such accuracy that patients no longer had to have exploratory surgery. With computed tomography (CT) scans, radiologists can see tumors, cysts, inflammation, and so on, with cross-sectional slices of the patient's body. Magnetic resonance imaging (MRI) uses a strong magnetic field to realign ions to form an image on a screen. MRI is used to detect internal bleeding, tumors, cysts, and so on. Positron emission tomography (PET) has further revolutionized radiology. A "map" of the body shows the tissues in which the molecular probe has become concentrated and can be interpreted by nuclear medicine physicians or radiologists in the context of the patient's diagnosis and treatment plan. PET scans are

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increasingly read alongside CT scans or MRI scans, the combination giving both anatomic and metabolic information (what the structure is and what it is doing). PET is used in clinical oncology, showing tumors and determining areas where cancer has spread or metastasized. Researchers are using these scans in studying the human brain and the heart.

In July 1998, Ryuzo Yanagimachi of the University of Hawaii announced the cloning of mice when 7 of 22 mice were cloned from the cell of a single mouse. In December 1998, researchers from Kinki University in Nara, Japan, cloned 8 calves from a single cell.

In 2006, the final human genome papers were published. After years of work, a team of scientists from both the public and private sectors completed the identification and mapping of human genes. Mapping the sequence of the letters of the human genome that represent the handbook of a human being is a breakthrough that will revolutionize the practice of medicine by paving the way for new drugs and therapies. The achievement is one of the most significant scientific landmarks of all time. Many medicines that can be tailored to an individual's genetic makeup are on the market or in development. New discoveries will continue to expand the parameters of medicine as further research in recombinant DNA, transplantation, immunizations, diagnostic procedures, and so forth push back the boundaries of health care and make today's therapies seem as primitive as those we have just covered. You will be present during this fascinating evolution of health care.

Regenerative medicine is an area of research that has seen real progress in accelerating the healing process to fully restore the health of damaged tissues and organs. The goal of regenerative medicine is to one day be capable of maintaining the body in such a way that there will be no need to replace whole organs. These innovative medical therapies are showing great promise over traditional medical treatments. Stem cell procedures have restored sight to the blind, for example, in an Italian study published June 23, 2010, by the *New England Journal of Medicine* of three patients with alkali burns of the eyes. Figure 1-1 shows a printer used for printing skin cells.

Scientists at Wake Forest Institute for Regenerative Medicine in Winston-Salem, NC, were the first in the world to successfully implant a laboratory-grown organ into humans and, today, are working to grow more than 22 different organs and tissues in the laboratory. A series of child and teenage patients have received urinary bladders grown from their own cells. In addition, they are working to develop cell therapies that can help restore organ function. Figure 1-2 shows a bladder made in the laboratory from the patient's own cells.

Within the next decade, expect to see immunization against or cures for many of the illnesses that continue to plague us. And when we need a new kidney, we can make one in the laboratory!



Figure 1-1 • Scientists at Wake Forest Institute for Regenerative Medicine are using a specialized printer to print skin cells directly onto burns. Various types of skin cells are placed in vials, rather than in cartridges, and then "printed" directly on the wound. (Photo Courtesy of Wake Forest Institute for Regenerative Medicine.)

Your role as a **medical assistant**, the ultimate multiskilled health care professional, will expand as the need for highly trained, versatile medical personnel keeps pace with the ever-changing practice of medicine. Today, heart bypass surgeries and organ transplants are performed routinely. Researchers continue to search for the cures for cancer, acquired immunodeficiency syndrome,



Figure 1-2 • Dr. Anthony Atala of Wake Forest Institute for Regenerative Medicine and other scientists can now make a human bladder from the patient's own cells. (Photo courtesy of Wake Forest Institute for Regenerative Medicine.)

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and many other ailments. Scientists are learning more about mutating organisms and ways to fight them. As a medical assistant, you will witness the progress made as you play a key role in caring for patients.

THE AMERICAN HEALTH CARE SYSTEM

The American health care system is complex and has seen many changes in the past few decades. The enactment of the Patient Protection and Affordable Care Act (ACA) and the series of programs and regulations arising from the ACA will continue to be at the forefront of health care reform for many years. It is now even more important for the professional medical assistant to understand medical insurance as the ACA requires that all Americans, with few exceptions, have health insurance coverage in one form or another or pay a penalty (see Chapter 13). Understanding how health insurance may affect the health care of patients is necessary especially in terms of how managed care plans work. In today's world of managed care, which is discussed in the chapter on health insurance, many patients are a part of a group of covered members of a managed care plan called an HMO (health maintenance organization). In an HMO plan, patients must use the services of a primary physician who must get insurance authorization before referring patients to another physician (such as a specialist) or before providing many treatments in order for the insurance to cover the costs associated with those services. Although the doctor–patient relationship is one of trust and privacy, many people feel that in a managed care system, patients are treated as determined by the insurance companies. The purpose of care being directed by one physician and treatments to be approved by the insurance company is to control health care costs.

Health care costs are also monitored by the government for the Medicare and Medicaid systems through the Centers for Medicare and Medicaid Services (CMS). In the future, the percentage of office visits by patients 65 years of age and older will increase as baby boomers move into this age group. Many of those individuals will be covered under the Medicare system of insurance for the elderly.

As technology advanced the capabilities of medical facilities to operate electronically, the government responded with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which was passed to simplify the **administrative** process of transmitting insurance claims, receiving payments, and sharing private health information. HIPAA is discussed throughout the text and covered thoroughly in Chapter 8. The need to adhere to the rules and regulations of the government drives the management practices of the **outpatient** medical facility. The allied health care arena has grown quickly. New professions have been added to the health care team, and each one is an important part of a patient's total care. As an allied health student, you have an exciting course of study ahead of you. Soon you will find yourself among a caring and conscientious group of health care professionals.

THE MEDICAL OFFICE

Today's medical office is quite different from the office of the past, where patients were treated by their family physician, insurance was filed, and reimbursement was based on a percentage of the cost. Large corporations and hospitals now own many medical clinics, and physicians are their employees. Billing, collections, insurance processing, laboratory procedures, and other tasks performed in the medical office may be outsourced or handled in a central office for the corporation. Medical practices now have the capability to maintain a patient's record without a single piece of paper. Office employees need a general understanding of the many regulations of the government as well as insurance carriers. Every employee must be computer literate and should understand the legal aspects of the medical office. Although there are many medical specialties, the skills and basic functions of any medical office will be similar. With the new technology and the need for constant monitoring of regulations and changes, the medical office employee is now expected to acquire a formal education and certification.

The typical medical office employs one or more physicians. To assist with examining and treating patients, the physician may employ physician extenders such as physician assistants and/or nurse practitioners. All of these are the providers, and they need support staff. The goal of any medical practice is to provide quality care while maintaining sound financial practices within the laws and ethics of the medical profession. To achieve this goal, the physician needs a solid team. The administrative staff handles the financial aspects of the practice, and the clinical staff assists the providers with patient care. However, both aspects of the office must run smoothly as a team to reach the ultimate goal of the practice. The makeup of the team may differ among specialties. For example, an orthopedist may have an x-ray technologist on staff, or an obstetrician may have an on-site sonographer to perform ultrasounds on pregnant patients. Regardless of the mix of the team, the medical assistant is an integral part.

Concierge medicine is another type of health care delivery cropping up across the country. It involves a relationship between a patient and a primary care physician in which the patient pays an annual fee or retainer. This may or may not be in addition to other charges,

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and the patient's insurance may or may not cover some of the services provided in this type of arrangement. In exchange for the retainer, doctors provide enhanced care. Just as a concierge in a five-star hotel caters to the customer's needs, a physician practicing concierge medicine may see only seven to eight patients a day, attending to their particular health care needs.

The day-to-day operation of a medical office requires all the skills you learn in your curriculum. The patient's health care encounter can be pleasant or unpleasant, depending on the skills and the attitude of the team.

CHECKPOINT QUESTION

2. What governmental agency monitors medical care finances?

MEDICAL SPECIALTIES

After completion of medical school, physicians choose a **specialty**. Some prefer treating patients of all ages and will choose family medicine or internal medicine. Others choose surgery and further specialize in fields like cosmetic surgery or vascular surgery. Table 1-2 lists the most common surgical specialties. Table 1-3 lists specialists who may employ medical assistants.

CHECKPOINT QUESTION

3. What is the specialty that treats newborn babies?

THE MEDICAL ASSISTING PROFESSION

What Is a Medical Assistant?

According to the Commission on Accreditation of Allied Health Education Programs (CAAHEP), medical assistants are multiskilled allied health professionals specifically educated to work in ambulatory settings performing administrative and clinical duties. The practice of medical assisting directly influences the public's health and well-being and requires mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession.

Administrative tasks usually focus on office procedures. **Clinical** tasks generally involve direct patient care. Salaries depend on experience, size of practice or corporation, and geographic region. Hours and working conditions for medical assistants vary according to state laws regarding the medical assisting profession and the scope of the specialty of employer and job responsibilities. **Scope of practice** is defined as the procedures, actions, and processes that are permitted for a particular health care profession. State laws and regulations describe the particular requirements for education and training and define the scope of training for health care practitioners.

Because a medical assistant is not licensed, your scope of practice will depend on your physician–employer's delegation of duties according to state law regarding patient care (see Fig. 1-4). For signs that you are crossing the line, see Box 1-1.

Duties of a Medical Assistant

The duties of a medical assistant are divided into three categories: general, administrative, and clinical, which includes **laboratory** duties. The ratio of administrative to clinical duties varies with your job description. For example, if you work in a family practice office, you may do mostly clinical work; a psychiatric practice will probably require primarily administrative duties.

Administrative Duties

Performing administrative tasks correctly and in a timely manner will make the office more efficient and productive. Conversely, an office that is not managed correctly can result in loss of business, poor patient service, and

TABLE 1-2 Common Surgical Specialties

Surgical Specialty	Description
Cardiovascular	Repairs physical dysfunctions of the cardiovascular system
Cosmetic, reconstructive	Restores, repairs, or reconstructs body parts
General	Performs repairs on a variety of body parts
Maxillofacial	Repairs disorders of the face and mouth (a branch of dentistry)
Neurosurgery	Repairs disorders of the nervous system including brain and back surgery
Orthopedic	Corrects deformities and treats disorders of the musculoskeletal system
Thoracic	Repairs organs within the rib cage
Trauma	Limited to correcting traumatic wounds
Vascular	Repairs disorders of blood vessels, usually excluding the heart

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TABLE 1-3 Specialists Who Employ Medical Assistants

Specialty	Description
Allergist	Performs tests to determine the basis of allergic reactions to eliminate or counteract the offending allergen
Anesthesiologist	Determines the most appropriate anesthesia during surgery for the patient's situation
Cardiologist	Diagnoses and treats disorders of the cardiovascular system, including the heart, arteries, and veins
Chiropractor	Manipulates the musculoskeletal system and spine to relieve symptoms
Dermatologist	Diagnoses and treats skin disorders; may provide cosmetic treatments
Emergency physician	Usually works in emergency or trauma centers
Endocrinologist	Diagnoses and treats disorders of the endocrine system and its hormone-secreting glands, e.g., diabetes and dwarfism
Epidemiologist	Specializes in epidemics caused by infectious agents; studies toxic agents, air pollution, and other health-related phenomena; and works with sexually transmitted disease control
Family practitioner	Serves a variety of patient age levels, seeing patients for everything from ear infections to school physicals
Gastroenterologist	Diagnoses and treats disorders of the stomach and intestine
Gerontologist	Limits practice to disorders of the aging population and its unique challenges
Gynecologist	Diagnoses and treats disorders of the female reproductive system and may also be an obstetrician or limit the practice to gynecology, including surgery
Hematologist	Diagnoses and treats disorders of the blood and blood-forming organs
Immunologist	Concentrates on the body's immune system and disease incidence, transmission, and prevention
Internist	Limits practice to diagnosis and treatment of disorders of internal organs with medical (drug therapy and lifestyle changes) rather than surgical means
Neonatologist	Limits practice to the care and treatment of infants to about 6 weeks of age
Nephrologist	Diagnoses and treats disorders of the kidneys
Neurologist	Limits practice to the nonsurgical care and treatment of brain and spinal cord disorders
Obstetrician	Limits practice to care and treatment for pregnancy, the postpartum period, and fertility issues
Oncologist	Diagnoses and treats tumors, both benign (noncancerous) and malignant (cancerous)
Ophthalmologist	Diagnoses and treats disorders of the eyes, including surgery (an optometrist monitors and measures patients for corrective lenses, and an optician makes the lenses or dispenses contact lenses)
Orthopedist	Diagnoses and treats disorders of the musculoskeletal system, including surgery and care for fractures
Otorhinolaryngologist	Diagnoses and treats disorders of the ear, nose, and throat
Pain Management	Specializes in the treatment of patients with chronic pain
Pathologist	Analyzes tissue samples or specimens from surgery, diagnoses abnormalities, and performs autopsies
Pediatrician	Limits practice to childhood disorders or may be further specialized to early childhood or adolescent period
Podiatrist	Diagnoses and treats disorders of the feet and provides routine care for diabetic patients who may have poor circulation and require extra care
Proctologist	Limits practice to disorders of the colon, rectum, and anus
Psychiatrist	Diagnoses and treats mental disorders
Pulmonologist	Diagnoses and treats disorders of the respiratory system
Radiologist	Interprets x-rays and imaging studies and performs radiation therapy
Rheumatologist	Diagnoses and treats arthritis, gout, and other joint disorders
Surgeon	Performs surgical procedures (see Table 1-2, Common Surgical Specialties)
Urologist	Diagnoses and treats disorders of the urinary system, including the kidneys and bladder, and disorders of the male reproductive system

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BOX 1-1 Scope of Practice for a CMA (AAMA)

It is important that you and your employers be familiar with the laws governing the practice of medicine in your state. Any limitations placed on allied health personnel would be found there. The American Association of Medical Assistants' (AAMA's) *Occupational Analysis of the CMA (AAMA)* outlines the knowledge and skills that define the profession of medical assisting. The scope of practice is addressed with a disclaimer that states, "this occupational analysis does not delineate delegable responsibilities" and directs specific questions regarding the legal scope of practice of the CMA (AAMA) to the Director and Legal Counsel of AAMA. Physicians who employ certified medical assistants do so with the understanding that the person holding those credentials has been through a formal training program that provides entry-level competence and has passed a comprehensive examination that evaluates the knowledge and critical thinking skills needed according to the standards of the profession.

loss of revenue. Following is a partial list of standard administrative duties:

- Managing and maintaining the waiting room, office, and examining rooms
- Handling telephone calls
- Using written and oral communication
- Preparing and maintaining medical records
- Bookkeeping
- Scheduling appointments
- Ensuring good public relations
- Maintaining office supplies
- Screening sales representatives
- Filing insurance forms
- Processing the payroll
- Arranging patient hospitalizations
- Sorting and filing mail
- Instructing new patients regarding office hours and procedures
- Applying computer concepts to office practices
- Implementing diagnostic and procedural coding for insurance claims
- Completing medical reports

Clinical Duties

Clinical responsibilities vary among employers. As mentioned, state laws regarding the scope of practice for medical assistants also differ. In some states, medical assistants are not allowed to perform invasive procedures, such as injections or laboratory testing. Remember, states leave the responsibility for the medical assistant's actions with the physician–employer. Both the American Association of Medical Assistants (AAMA) and American Medical Technologists (AMT) have outlined the duties of a medical assistant. Following is a partial list of clinical duties:

- Preparing patients for examinations and treatments
- Assisting other health care providers with procedures
- Preparing and sterilizing instruments
- Completing electrocardiograms
- Applying Holter monitors
- Obtaining medical histories
- Administering medications and immunizations
- Obtaining vital signs (blood pressure, pulse, temperature, respirations)
- Obtaining height and weight measurements
- Documenting in the medical record
- Performing eye and ear irrigations
- Recognizing and treating medical emergencies
- Initiating and implementing patient education

Laboratory Duties

A medical assistant may perform the following types of laboratory duties in the medical office:

- Low-complexity laboratory tests as determined by the Clinical Laboratory Improvement Amendments (CLIA) of 1988
- Collecting and processing laboratory specimens

CHECKPOINT QUESTION

4. What are five administrative duties and five clinical or laboratory duties performed by a medical assistant?

PATIENT EDUCATION

The Health Care System

As a medical assistant, you play a key role in teaching patients not only about their health but also about the health care system. Some patients become confused and are overwhelmed by the number and variety of health care workers. You can help by providing the answers to these common questions:

- What is a multidisciplinary team?
- Who will conduct the examination (physician, physician's assistant, or nurse practitioner)?
- What is a medical assistant?
- What do medical assistants do?
- What kind of training is required for medical assistants?
- What does credentialing mean for a medical assistant?

When patients understand the health care field and know what to expect, they recover more quickly and are more comfortable asking questions about their health.

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THE PROFESSIONAL MEDICAL ASSISTANT

Experts say that professionalism is the one quality all employers seek. An allied health care career holds excitement, variety, and prestige, but with that comes a responsibility to the patients being served. This requires professionalism and a strong work ethic. Work ethic refers to the commitment to your job and is a reflection that you place your job at high importance in your life. Table 1-4 focuses on the actions of an employee with a strong work ethic.

One sign of professionalism and seriousness of purpose is membership in a professional organization. The benefits of membership will be invaluable to you and your future. Participation in a professional organization keeps you abreast of changes and issues facing your profession. If you are a student member, continue as an active member. If not, consider joining. Many employers will pay dues and other expenses for professional activities. Information about joining these organizations can be found at their Web sites (see Media Menu).

Medical assistants play a key role in creating and maintaining a professional image for their employers. Medical assistants must always appear neat and well groomed. Clothing should be clean, pressed, and in good condition. Footwear should be neat, comfortable, and professional. If sneakers are approved by your supervisor, they should be all white. Only minimal makeup and jewelry should be worn. Tattoos and body piercings should not be visible. You should wear a watch with a second hand. Fingernails should be clean and, as per the CDCs guideline for and hygiene in health care settings, should be no longer than ¼ inch, and artificial nails should not be worn when there is direct patient contact. If polish is worn, it should be pale or clear (Fig. 1-3).

Medical assistants must be dependable and punctual (see Table 1-4). Tardiness and frequent absences are not acceptable. If you are not at work, someone must fill in for you causing an extra workload for the rest of the staff. Medical assistants must be flexible and adaptable to meet the constantly changing needs of the office. Weekend and holiday hours may be required in some specialties. You must be a team player and go the extra mile to make sure patients are receiving excellent care.



Figure 1-3 • Medical assistants play a key role in creating and maintaining a professional image for their employers.

Additional characteristics vital to the profession include the following:

- Excellent written and oral communications skills. You will be required to interact with patients and other health care workers on a professional basis.

TABLE 1-4 Do You Have a Strong Work Ethic?

Always do the right thing	Your physician–employer has been in the papers lately for charges of tax evasion. Everywhere you go, people want to talk about it. You do *not* discuss it with anyone, saying, "Dr. Miller is my employer, and I am loyal to him."
Always try to exceed expectations	You are asked to head a committee to determine patient satisfaction. You complete the task with enthusiasm and see it as a chance to shine.
Be a team player	A coworker's mother is in the hospital, and your coworker needs to take a few days off. You were scheduled to be off, but you step in to cover for her knowing that patient care will be affected if both of you are out of the office.
Be self-motivated	The physician has seen his last patient. It's time to go home, but the autoclave needs to be emptied. You stay the few extra minutes it takes to put the sterilized items away.
Be committed to the organization	You overhear two patients complaining about their wait time. You offer your apologies and tell them you will pass on their concerns. You do just that and suggest that the problem of waiting times be discussed at the next staff meeting. Patient satisfaction is your goal because you are committed to the practice.

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Only accurate spelling and excellent grammar skills are acceptable. (Communication skills are covered in appropriate sections of this text.)

- Maturity. Remaining calm in an emergency or during stressful situations and being able to calm others is a key skill. You must also be able to accept constructive criticism without resentment.
- Accuracy. The physician must be able to trust you to pay close attention to detail because the health and well-being of the patients are at stake. Careless errors could cause harm to the patient and result in legal action against the physician.
- Honesty. If errors are made, they must be admitted, and corrective procedures must be initiated immediately. Covering up errors or blaming others is dishonest. So are using office property for personal business, making telephone calls during work time, and falsifying time records. Such practices can ruin your career and are to be strictly avoided.
- Ability to respect patient confidentiality. Few issues in health care can damage your career as profoundly as divulging confidential patient information, and the HIPAA privacy law mandates that patient privacy be protected at all costs.
- Empathy. The ability to care deeply for the health and welfare of your patients is the heart of medical assisting.
- Courtesy. Every patient who enters the office must be treated with respect and gracious manners.
- Good interpersonal skills. Tempers may flare in stressful situations; learn to keep yours in check and work well with all levels of interaction.
- Ability to project a positive self-image. If you are confident in your abilities as a professional, this attitude will reflect in all of your relationships.
- Ability to work as a team player. The patient's return to health is the most important objective of the office. Each staff member must work toward this goal.
- Initiative and responsibility. You must be able to move from one task to another quickly and without direct supervision. The entire team expects each of its members to perform assigned responsibilities.
- Tact and diplomacy. The right word at the right moment can calm and soothe anger, depression, and fear and relieve a potentially unsettling situation.
- High moral and ethical standards. Project for your profession the highest level of professionalism.
- Demonstration of adaptive coping mechanisms. The health care arena is constantly changing, and you must be able to see the positive in change.

CHECKPOINT QUESTION

5. What are eight characteristics that a professional medical assistant should have?

Scope of Practice and Standards of Care

Health professionals operate under a scope of practice—the specific activities allowed by state licensing boards and laws or by the practice itself. The term "scope of practice" refers to all medical professions, and staying within that scope is an important part of your work ethic. Figure 1-4 shows a decision-making tool for clinical professionals.

A handful of states specify scope of practice for medical assistants. However, in most of those states, medical assistants are barred from providing any type of direct patient care or procedure without the presence of a licensed medical professional on-site, which is typically a doctor, physician assistant, or nurse practitioner.

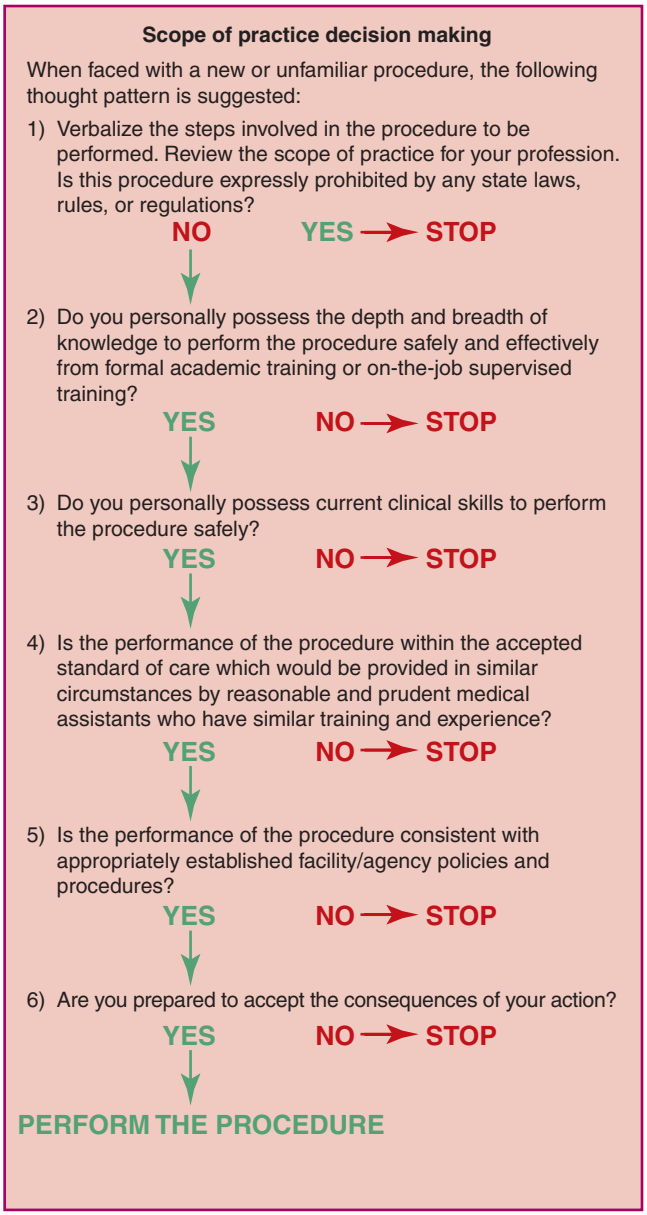


Figure 1-4 • Scope of Practice Decision-Making Tree. (Adapted from the Washington State Department of Health, Nursing Care Quality Assurance Commission, "Scope of Practice Decision Tree.")

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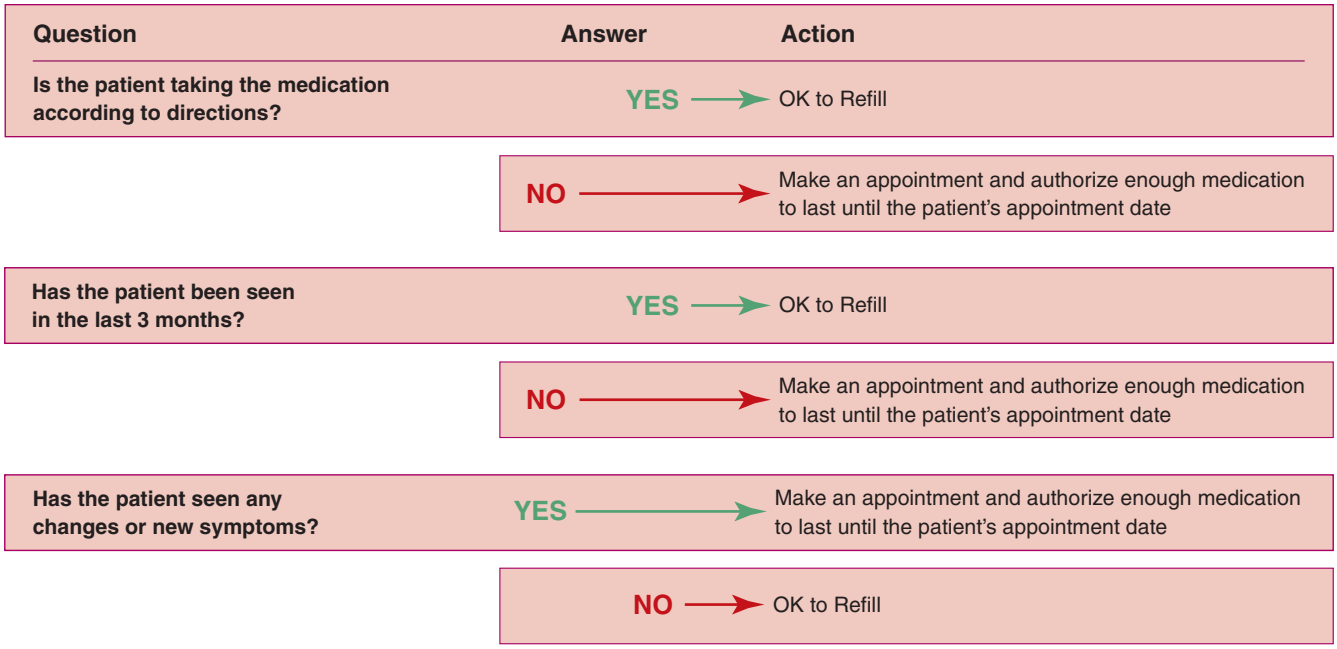


Figure 1-5 • Sample flow sheet representing established protocol set by physician.

In states with no scope of practice, your duties as a medical assistant depend on those assigned by the physician, physician's assistant, or nurse practitioner who oversees you. A medical assistant's scope of practice is based on his or her education. The educational program that a medical assistant completes will determine what knowledge and skills the medical assistant possesses. Tasks that require medical judgment or interpretation are reserved for providers. In some cases, however, a provider will establish a specific protocol for certain patient encounters. For example, a patient's request for a refill on a narcotic medication may be handled by a medical assistant through the use of a flow chart. Figure 1-5 shows a typical tool used for such physician-delegated tasks. Protocols for decision guidelines are developed through experience working with your physician and are always approved by the physician before implementation.

Not only will you, the medical assistant, be held responsible for your actions, but the medical professional who oversees you will be held personally responsible for your actions as well. The provider can be sued for any actions you take that cross over into the practice of medicine or that may potentially harm a patient and can even result in losing his or her license. Even something as seemingly innocent as telling a patient over the phone not to worry about a symptom could be construed as "practicing medicine without a license."

In addition to practicing within the scope of your education, you must also be mindful of the standard of care you and your providers are giving. Standards of care refer to generally accepted guidelines and principles that health care practitioners follow in the practice of medicine. For instance, it is a standard of care that patients on blood thinners undergo blood coagulation labs at regular intervals. It is a standard of care that people with chronic obstructive pulmonary disease receive an annual flu vaccine and a pneumococcal vaccine as needed. Standards of care can involve tests used to diagnose or screen for diseases, such as mammograms for breast cancer, as well as treatment options. Legally, the standard of care is considered the manner in which other clinicians in the community typically practice.

Standards of care may come from evidence-based guidelines, decades of practice, community standards, and licensing and regulatory agencies, such as the Joint Commission and the Centers for Medicare and Medicaid Services. Hospitals and insurance organizations also set standards of care when they release practice guidelines, as do large medical organizations, such as the American Heart Association and the American Diabetes Association.

As a medical assistant, you must also adhere to accepted standards of care for any clinical services you provide. For instance, if you give an injection incorrectly, resulting in a problem for the patient, then the technique you used may be questioned as to whether it met the agreed-upon standard of care.

PSY Self-Boundaries

What kind of person are you? Are you a friendly, outgoing person who immediately bonds with everyone you meet and has no problem sharing personal information? Or, are you more reserved, polite but private, maintaining strict boundaries between your personal and professional lives?

The answer is important because, when you work in the medical field, it is critical that you maintain what are called **self-boundaries**. This means setting limits on the relationships between yourself and your patients. Those limits, or boundaries, help delineate the personal from the professional and enable you to avoid inappropriate behavior with patients or even being perceived as displaying such inappropriate behavior.

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Self-boundaries are particularly important in a health care setting because trust and confidentiality are so important. If you relax your boundaries and become friends with a patient, then you will, most likely, learn confidential information about his or her medical condition or other aspects of his or her life that you may inadvertently share. Conversely, sharing information about yourself with a patient begins to move that relationship from the professional to the personal, which is often inappropriate. You may already know some of your patients in your personal life. The What If box addresses such situations.

Another way to think about self-boundaries is to recall the rule many of us learned at a young age: Never talk about sex, politics, or money unless you know the other person *very* well. So, for instance, if you take a patient's blood pressure on election day and notice that she is wearing an "I voted" sticker, it is inappropriate to ask who she voted for or to share information about your own vote.

Other boundary violations can occur if you misuse the power you have as a member of the health care team or betray a patient's trust in any way. For instance, if you handle the billing for your office, and a patient calls to tell you that her husband just lost his job and she needs to delay payment, sharing that information with anyone other than your manager is a violation of the patient's trust.

Boundary violations also include not respecting the patient's religious, cultural, and social beliefs and values; neglecting the patient; and abusing the patient financially, verbally, emotionally, and physically. One of the worst boundary violations is crossing the sexual line. This could be as seemingly benign as remaining in the examining room as the patient undresses or as overt as inappropriately touching a patient or developing a sexual relationship with him or her. Box 1-2 outlines signs that you are crossing the self-boundary limits and offers suggestions for preventing boundary violations.

BOX 1-2 Signs That You're Crossing Self-Boundary Limits

- Thinking about a patient when you're not at work
- Seeing the patient outside of work and/or sharing personal information
- Inappropriately touching the patient or the patient inappropriately touching you
- Keeping secrets with the patient
- Not sharing important aspects of the patient's behavior with the medical professionals in the office

To prevent boundary violations:

- Do not accept gifts from patients.
- Do not share personal information with patients.
- Do not develop personal relationships with patients.
- Do not accept invitations to personal parties or other social events from patients.

CHECKPOINT QUESTION

6. Why is it important to set self-boundaries?

WHAT IF?

You work in a busy family practice. You know several of the patients you serve because you are all members of a small community. How do you stay within your boundaries?

This can be an uncomfortable and touchy situation. Even though it is understood that you will not share information acquired in the course of your duties, no one wants to assist with the Pap smear of his or her son's teacher. When such a situation arises, it is appropriate to ask the patient if she would prefer to have another medical assistant step in and assist the physician. If this is not possible, try to make the patient as comfortable as possible by making conversation to distract her. Remember, humor can be a valuable tool if used appropriately. Follow the lead of the patient. Many patients will understand that this is your job, and they will trust that you will be the professional you were trained to be. Maintaining a professional demeanor will help you stay within your boundaries.

Adaptive and Maladaptive Coping Mechanisms

There is no doubt that the workplace—any workplace—is stressful. But a health care setting has stresses beyond the normal issues of workload, coworker interactions, and authoritarian supervisors. You're also dealing with sick, cranky patients and their commonly serious illnesses. How you cope with the stress and the situations that arise as a result will make a major difference in your professional success. For instance, suppose your office just installed a new electronic record management system. You not only have to learn the new system; you have to change nearly every aspect of how you work. Plus, you have to manually enter patient background information currently residing in paper files while continuing to function as medical office.

People with an adaptive coping mechanism would view the new system as an exciting learning opportunity, one that will add to their professional skills. They volunteer for extra training, view the need to enter the background information into the system as an opportunity to identify gaps in patient information, and restructure their workflow to reduce wasted time and identify opportunities for improvement.

Conversely, those with a maladaptive coping mechanism complain to their coworkers and patients about the extra work, convince themselves that the new system takes more time and effort, and do the bare minimum to maintain their jobs.

Now suppose that the transition to the new system is challenging, with the glitches and delays that are

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common with all new computer systems. At the end of one particularly difficult day, you feel drained. When you go home, do you go for a brisk walk to clear your head and stretch tight muscles? Or, do you get a spoon and devour a half gallon of butter pecan ice cream?

Obviously, the first choice is the more adaptive coping mechanism. Too often, people deal with stress by turning to food, alcohol, drugs, or other maladaptive behavior. Instead, consider

- Taking a candlelit bubble bath
- Meeting a friend for dinner
- Writing in a journal
- Going bowling
- Cleaning out a closet

Other aspects of adaptive coping behavior include the following:

- **Identifying ways to modify the stressor**. Maybe you cannot get rid of the new electronic records system, but you can ask for additional training.
- **Reframing the situation**. Instead of viewing the new system as cumbersome and time consuming, focus on how it will positively impact the office in a few months, when everyone is familiar with it, and patient medical information is just a few clicks away.
- **Creating boundaries**. Stay away from those in the office who are being negative about the new system; negativity is contagious.

When you develop tools to use when you must adapt in the workplace, you become a positive and valued member of the team.

MEMBERS OF THE HEALTH CARE TEAM

As a medical assistant, you will work with a variety of health care workers. Today's health care team must be **multidisciplinary**. A multidisciplinary team is a group of specialized professionals who are brought together to meet the needs of the patient. Medical assistants are noted as being essential members of the **Patient-Centered Medical Home (PCMH) team** (see Chapter 13). This type of health care delivery model utilizes a team of providers to meet the needs of the patient including wellness, acute, and chronic care. Some patients will need the assistance of many individuals, whereas other patients may only need one or two members of the team; however, the professional medical assistant may be responsible for coordinating the care to make sure patients receive proper treatment in a manner that is timely, respectful, and with compassion.

Health Care Providers

Physicians

Physicians generally are the team leaders. They are responsible for diagnosing and treating the patient. Minimum education for a physician consists of a 4-year undergraduate degree, often consisting of premedical studies, and 4 years of medical school, followed by a residency program usually concentrating on a certain specialty. The residency program can vary from 2 to 6 years based on the field of study. Physicians must pass a licensure examination for the state in which they wish to practice. A physician who chooses a specialty must pass an examination in that area of study and become board certified by the American Board of Medical Specialties (ABMS). The title "doctor" refers to a medical doctor (M.D.) or doctor of osteopathy (D.O.), but is also used to designate those who have received a doctoral degree in any discipline. For example, a podiatrist uses the title "Dr." He or she holds a doctorate degree in podiatric medicine or, a DPM. One who reaches the highest degree of education in his or her field receives a Ph.D. (Doctorate of Philosophy). Psychologists, educators, and others may hold doctoral degrees but are not medical doctors. In all instances, this title necessitates a degree of respect for the knowledge and hard work the recipient has shown.

Physician Assistants

Physician assistants (PAs) are specially trained and usually licensed. They work closely with a physician and may perform many of the tasks traditionally done by physicians. What a physician assistant does varies with training, experience, and state law. Their scope of practice corresponds to the supervising physician's practice. In general, a physician assistant will see many of the same types of patients as the physician. The cases handled by physicians are generally the more complicated medical cases or those cases that require care that is not a routine part of the PA's scope of work. Close consultation between the patient, the PA, and the physician is done for unusual or hard to manage cases. Forty-nine states, the District of Columbia, and Guam have enacted laws that allow PAs to prescribe medications. Their educational levels vary from several months to 2 years, depending on the program and the individual's background in medicine. Most PA programs require a Bachelor's degree and 2 to 4 years of experience in the medical field.

National certification is available through the American Association of Physician Assistants. A physician assistant may also choose to become certified by the National Commission on Certification of PAs (NCCPA) and become a PA-C. This requires the PA to acquire 100 hours of continuing medical education every 2 years and take a **recertification** exam every 6 years.

Nurse Practitioners

Nurse practitioners (NPs) are trained to diagnose patients and treat illnesses. In most states, NPs can write prescriptions, operate their own offices, and admit patients to hospitals. In other states, NPs work more closely with a physician. NPs are experienced RNs and, in most cases, have a master's degree in nursing with

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the addition of specialized training as an NP. In some states, NPs are regulated by the Board of Nursing. In five states, they are regulated by the Board of Nursing and the Board of Medicine. There has been a recent collaborative effort by the American Academy of Nurse Practitioners (AANP) to identify the Nurse Practitioners' Primary Care Competencies, which include adult, family, gerontology, pediatrics, and women's health.

The Nursing Profession

Nurses are trained to work with physicians and implement various patient care needs in the **inpatient** or hospital setting. Their job descriptions vary according to their experiences, specialties, and certifications. There are several levels of education in nursing. A Bachelor of Science (BS) degree in nursing requires 4 years of college. A Licensed Practical Nurse (LPN) must complete a 1-year program. A nurse with an Associate in Applied Science (AAS) degree in nursing attends 2 years of college and becomes a Registered Nurse (RN). The nursing profession also monitors the education and provides the means for certification of the Certified Nursing Assistant (CNA I and CNA II). CNAs offer personal care and assist in nursing tasks. CNA programs usually last 4 to 6 weeks.

Allied Health Professionals

Allied health care professionals make up a large section of the health care team. Box 1-3 lists and describes some

BOX 1-3 Allied Health Care Professionals

Cardiovascular technologist—Assists in diagnostic process and treatment stage of all related heart and vascular problems

Dental assistant—Works under the supervision of dentists by doing a wide range of tasks in the dental office, ranging from patient care to administrative duties to laboratory functions

Dental hygienist—Trained and licensed to work with a dentist by providing preventive care

Electrocardiograph technician—Assists with the performance of diagnostic procedures for cardiac electrical activity

Electroencephalograph technician—Assists with the diagnostic procedures for brain wave activity

Electroneurodiagnostic technologist—Assists in the recording and study of the electrical activity of the brain and nervous system using a variety of techniques and instruments

Emergency medical technician—Trained in techniques of administering emergency care en route to trauma centers

Health information technologist—Trained in managing medical records, health care coding, and HIPAA regulations

Laboratory technician—Trained in performance of laboratory diagnostic procedures

Medical assistant—Trained in administrative, clinical, and laboratory skills for the medical facility

Medical coder—Assigns appropriate codes to report medical services to third-party payers for reimbursement

Medical office assistant—Trained in the administrative area of the outpatient medical facility

Medical transcriptionist—Trained in administrative skills; produces printed records of dictated medical information

Nuclear medical technician—Specializes in diagnostic procedures using radionuclides (electromagnetic radiation); works in a radiology department

Nutritionist—Addresses dietary needs associated with illness; assists and trains patients with special diets for weight control and supplementation needed for patients undergoing cancer treatment, etc.

Occupational therapist—Evaluates and plans programs to relieve physical and mental barriers that interfere with activities

Paramedic—Trained in advanced rescue and emergency procedures

Pharmacist—Prepares and dispenses medications by the physician's order

Phlebotomist—Collects blood specimens for laboratory procedures by performing venipuncture

Physical therapist—Plans and conducts rehabilitation to improve strength and mobility

Polysomnographer—Performs sleep diagnostics that are required for the diagnosis of sleep disorders

Psychologist—Trained in methods of psychological assessment and treatment

Radiographer—Works with a radiologist or physician to operate x-ray equipment for diagnosis and treatment. Radiography technologists may specialize in computed tomography/magnetic resonance imaging, nuclear medicine, mammography, etc.

Respiratory therapist—Trained to preserve or improve respiratory function

Risk manager—Identifies and corrects high-risk situations within the health care field

Sonographer—Uses high-frequency sound waves to image internal structures in the human body including abdominal organs, pelvic organs, small parts, and the vascular system

Speech therapist—Treats and prevents speech and language disorders

Surgical technician—Assists in the care of the surgical patient in the operating room and to function as a member of the surgical team

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of these team members. The educational requirements and responsibilities vary greatly among these professionals. One thing they all have in common is the support of a professional organization. Medical assistants fall into this category.

THE HISTORY OF MEDICAL ASSISTING

Medical assisting as a separate profession dates from the 1930s. In 1934, Dr. M. Mandl recognized the need for medical professionals who possessed the skills required in a medical office environment and opened the first school for medical assistants in New York City. Although medical assistants were employed before 1934, no formal schooling was available. Office assistants were trained on the job to perform clinical procedures, or nurses were trained to perform administrative procedures. The need for a highly trained professional with a background in administrative and clinical skills led to the formation of an alternative field of allied health care. In 1956, the AAMA, a professional organization for medical assistants, was founded during a meeting of medical assistants in Milwaukee, Wisconsin. The constitution and bylaws adopted by the group were commended by the American Medical Association (AMA), the professional association of licensed physicians. In 1959, Illinois recognized the AAMA as a not-for-profit educational organization. The national office was established in Chicago, with state and local chapters throughout the United States. In 1963, a certification examination for CMA was conducted that would set the standards required for medical assistant education. The first AAMA examinations were given in Kansas, California, and Florida. In the next two decades, the profession grew rapidly. The AMA collaborated in the development of the curriculum and **accreditation** of educational programs. In 1974, the U.S. Department of Health, Education, and Welfare recognized the AAMA Curriculum Review Board in conjunction with the American Medical Association's Council on Medical Education as an official accrediting agency for medical assisting programs in public and private schools.

In 1991, the Board of Trustees of the AAMA approved the current definition of medical assisting: Medical assisting is an allied health profession whose practitioners function as members of the health care delivery team and perform administrative and clinical procedures. Medical assistants continue to be vigilant for threats to their right to practice their profession. Each state mandates the actions of allied health professionals. It is the responsibility of medical assistants to be familiar with the laws of the state in which they are working. Membership in the AAMA exceeds 20,000 medical assistants, with more than 300 local chapters in 43 states. A complete history of the AAMA is available at www.aama-ntl.org. Box 1-4 outlines important changes made by the House of Delegates of the AAMA.

BOX 1-4 AAMA House of Delegate Changes

- In 1995, the American Association of Medical Assistants (AAMA) House of Delegates approved changing the eligibility pathway for candidates of the AAMA certification examination as follows: "Any candidate for the AAMA CMA Certification Exam must be a graduate of a CAAHEP-accredited medical assisting program." Before June 1998, medical assistants who had been employed by a physician for 1 year full-time or 2 years part-time were eligible to sit for the CMA Certification Examination.
- In 2001, AAMA made the decision to grant graduates of medical assisting programs accredited by the Accrediting Bureau of Health Education Schools immediate eligibility to sit for the certified medical assistant (CMA) examination beginning in January 2002.
- In January 2003, all CMAs employed or seeking employment were required to have current certification to use the CMA credentials in connection with employment.
- Effective January 2007, CMAs recertifying by continuing education method must attain 30 credits that are AAMA approved, with 10 recertification points in each content category: general, administrative, and clinical. Prior to 2007, 20 of the 60 continuing education units required had to be AAMA approved with 15 recertification points in each content category.
- In 2007, Certified Medical Assistant® became a trademark.
- In 2008, the CMA credentials changed to CMA (AAMA) in order to differentiate from other credentials being offered in the marketplace.
- In 2008, the Curriculum Review Board of the AAMA Endowment was officially changed to the Medical Assisting Education Review Board (MAERB).

CHECKPOINT QUESTION

7. What prompted the establishment of a school for medical assistants?

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LEGAL TIP

Who's the Boss

Although a nurse's training involves inpatient or hospital care, some physicians choose to employ nurses in their offices. In some states, nurses working in physician offices are not allowed to supervise or delegate their authority to medical assistants. However, nurses and medical assistants work side by side in many instances because the medical assistant works under the supervision of the physician, not the nurse. For example, in the North Carolina law regarding this issue, the legislation refers to medical assistants as "unlicensed health care personnel." Medical assistants are certified, not licensed. There is a difference. **Certification**, by definition, indicates a higher level of competence. The legal issues involving licensure and certification are discussed in Chapter 2.

MEDICAL ASSISTING EDUCATION

A medical assisting curriculum prepares individuals for entry into the medical assisting profession. Medical assisting programs are found in postsecondary schools, such as private business schools and technical colleges, 2-year colleges, and community colleges. Programs vary in length. Programs of 6 months to a year offer a certificate of graduation or a diploma, and 2-year programs award the graduate an associate degree. The 2-year curriculum usually includes general studies such as English, mathematics, and computer skills, in addition to the core courses, such as medical terminology and insurance coding. The curriculum in every accredited program must include the skills determined by the accrediting agency. Figure 1-6 shows students learning to take a patient's pulse rate. Box 1-5 specific requirements for an accredited program are discussed later.



Figure 1-6 • Students practice competencies taught in their medical assisting classes. Their scope of practice is determined by their training.

BOX 1-5 AAMA Continuing Education

Continuing education units (CEUs) can be acquired by attending American Association of Medical Assistants (AAMA)-approved seminars, through articles in the organization's bimonthly publication, and by completing self-studies available through AAMA. Membership in AAMA is not required for maintaining the certified medical assistant credentials, but one of the member benefits is the maintenance of a CEU registry. Many state societies and local chapters offer AAMA-approved CEUs at their meetings.

Accredited programs must include a practicum. A **practicum** or externship is an educational course offered in the last module or semester during which the student works in the field gaining hands-on experience. It varies in length from 160 to 240 hours. Students are not paid but are awarded credit toward the degree (see the last chapter, *Making the Transition: Student to Employee*, for more detailed information). Some schools offer career placement services.

After you finish school, your education should not stop. You should continue to take courses on various related topics, and earning a medical assisting credential will require you to submit continuing education units (CEUs) to maintain your credential (see Box 1-4). These may include new computer programs, new clinical procedures, new laws and regulations, or pharmaceutical updates. Membership to professional organizations, such as the AAMA, gives opportunities to earn CEUs through seminars and conferences, and some employers pay for conferences (see additional information given in this chapter). In some situations, conference costs may be listed as a tax deduction when filing your income tax.

Medical Assisting Program Accreditation

Accreditation is a nongovernmental professional peer review process that provides technical assistance and evaluates educational programs for quality based on pre-established academic and administrative standards. Medical assisting program accreditation is based on a school's adherence to the essentials of a sound education and services for students. The skills that medical assistants need to be successful in a job are taught and documented in a competency-based format. Entry-level competency is acquired and documented in a competency-based format

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that includes the specific skill to be mastered, the conditions under which you are to perform the skill (including equipment and supplies needed), and the standard of performance for the skill.

The Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), in collaboration with the Medical Assisting Education Review Board (MAERB), accredits medical assisting programs in both public and private postsecondary institutions throughout the United States. According to the CAAHEP Web site, CAAHEP is the largest programmatic accreditor in the health sciences field. In collaboration with its Committees on Accreditation, specifically the MAERB, CAAHEP reviews and accredits over 2,000 educational programs in 22 health science occupations. Its mission is to assure quality health profession education to serve the public interest. CAAHEP processes, actions, and strategies are guided by integrity, collaboration, accountability, and consensus.

The Accrediting Bureau of Health Education Schools

The Accrediting Bureau of Health Education Schools (ABHES) accredits private postsecondary medical assisting programs. ABHES is nationally recognized by the U.S. Secretary of Education as a private, nonprofit, independent accrediting agency. ABHES enhances the quality of education and training and promotes institutional and programmatic accountability through systematic and consistent program evaluation. Its mission is to assure the quality of the programs it accredits and assist in the improvement of the programs. This quality determination is accomplished by rigorous and systematic evaluation based on valid standards.

The goals of ABHES focus on three key areas: recognition, resources, and service, all of which it believes to be essential and paramount to achieving its mission.

CHECKPOINT QUESTION

8. What are the two accrediting agencies for medical assisting education programs?

MEDICAL ASSISTING CREDENTIALS

Today, busy physician offices prefer to employ medical assistants who demonstrate competence through evidence of a credential such as certification. New laws and federal regulations such as the CMS ruling for the meaningful use payment incentive require physicians to hire only credentialed medical assistants for entering orders into a computerized medical record. However, the types of medical assistant credentials available vary and not all credentials or their requirements for obtainment are alike. This section outlines the most common credentials, including recertification information if known.

Certified Medical Assistant (American Association of Medical Assistants)

The CMA (AAMA) is the only credential sponsored by the American Association of Medical Assistants. Currently, only students who graduate from a CAAHEP (Commission on Accreditation of Allied Health Education Programs) or ABHES (Accrediting Bureau of Health Education Schools) accredited medical assistant program may sit for this certification examination. The exam was first offered in 1963 and has the distinction of having the National Board of Medical Examiners as test consultants. To maintain the credential, 60 continuing education units (CEUs) must be obtained every 5 years in three categories.

Registered Medical Assistant (American Medical Technologist)

The RMA (AMT) credential is awarded by the American Medical Technologists, who also sponsors several allied health professions in addition to medical assistants. In addition to graduates from ABHES or CAAHEP accredited programs, others who may sit for the RMA exam include anyone who completes a medical assistant program in a postsecondary school or college that is regionally or nationally accredited and approved by the U.S. Department of Education, anyone who completes a formal training program that is part of the U.S. Armed Forces, anyone who has not received formal training but who has been employed in the profession of medical assisting for a minimum of 5 years, or anyone who has passed a medical assistant certification examination offered by another certification agency approved by the AMT Board of Directors.

To recertify, RMAs who received the credential prior to January 1, 2006, are encouraged to remain current; however, recertification is not required. Those who became certified after January 2006 are required to obtain 30 points every 3 years through a Certification Continuation Program (CCP).

Certified Clinical Medical Assistant (National Healthcareer Association)

The CCMA exam was first offered in 1989. Like the AMT, the NHA certifies several allied health professions. To sit for this examination, the applicant must be at least 18 years of age, have a high school diploma (or equivalent), have successfully complete an allied health training program within the past year, *or* have 1 year of

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experience as a medical assistant. Ten continuing education hours is required from the NHA every 2 years to maintain this credential, and if certification expires, 10 CE credits, payment of the 2-year recertification fee, and a reinstatement fee are required.

National Certified Medical Assistant (National Center for Competency Testing)

The NCMA credential is offered by the NCCT, which also offers exams for several allied health professions. Eligibility to sit for this examination includes a high school diploma or equivalent and either completion of an NCCT-approved medical assisting program within the last 10 years or 2 qualifying years (4,160 hours) of full-time employment (or equivalent part-time employment) within the last 10 years as a medical assistant.

CHECKPOINT QUESTION

9. What is required to maintain current status as a certified medical assistant?

ETHICAL TIP

Who Is Who?

It is important that medical assistants represent themselves honestly. Physicians often innocently refer to every employee as "the nurse." It is more accurate to say my assistant, my certified medical assistant, my registered medical assistant, or my clinical assistant. There are documented court cases involving misrepresentation of one's education and credentials. Protect yourself by referring to yourself appropriately to patients and coworkers. Do not identify yourself as "Dr. Smith's nurse." When patients refer to you as a nurse, you should correct them. The more your credentials are heard by patients and coworkers, the more understood and recognized they will be. You should be proud of your profession and your credentials. Let it be known.

MEDICAL ASSISTING AND RELATED ALLIED HEALTH ASSOCIATIONS

Association Membership

You are not required to join a national organization to work as a medical assistant or to be eligible to take the certification examination. The associations have many benefits, however, for members. These benefits include the following:

- Access to educational seminars
- Access to continuing education units
- Subscription to the professional journals that alert you to new procedures and trends in medicine
- Access to the annual conventions
- Group insurance plans
- Networking opportunities

For further information on these organizations, visit the Web sites listed at the end of the chapter. Contact your local chapter or speak with your instructor for the procedure for applying for membership. You can download applications and requirements from the AAMA Web site (http://www.aama-ntl.org/) and the AMT Web site (http://americanmedtech.org).

American Association of Medical Assistants

The purpose of the AAMA is to promote the professional identity and stature of its members and the medical assisting profession through education and credentialing. *CMA Today*, which is published and distributed to members of the organization, includes articles of interest to the medical assistant to keep knowledge and skills current. Readers may take posttests at the end of articles and receive CEUs. Approved continuing education opportunities are available through the national organization, and free transcripts of acquired AAMA-approved CEUs are available online to members. Professional benefits, such as insurance, are also made available to AAMA members. Active members are CMAs, associate members are medical assistants who are not yet CMAs, and affiliate members are those interested in medical assisting. Students are encouraged to join and stay active in AAMA. Student members receive a reduced dues rate while in school and for 1 year following graduation. Figure 1-7 displays the logo for



Figure 1-7 • Logo for the American Association of Medical Assistants–sponsored Medical Assisting Recognition week. (Used with permission from AAMA.)

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AAMA-sponsored Medical Assisting Recognition week, which falls on the third full week of October each year.

American Medical Technologists

The AMT and its governing body are set up similarly to the AAMA, with local, state, and national affiliations, opportunities for continuing education, professional benefits, and a professional journal. Members include medical technologists, medical laboratory technicians, medical assistants, dental assistants, office laboratory technicians, phlebotomy technicians, laboratory consultants, and allied health instructors. To join AMT, you need to be certified or registered by meeting educational, professional experience, and examination requirements. Figure 1-8 displays the insignia of the AMT.

Professional Coder Associations

The American Academy of Professional Coders (AAPC) was founded in 1988 to provide education and professional certification to physician-based medical coders and to elevate the standards of medical coding by providing student training, certification, ongoing education, and networking and job opportunities. Services to members include discounts on services and products and networking opportunities. AAPC certifications encompass the physician office (CPC®), the hospital outpatient facility (CPC-H®), payer perspective coding (CPC-P®), interventional radiology cardiovascular coding (CIRCC™), and medical coding auditor (CPMA™).

American Health Information Management Association

The American Health Information Management Association (AHIMA) is a national professional organization dedicated to supporting the medical records or health information specialists. According to their Web site, health information management (HIM) is the body of knowledge and practice that ensures the availability of health information to facilitate real-time healthcare delivery and critical health-related decision making for multiple purposes across diverse organizations, settings, and disciplines. AHIMA administers the examination and awards the certified coding specialist (CCS) and certified coding specialists–physician based (CCS-P) through testing at a specified time and place.



Figure 1-8 • Insignia of American Medical Technologists. (Used with permission from AMT.)

CHECKPOINT QUESTION

10. List six benefits of membership in a professional organization.

EMPLOYMENT OPPORTUNITIES

The medical assisting profession has found its place in the allied health arena. Credentialed medical assistants are in great demand, salaries are going up, and employers appreciate the value of the skills trained medical assistants possess. Health care costs are a concern, and health care management consultants tout medical assistants as cost-effective employees in health care today. Because of the flexible, multiskilled nature of their education, medical assistants can work in a variety of health care settings. Medical assistants work under the direct supervision of a licensed health care provider. They perform many functions. Following are examples of the ambulatory settings where a medical assistant may work with a variety of responsibilities:

- Physicians' offices
- Chiropractors' offices
- Podiatrists' offices
- Physical therapy facilities
- Laboratories
- Imaging centers
- Research facilities
- Walk-in clinics
- Ambulatory surgical centers
- Insurance companies

CHECKPOINT QUESTION

11. Why is it important that medical assistants are multiskilled?

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ROLE-PLAYING ACTIVITY

While waiting for the next patient to arrive, Rob Shelton, CMA, realizes that the receptionist is very busy and all of the phone lines are ringing at once. He immediately moves to a desk with another phone and begins assisting the receptionist by taking calls so she can give attention to the patients arriving to check in for their appointments. Later that day, another medical assistant approaches Rob and begins to complain about the practice being understaffed and comments that answering the phones is not specifically in his job description. She further complains about other staff members and even the office manager! How should Rob handle this medical assistant's complaints? Is there anything Rob should say to the medical assistant to counteract her negativity? Role-play this scenario as the medical assistant, and think about how you would demonstrate professionalism and sensitivity to the complaining medical assistant. If you are the disgruntled medical assistant, think about why she might be having negative feelings. Is she tired or burned out? Your instructor will give you additional instructions for this activity.

MEDIA MENU

Student Resources on the text's online site

- **CMA/RMA Certification Exam Review**

Internet Resources

Accrediting Bureau of Health Education Schools
http://www.abhes.org

American Board of Medical Specialties
http://www.abms.org

American Health Information Management Association
http://www.ahima.org

American Medical Technologists
http://americanmedtech.org

Centers for Disease Control and Prevention
www.cdc.gov

Council on Accreditation of Allied Health Education Programs
http://www.caahep.org

American Association of Professional Coders
http://www.aapc.com

Regenerative Medicine Overview
http://regenerativemedicine.net

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EMR Activity

HARRIS CareTracker

Harris CareTracker is a web-based electronic medical record (EMR) application that you will use for the EMR activities included in this section at the end of each chapter.

Prerequisite Activities in Harris CareTracker

- *The Getting Started and Quickstart documents and EMR Activities Step-by-Step Instructions are available on the text's online site.*

Activity Details

Using the "New ToDo" feature in the EMR, send yourself a message to research the local chapter of the American Association of Medical Assistants about the next scheduled meeting. This feature can be found on the *Home* module, *Messages* tab, and *Send Todo* button at the bottom of the screen. Choose the *Interoffice* category, *Practice Management* type, *Other* reason, *Medium* severity, and the *In Progress* status. Print your message to submit to your instructor.

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Chapter Summary

- Medical history reveals 150 years of progress, with the most amazing strides made in the 20th century. New technologies continue to expand the possibilities of health care.
- Changes in the American health care system brought the necessity for highly trained professionals.
- The health care team works together to deliver quality patient care and remain financially sound.
- Professionalism is highly desired by employers. Medical assistants must understand their scope of practice.
- A graduate of an accredited medical assisting program can pursue certification or registration, which brings increasing marketability in the health care arena.
- By ensuring that educational levels are constantly enhanced and by continuing to grow professionally, the medical assistant graduate will prepare for the challenge of a lifelong career that is both fascinating and rewarding.

Warm-Ups for Critical Thinking

1. Visit the Web site dedicated to regenerative medicine, http://regenerativemedicine.net, and determine the goals and accomplishments related to the field of regenerative medicine.
2. Review the list of characteristics for medical assistants. Which characteristics do you already have? How will you acquire the others? Are there additional characteristics that you have that will make you a good medical assistant?
3. Look at the list of physician specialties. Which type of physician would you want to work for and why? Which physician specialties would you least want to work with? Explain your response.
4. Visit www.aama-ntl.org and americanmedtech.org and determine which local chapter you would be a member of. How would membership benefit your career as a medical assistant?
5. How does certification or registration as a medical assistant impact scope of practice?
6. What is the importance of having adaptive coping mechanisms in place? Give an example of a situation in which such tools would be helpful.
7. How would you answer the question, “Legally, who is responsible for the actions of certified medical assistants or registered medical assistants as they perform their skills?”

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