

# **Educational Competencies for Medical Assistants**

**For CAAHEP Accredited Medical Assisting Educational  
Programs**

**Based on 20XX Standards**

**MEDICAL ASSISTING  
EDUCATION REVIEW BOARD**

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PLEASE NOTE: You are reviewing an unformatted, unedited version of the ECMA. It is still a working draft. At the same time, MAERB wanted to share it with the community so that you could examine the specifics of the MAERB Core Curriculum in more detail. This document will be updated and refined after the review period is over. We welcome comments and contributions as we move forward.

## Introduction

The *Educational Competencies for the Medical Assistant* (ECMA) can be used in a variety of ways by the educators who teach within CAAHEP-accredited medical assisting programs. MAERB's goal in producing the ECMA is to provide suggested evaluations for meeting each of the entry-level psychomotor and affective competencies in the 20XX MAERB Core Curriculum which can be found in Appendix B of the 20XX *Standards and Guidelines*. In addition, the MAERB is adding some possible procedures that can be implemented, even though they are not applicable to all programs based upon either state laws or the needs of their communities of interest.

For most of psychomotor and affective competencies, there are brief synopses of possible evaluations designed to have students perform and be assessed on those competencies. Instructors will need to develop the appropriate tool to demonstrate how students are being assessed and achievement is measured.

Many of the suggestions are based upon scenarios that either require discussion or role-playing or both. There is a great deal of possible variations that can occur within those suggested scenarios so creativity and ingenuity will certainly further develop those preliminary sketches.

Several of the competencies have several evaluation options. It is not required that all of them be used; rather they just indicate the range of options available to the educator.

There are a few competencies where there are no suggestions, simply because the competency itself provides the model for the assessment and achievement of the competency. You will see a notation that no suggestions are necessary.

Documentation of achievement of all competencies found in the psychomotor and affective domains must be evaluated in a manner consistent with the action verb.

As was outlined above, the MAERB produces this document to provide guidance. The ECMA has been a useful tool for the last several iterations of the MAERB Core Curriculum. To expand the dialogue, the MAERB is soliciting suggestions and samples from those who are teaching and working within CAAHEP-accredited medical assisting programs.

CONTENT AREA I: Anatomy & Physiology

Psychomotor	
<p>1.P.1 Accurately Measure and record:</p> <ul style="list-style-type: none"> <li>a. blood pressure</li> <li>b. temperature</li> <li>c. pulse</li> <li>d. respirations</li> <li>e. height</li> <li>f. weight (adult and infant)</li> <li>g. length (infant)</li> <li>h. head circumference (infant)</li> <li>i. oxygen saturation</li> </ul>	<p><i>NOTE: Documentation for recording may include:</i></p> <ul style="list-style-type: none"> <li>1. Patient chart</li> <li>2. Skill sheet</li> <li>3. Flow Sheet</li> </ul> <p>A. Measure and document blood pressure using the following equipment:</p> <ul style="list-style-type: none"> <li>1. anaerobic blood pressure cuff</li> <li>2. digital blood pressure cuff</li> </ul> <p>B. Measure and document temperatures using the following equipment:</p> <ul style="list-style-type: none"> <li>1. Disposable thermometer</li> <li>2. Digital thermometer</li> <li>3. Tympanic thermometer</li> <li>4. Temporal thermometer</li> </ul> <p>C. Measure and document radial and apical pulse</p> <p>D. Measure and document respirations</p> <p>E. Measure and document height using appropriate scale</p> <p>F. Measure and document weight using appropriate scale:</p> <ul style="list-style-type: none"> <li>1. Balance scale</li> <li>2. Electronic scale</li> </ul> <p>G. Measure and document length using appropriate equipment:</p>

	<ol style="list-style-type: none"> <li>1. Infant meter (length board) or</li> <li>2. Measuring tape</li> </ol> <p>H. Measure and document head circumference using appropriate equipment</p> <p>I. Measure and document patient's O<sub>2</sub> saturation rate using the appropriate equipment</p>
<p>I.P.2. Perform the following procedures:</p> <ol style="list-style-type: none"> <li>a. Electrocardiography</li> <li>b. Venipuncture</li> <li>c. Capillary puncture</li> <li>d. Pulmonary function testing</li> </ol>	<p>No suggestions needed for electrocardiography.</p> <p>B. Venipuncture Collect and document venous blood specimen using appropriate techniques</p> <ol style="list-style-type: none"> <li>1. Multi-draw method (vacutainer)</li> <li>2. Winged-infusion method</li> <li>3. Syringe method</li> </ol> <p><i>Methods may be used in conjunction with obtaining specimens for testing.</i></p>

	<p>C. Capillary puncture Collect and document capillary blood specimen using appropriate techniques</p> <ol style="list-style-type: none"> <li>1. Finger stick</li> <li>2. Heel stick</li> </ol> <p><i>Method may be used in conjunction with obtaining specimens for testing.</i></p> <p>D. Pulmonary function testing Measure and document lung function using appropriate equipment:</p> <ol style="list-style-type: none"> <li>1. Spirometry</li> <li>2. Inhalation challenge tests</li> <li>3. Peak flow meter</li> </ol> <p>Catheterization: Catheterization may not be a common day-to-day task of a medical assistant; however, some communities of interest may see a need for training in this area due to local physician office needs. Laws for catheterization performed by medical assistants will vary by state. It is important to know and follow the specific state regulations for medical assistants performing catheterization procedures</p>
<p>I.P.3 Perform patient screening following established protocols</p>	<ol style="list-style-type: none"> <li>A. Using a provider approved step-by-step screening tool to question the patient and determine the next course of action (for example, appointment today, next available, report to hospital, call for emergency transport)</li> <li>B. Screen patient for visual acuity</li> <li>C. Screen patient for hearing acuity</li> </ol>

<p>I.P.4. Verify the rules of medication administration:</p> <ol style="list-style-type: none"> <li>a. Right patient</li> <li>b. Right medication</li> <li>c. Right dose</li> <li>d. Right route</li> <li>e. Right time</li> <li>f. Right documentation</li> </ol>	<p>No suggestions needed.</p>
<p>I.P.5. Select proper sites for administering parenteral medications</p>	<p>Using anatomical landmarks, locate sites on infants, children and adults for the following injections:</p> <ol style="list-style-type: none"> <li>1. intradermal</li> <li>2. subcutaneous</li> <li>3. intramuscular (deltoid, vastus lateralis, ventrogluteal, and dorsal gluteal)</li> </ol>
<p>I.P.6. Administer oral medications</p>	<p>Administer and document oral medication using the appropriate technique:</p> <ol style="list-style-type: none"> <li>1. Prepare and dispense solid and liquid medication</li> <li>2. Simulated sublingual medication</li> </ol>
<p>I.P.7. Administer parenteral (excluding IV) medications</p>	<p>Administer and document the following:</p> <ol style="list-style-type: none"> <li>1. intradermal injection</li> <li>2. subcutaneous injection</li> <li>3. intramuscular (deltoid, vastus lateralis, ventrogluteal, and dorsal gluteal) injections <b>Please note that there are options. There might be one that would not be appropriate for your students based upon the needs of the communities of interest, so you can plan accordingly.</b></li> <li>4. Z-track injection</li> </ol> <p>Preparation of IVs: In the MAERB Core Curriculum, it is clearly stated that I.P.7 excludes IVs. Based upon responses from the community, many of you stated</p>

	<p>that starting IVs is not allowed in your state, is not in the MA scope of practice, could lead to liability issues, or, if allowed in your state, is more of an advanced skill than an entry-level one. It may be, however, that some programs determine that they want to introduce the topic and technique. Preparation of IVs may not be a common day-to-day task of a medical assistant; however, some communities of interest may see a need for training in this area due to local physician office needs. Laws for preparation of IVs performed by medical assistants will vary by state. It is important to know and follow the specific state regulations. That context will need to be understood if a program decides to teach students the theory of preparing IVs.</p>
<p>I.P.8. Instruct and prepare a patient for a procedure or a treatment</p>	<p>A. Scenario: prepare a "patient" for a minor office procedure, such as removal of a lesion on the back. Explain to the patient the type of procedure, time needed for the procedure, and so on. Document that the patient has been instructed. Introduce the consent form for the patient.</p> <p>B. Prepare an information sheet for a procedure manual that would be given to a patient prior to leaving the office when a procedure has been scheduled.</p>
<p>I.P.9. Assist provider with a patient exam</p>	<p>A. Properly position patient in the following manners:</p> <ul style="list-style-type: none"> <li>a. Supine</li> <li>b. Recumbent and dorsal recumbent</li> <li>c. Lithotomy</li> <li>d. Prone</li> <li>e. Sims</li> <li>f. Fowler's and Semi-Fowler's</li> <li>g. Trendelenberg</li> <li>h. Knee-chest</li> </ul> <p>B. Setting up the room appropriately for an exam (for example, gynecological and so on)</p>

<p>I.P.10. Perform a quality control measure</p>	<p>A. Calibrate and document appropriate equipment</p> <p>B. Measure and document the temperature of equipment</p> <p>C. Check expiration dates and storage instructions on all reagents and test kits</p> <p>D. Run appropriate quality control specimen on CLIA-waived test equipment, such as glucose or cholesterol testing equipment</p>
<p>I.P.11. Collect specimens and perform the following:</p> <ul style="list-style-type: none"> <li>a. CLIA waived hematology test</li> <li>b. CLIA waived chemistry test</li> <li>c. CLIA waived urinalysis</li> <li>d. CLIA waived immunology test</li> <li>e. CLIA waived microbiology test</li> </ul>	<p>A. CLIA waived hematology test</p> <ul style="list-style-type: none"> <li>1. Perform and document the results of a spun microhematocrit</li> <li>2. Perform and document the results of an automated hemoglobin by a single analyze instrument</li> <li>3. Perform and document the results of an erythrocyte sedimentation rate (ESR)</li> </ul> <p>B. CLIA waived chemistry test</p> <ul style="list-style-type: none"> <li>1. Perform and document the results of a blood glucose</li> <li>2. Perform and document the results of cholesterol testing</li> <li>3. Perform and document the results of a human thyroid stimulating hormone (TSH)</li> </ul> <p>C. CLIA waived urinalysis</p> <ul style="list-style-type: none"> <li>1. Perform and document the results of a urinalysis <ul style="list-style-type: none"> <li>a. Manual</li> <li>b. Automated</li> </ul> </li> </ul> <p>D. CLIA waived immunology test</p> <ul style="list-style-type: none"> <li>1. Perform and document the results of beta HCG testing</li> <li>2. Perform and document the results of mononucleosis testing</li> <li>3. Perform and document the results of rapid strep testing</li> </ul>

	<p>4. Perform and document the results for <i>H. pylori</i> testing</p> <p>5. Perform and document the results for influenza A/B testing</p> <p>E. CLIA waived microbiology test</p> <ol style="list-style-type: none"> <li>1. Perform and document the results of strep testing</li> <li>2. Perform and document influenza A/B testing</li> <li>3. Perform and document HIV testing</li> <li>4. Perform and document nasopharyngeal swabbing</li> </ol>
<p>I.P.12. Provide up-to-date documentation of current provider/professional level CPR</p>	<p>Participate in and complete healthcare provider/professional level CPR certification offered by an approved organization such as the American Red Cross or the American Heart Association. The certification must assess the students' skills.</p>

<p>I.P.13. Perform first aid procedures for:</p> <ul style="list-style-type: none"> <li>a. Bleeding</li> <li>b. Diabetic coma or insulin shock</li> <li>c. Stroke</li> <li>d. Seizures</li> <li>e. Environmental emergency</li> <li>f. Syncope</li> <li>g. bleeding</li> </ul>	<p>Perform and document first aid procedures for:</p> <ul style="list-style-type: none"> <li>a. Bleeding</li> <li>b. Diabetic coma or insulin shock</li> <li>c. Stroke</li> <li>d. Seizures</li> <li>e. Environmental emergency (i.e. external bleeding, broken bones, sprains, bites, stings, hypothermia)</li> <li>f. Syncope</li> <li>g. bleeding</li> </ul>
<p>I.P.14 Complete an immunization schedule for a patient</p>	

CONTENT AREA II: Applied Mathematics

<p>II.P.1. Calculate proper dosages of medication for administration.</p>	<p>A. Use drug references and medication labels to obtain information on the correct dosage of a medication to be administered.</p> <p>B. Calculate the correct dose ordered using the appropriate method:</p> <ol style="list-style-type: none"><li>1. Body Surface Area calculation in metric or household units</li><li>2. Measurement unit conversion</li><li>3. Measurement system conversion</li><li>4. West's Nomogram</li><li>5. Kilogram of body weight</li><li>6. Proportional method</li><li>7. Formula method</li><li>8. Young's, Fried's or Clark's formula</li><li>9. Sliding scale</li></ol> <p>C. Verify calculations.</p> <p>D. Select appropriate equipment, measure accurately, and dispense/withdraw correct dose.</p> <p>E. Reconstitution of medications</p>

<p>II.P.2 Record laboratory test results into the patient's records</p>	<p>A. Record one of the following types of laboratory test results:</p> <ol style="list-style-type: none"> <li>1. Prothrombin/INR</li> <li>2. Glucose</li> <li>3. Glycosylated hemoglobin (hemoglobin A1C)</li> <li>4. Lipid panel</li> <li>5. Liver function panel</li> </ol>
<p>II.P.3 Document on a growth chart</p>	<p>Measure and record infant length, weight, head, and chest circumference on a growth chart.</p> <p>Measure and record height and weight of a child on a growth chart.</p>
<p>II.P.4 Apply mathematical computations to solve equations</p>	<p>Perform a dosage calculation for an oral medication order that needs to be converted from household to metric.</p> <p>Use a provider order in which the medication is ordered as micrograms and is available in milligrams (or something similar)</p> <p>Calculate BMI using proper formula.</p>
<p>II.P.5 Convert among measurement systems</p>	<p>Document on a growth chart using conversion of measurement systems.</p>

CONTENT AREA III: Infection Control

Psychomotor	
III.P.1 Participate in bloodborne pathogen training	<p>A. Participate in bloodborne pathogen training offered by an approved organization such as the American Red Cross or the American Heart Association.</p> <p>B. Participate in scenario-based bloodborne pathogen training with documentation.</p>
III.P.2 Select appropriate barrier/personal protective equipment (PPE)	<p>A. Select appropriate barrier/personal protective equipment for an assigned activity Options could include but are not limited to the following: sanitizing instruments, performing wound care, and performing venipuncture. The protection equipment could include gloves, gowns, masks, and eye protection.</p> <p>B. Assess role-playing to demonstrate correct and incorrect use of PPE for different scenarios:</p> <ol style="list-style-type: none"> <li>1. Performing vital signs on a patient who has tested positive for tuberculosis and who has not yet initiated antimicrobial treatment.</li> <li>2. Changing a dressing on a patient with second degree burns</li> <li>3. Performing venipuncture to obtain blood for a CBC and fasting glucose</li> <li>4. Obtaining sample of wound exudate for microbiology</li> </ol>

III.P.3 Perform hand washing	<p>A. Differentiate between direct and indirect contact, and apply to hand washing techniques</p> <p>B. Perform medical septic hand wash and hand sanitization</p> <p>C. Perform a surgical scrub</p> <p>D. Perform hand sanitization using antibacterial gels and foams</p>
III.P.4. Prepare items for autoclaving	<p>A. Select a solution and sanitize instruments in preparation for wrapping and sterilization</p> <p>B. Select an appropriate wrapping material and indicator</p> <p>C. Sanitize and wrap an item or items to be used in autoclave</p>
III.P.5 Perform sterilization procedures	Operate an autoclave, observing instructions for time, temperature and pressure appropriate for the item(s) being sterilized
III.P.6 Prepare a sterile field	Prepare a sterile field for a minor office surgery (i.e. cyst removal)
III.P.7 Perform within a sterile field	Assist with minor surgery.
III.P.8 Perform wound care	<p>Assess and irrigate a wound. There are a number of options:</p> <ul style="list-style-type: none"> <li>• Chronic and non-healing wounds</li> <li>• Post-op incision care</li> <li>• Ostomy care</li> </ul>
III.P.9 Perform dressing change	Assess and perform a dressing change.

<p>III.P.10 Demonstrate proper disposal of biohazardous material:</p> <ul style="list-style-type: none"> <li>a. sharps</li> <li>b. regulated wastes</li> </ul>	<ul style="list-style-type: none"> <li>A. Disposal of venipuncture equipment</li> <li>B. Disposal of wound dressing change material</li> <li>C. Prepare a biohazard container for pick-up and transport including the required documentation.</li> </ul>
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CONTENT AREA IV: Nutrition

<p>IV.P.1. Instruct a patient according to a patient's special dietary needs.</p>	<ul style="list-style-type: none"> <li>A. Using a meal plan for a patient's special dietary needs instruct the patient on how to follow the plan.</li> <li>B. Instruct a patient with a newly identified special dietary need in proper nutrition.</li> <li>C. Scenario: Role play providing a patient instructions regarding a heart healthy diet.</li> <li>E. Scenario: Explain a food label to patients, considering specific dietary needs.</li> </ul>
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CONTENT AREA V: Applied Communication

<p>V.P.1 Respond to nonverbal communication.</p>	<p>A. Scenario: Identify and respond to nonverbal communication such as personal space, posture, facial expressions or gestures.</p> <p>B. Scenario: Demonstrate interaction with a patient or co-worker using appropriate eye contact, touch, and facial expression.</p> <p>C. Observe patient for signs of pain by observing the nonverbal communication and respond appropriately. Identify and respond to grimaces, posture, facial expressions, gestures, gait.</p>
<p>V.P.2 Correctly use and pronounce medical terminology in health care interactions.</p>	<p>A. Scenario: Communicate with a "patient" about his/her diabetes or other chronic condition, using medical terms appropriately and pronouncing the words correctly. If necessary for understanding, translate the medical terms used for the patient.</p> <p>B. Scenario: Verbally transfer patient information to a healthcare provider using correct pronunciation of medical terms.</p>

V.P.3 Coach patients regarding:

- a. office policies
- b. medical encounters

A. Prepare an Office Policy manual or brochure which includes policies regarding "office hours," "appointments," "patient's financial responsibilities," "medication refill policies," and so on and identify how you would communicate the information to a new patient in the practice.

B. Provide patient education on the importance of health and wellness that is age appropriate for the patient and assess the patient's level of understanding.

C. Provide appropriate office brochure(s) pertaining to a particular condition such as diabetes and the importance of diet, exercise, weight control, and so on, in relation to that disease, assessing the patient's level of understanding.

D. Scenario: Converse with an elderly patient who does not understand the importance of recommended immunizations, assessing the patient's level of understanding.

A. Scenario: Converse with a patient who does not want to follow physician instructions for a prescribed diet, physical therapy regimen or medication, assessing the patient's level of understanding.

B. Instruct a patient on how to use a glucometer and ensure their understanding by a return demonstration.

<p>V.P.4 Demonstrate professional telephone techniques</p>	<p>A. Demonstrate the correct technique to use when answering the telephone in a medical office.</p> <p>B. Demonstrate professional telephone techniques, emphasizing how projecting a professional image as a medical assistant affects the public's impression of the medical facility.</p> <p>C. Use proper telephone etiquette when receiving calls, making outgoing calls and utilizing telehealth in the medical office, including but not limited to courtesy, attitude, quality of voice, smiling, and so on</p>
<p>V.P.5 Document telephone messages accurately.</p>	<p>A. Scenario: The patient reports inability to take the prescribed medication. Obtain the reason for the patient being unable to take the medication and a telephone message for the physician documenting the information.</p>
<p>V.P.6 Using technology, compose clear and correct correspondence</p>	<p>A. Prepare a business letter to communicate medical information such as a letter of referral, patient test results, or an insurance prior authorization.</p> <p>B. Respond via email within the patient information system (EHR) sharing directions from the provider for an upcoming procedure.</p> <p>C. Utilizing electronic technology, complete an electronic form to obtain prior authorization or approval for a workers compensation claim.</p> <p>D. Using Microsoft Word, compose a dismissal letter to send to a patient.</p>
<p>V.P.7 Use a list of community resources to facilitate referrals.</p>	<p>A. Generate a referral for a patient, using a list of community resources.</p> <p>B. Scenario: Refer a patient who is unable to afford prescribed medications to an appropriate community resource.</p>

	C. Work with local social service agencies or other community-based organizations in your area to develop a list of resources for referral.
V.P.8 Participate in a telehealth interaction with a patient	<p>Using a communication platform, such as the phone, Zoom, WebEx, or features within the learning management system, implement the following type of scenarios:</p> <p>A. Role play: two week follow up with patient on medication change.</p> <p>B. Role play: Screening a patient via telehealth (ex: MMSE, depression, anxiety, or ADHD)</p> <p>C. Role play: patient complaining of symptoms that are exhibiting a potentially infectious disease ex: influenza, COVID, TB)</p>

CONTENT AREA VI: Administrative Functions

VI.P.1 Manage appointment schedule, using established priorities	<p>A. Schedule patients' appointments while following established guidelines for the following:</p> <ol style="list-style-type: none"> <li>1. New patient</li> <li>2. Established patient</li> </ol> <p>B. Adhering to the office appointment policy, perform and document appropriately the following scheduling processes:</p>

	<ol style="list-style-type: none"> <li>1. A patient cancellation</li> <li>2. A no-show appointment</li> <li>3. A rescheduled appointment</li> </ol>
<p>VI.P.2. Schedule a patient procedure</p>	<p>A. Scenario: Schedule a patient for a diagnostic testing procedure that requires patient preparation. (Colonoscopy, radiology procedures, and so on). Obtain the consent for treatment form.</p> <p>B. Scenario: Schedule a simulated inpatient or outpatient procedure (surgical procedure, medical admission). Obtain the consent for treatment form.</p>
<p>VI.P.3 Input patient data using:</p> <ol style="list-style-type: none"> <li>a. Electronic Medical Record (EMR) System</li> <li>b. Practice Management System (PMS)</li> </ol>	<p>A. Using an EMR, do the following:</p> <ol style="list-style-type: none"> <li>1. Enter patient information, such as medical history, social and family history, drug allergies, vital signs, and so on.</li> <li>2. Enter a physician-ordered diagnostic test or prescription</li> </ol> <p>B. Using a practice management system do the following:</p> <ol style="list-style-type: none"> <li>1. Enter new patient demographic information</li> <li>2. Update established patient demographic information</li> </ol>

VI.P.4. Perform an inventory of supplies	<p>A. Utilize an inventory check list of administrative and/or clinical supplies or equipment that includes the following:</p> <ol style="list-style-type: none"> <li>1. Date of inventory</li> <li>2. Supplies or equipment inventoried</li> <li>3. Location of supplies or equipment</li> <li>4. Indicate if reorder is needed</li> </ol>
VI.P.5 Develop a plan in the event of loss of access for more than 24 hours to the EMR and PMS to ensure information integrity and patient care.	

CONTENT AREA VII: Basic Practice Finances

<b>Psychomotor</b>	<b>ECMA</b>
<p>VII.P.1 Perform accounts receivable procedures to patient accounts, including posting:</p> <ol style="list-style-type: none"> <li>a. charges</li> <li>b. payments</li> <li>c. adjustments</li> </ol>	<p>Using simulated services, post the following to a patient's account:</p> <ol style="list-style-type: none"> <li>a. charges</li> <li>b. payments (personal or third party)</li> <li>c. adjustments (personal or third party)</li> </ol>
<p>VII.P.2 Perform end-of-day reconciliation.</p>	<ol style="list-style-type: none"> <li>1. Using practice management system print daily report and ensure it correlates with what is in the drawer for the day.</li> <li>2. Reconcile the petty cash fund on the last day of the month.</li> </ol>

VII.P.3 Input accurate patient billing information in the Practice Management System (PMS)	Scenario: obtain accurate patient billing information (such as a photo ID, insurance card, Explanation of Benefits and so on) in the PMS
VII.P.4. Inform patients of their financial obligations for services rendered	<p>A. Scenario: Using a practice's financial policies, determine the amount owed by a patient for services rendered, and inform the patient of the financial obligation.</p> <p>Develop a patient brochure that details the patient's financial obligations in accordance with the practice's financial policies.</p>

CONTENT AREA VIII: Third Party Reimbursement

VIII.P.1. Interpret information on an insurance card	<p>Scenario: Determine carrier policy requirements based on patient's insurance card.</p> <p>Role play with a partner/patient describing the components of the insurance card.</p>
VIII.P.2. Verify eligibility for services	<p>Scenario: Verify patient eligibility with insurance company using telephone or online systems as available.</p> <p>Role play with a partner the communication between carrier and office.</p>

VIII.P.3. Obtain precertification or preauthorization with documentation	<p>Scenario focused on the following:</p> <ol style="list-style-type: none"> <li>1. determine need for precertification or preauthorization</li> <li>2. identify information needed to obtain precertification or preauthorization</li> <li>3. simulate obtaining the required permission</li> <li>4. document appropriately in the patient's record</li> </ol>
VIII.P.4. Generate an insurance claim form	Utilizing electronic medical records/practice management software program to generate insurance claims.
VIII.P.5 Assist a patient in understanding an Explanation of Benefits (EOB)	Scenario: Utilizing sample EOBs role play with a patient explaining patient coverage.

CONTENT AREA IX: Procedure & Diagnostic Coding

IX.P.1 Perform procedural coding	<p>A. Locate and document codes from the current CPT using hardcopy or digital resources.</p> <p>B. Analyze a simulated patient chart and code the procedures from the current CPT manual, using hardcopy or digital resources.</p>
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IX.P.2 Perform diagnostic coding	<p>A. Locate and document codes from the most current diagnostic coding system using hardcopy or digital resources.</p> <p>B. Extract diagnoses from sample medical records and code to the highest level of specificity, using hardcopy or digital resources.</p>
IX.P.3 Utilize medical necessity guidelines	<p>A. Using medical necessity guidelines (national or local), review a case study to determine if the documentation supports a physician ordered diagnostic test.</p> <p>B. Scenario: Link diagnostic codes to the proper procedure codes based on medical necessity guidelines</p>

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CONTENT AREA X: Legal Implications

Psychomotor	
X.P.1. Locate a state's legal scope of practice for medical assistants.	Have students research the scope of practice for medical assistants in the state in which they reside and submit a summary of the scope of practice and where it is located.
X.P.2. Apply HIPAA rules in regard to: a. privacy b. release of information	A. Scenario: A family member of a patient calls and requests information regarding the patient. Demonstrate how this situation should be handled.  B. Complete an authorization to release medical records.
X.P.3. Document patient care accurately in the medical record.	A. Record/document vital signs and chief complaint on paper or electronic progress notes.  B. Scenario: Document in a patient's medical record, the removal of sutures, including the number of sutures removed.  C. Document the preparation of a patient for a surgical procedure, x-ray or other treatment in an outpatient facility.  D. Scenario: Document the results of laboratory tests and treatments using correct medical terminology.

<p>X.P.4. Complete compliance reporting based on public health statutes</p>	<p>Scenario: Follow proper procedure when a reportable disease is confirmed in a patient by identifying and notifying the proper agency.</p>
<p>X.P.5. Report an illegal activity following the protocol established by the healthcare setting</p>	<p>A. Scenario: Follow proper reporting protocol when an OSHA violation has occurred.</p> <p>B. Scenario: You have witnessed a co-worker removing scheduled drug samples from the storage cabinet for personal use and distribution to family members. Role-play the steps and chain of command for reporting the incident.</p> <p>C. Scenario: Role-play the reporting of a co-worker who is calling in prescriptions for personal use.</p> <p>D. Scenario: The MA witnesses a co-worker taking petty cash and/or writing checks to themselves for personal use without authorization.</p>
<p>X.P.6. Complete an incident report related to an error in patient care</p>	<p>A. Documenting a patient injury, adverse reaction to immunization/medication, or other incident that occurred in the medical office.</p>

CONTENT AREA XI: Ethical and Professional Considerations

Psychomotor	
XI.P.1. Demonstrate professional response(s) to ethical issues	<p>A. Scenario: A patient pays his bill in cash. At the end of the day, the medical assistant discovers that he/she failed to give the correct change to that patient, resulting in a significant cash overage. Identify the ethical issue and demonstrate the appropriate response.</p> <p>B. Scenario: During a particularly busy day while setting up a sterile field, the medical assistant inadvertently contaminates the field, but continues setting up for the procedure and does not inform the provider of the breach. Identify the ethical issue and demonstrate the appropriate response.</p> <p>C. Scenario: A patient offers a gratuity to the medical assistant who helped him/her obtain samples of medication. Identify the ethical issue and demonstrate the appropriate response.</p> <p>A. Scenario: A medical assistant who is ethically opposed to abortion is asked to refer a patient to a clinic that performs elective abortions. Develop a plan detailing how the medical assistant would fulfill professional duties without allowing personal ethics to influence the care of the patient.</p> <p>B. Scenario: A situation occurs in which the medical assistant would set aside personal beliefs in order to provide compassionate and professional care to a patient who practices a different religion than his/her own and details how he or she would respond.</p>

<p>XII.P.1. Comply with safety practices.</p>	<p>A. <del>Properly store and dispose of supplies and specimens according to Standard Precautions and OSHA guidelines.</del></p> <p>B. Perform a review of the facility to ensure that the following have the appropriate labels and correct as necessary:</p> <ol style="list-style-type: none"> <li>1. Refrigerator used to store reagents, test kits, or biological specimens are labeled with a biohazard symbol and bear the legend “not for storage of food or medications.”</li> <li>2. Biohazard waste receptacles bear the biohazard symbol and are lined with red plastic bags. Biohazard waste is not disposed of in inappropriate receptacles</li> <li>3. Chemicals and reagents are evaluated for hazard category classification and labeled with the National Fire Association’s color and number coding.</li> <li>4. Signs are clearly posted in appropriate places for prohibiting smoking, eating, drinking, or application of cosmetics or contact lenses in the facility.</li> <li>5. Identify workplace safeguards utilizing safety signs, symbols and labels.</li> <li>6. Utilizing a SDS sheet</li> <li>7. Prepare biohazardous waste for pickup by an outside organization.</li> <li>8. Performing checks on the appropriate fill level on sharps containers.</li> <li>9. Working in teams, discuss various methods of promoting safety for patients and staff and identify potential hazards and how to handle them.</li> <li>10. Perform an inventory for expired supplies.</li> </ol>

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<p>XII.P.2. Demonstrate proper use of:</p> <ul style="list-style-type: none"><li>a. Eyewash equipment</li><li>b. fire extinguishers</li></ul>	<p>A. Demonstrate use of the eyewash station and explain how the nature of the contaminant influences the length of time for flushing the eyes after exposure.</p> <p>B. Demonstrate the proper method of use according to the manufacturer's instructions (can be accomplished through simulation)</p>

<p>XII.P.3. Use proper body mechanics.</p>	<p>A. Demonstrate correct body mechanics to safely assist the physician and the patient during an examination.</p> <p>B. Demonstrate correct body mechanics while assisting the patient on and off a scale.</p> <p>C. Demonstrate correct body mechanics while assisting a patient during wheelchair transfer.</p> <p>D. Demonstrate correct body mechanics while lifting or moving a heavy box.</p>
<p>XII.P.4. Evaluate the environment to identify unsafe working conditions.</p>	<p>A. Utilizing a checklist, perform a safety inspection of your facility at intervals according to institution policy and report to your instructor.</p> <p>B. Using scenarios, perform safety inspections of a facility at intervals according to institutional policy and report findings to the instructor.</p> <p>C. Verify that needle stick prevention devices (safety needles) are used, and proper disposal is performed.</p> <p>D. Do a safety check of fire extinguishers identifying the location, date of expiration and the fill of the tanks.</p> <p>E. Complete a scavenger hunt finding pictures and maps of evacuation maps for emergencies.</p> <p>F. Assess a specified environment for safety hazards documenting the findings and how to correct them.</p>

G. Develop a blueprint or floorplan with various hazards and have students circle the unsafe conditions.

## AFFECTIVE SKILLS

A.1	Demonstrate critical thinking skills	Using <b>critical thinking skills</b> , screen a patient calling with several symptoms to determine the next course of action (for example, appointment today, next available, report to hospital, call for emergency transport).	I.P.3
		Without guidance and using <b>critical thinking skills</b> , the medical assistant identifies a breach in clean/sterile environment of a patient undergoing a blood draw and notes the corrective action.	I.P.2
		Medical Assistant uses <b>critical thinking</b> to determine the appropriate size and gauge of needle to use on a malnourished patient for an intramuscular injection.	I.P.2
		Utilize <b>critical thinking skills</b> to simulate a scenario where the provider has narrowed the selection of codes and determine the most appropriate code for an encounter.	IX.P.2
		Utilize <b>critical thinking</b> to ensure accurate code selection focusing on medical necessity when determining appropriate procedure & diagnostic codes for claim submission.	IX.P.1 IX.P.2
A.2	Reassure patients	Medical assistant <b>reassures</b> a patient undergoing a blood draw for the first time who expresses concern and apprehension.	I.P.2

		Medical assistant <b>reassures</b> a patient undergoing her first gynecological exam who is nervous and anxious.	I.P.8
		<b>Respond appropriately</b> to a child who verbalizes fear that a throat culture will be painful.	I.P.8
		<b>Respond appropriately</b> to a patient who questions why you are using PPE when changing a wound dressing. <ul style="list-style-type: none"> <li>• Accuracy of blood pressure readings obtained using a home monitor</li> <li>• Accuracy of OTC pregnancy tests</li> <li>• Accuracy of home glucose tests</li> </ul>	III.P.8
<b>A.3</b>	Demonstrate empathy for patients' concerns	New heart patient has been instructed to change diet but is concerned that the change will be difficult to adopt, since the rest of his family has no dietary restrictions. Medical assistant uses appropriate body language and verbal acknowledgment to display <b>empathy</b> , provide supportive resources, and follow proper protocol.	IV.P.1
		Demonstrate <b>empathy</b> (facial expressions, verbal utterances, gestures and body language) when interacting with a patient who has just been diagnosed with a chronic debilitating disease.	I.P.8
<b>A.4</b>	Demonstrate active listening	Interview a patient and prepare a medical history using <b>active listening skills</b> .	I.P.3
		Use appropriate body language and other nonverbal skills to demonstrate <b>active listening</b> , when obtaining/updating a patient's medical history or reason for the current visit.	I.P.3
		Interact with a patient who displays behaviors of anxiety and nervousness. She is fidgeting and has tears in her eyes. How would you determine her needs which would require <b>active listening skills</b> of clarification, reflection, and/or restatement?	V.P.1
		Obtain a patient history <b>asking</b> about allergies. When the patient responds in the affirmative, use a clarification technique to determine the patient's specific allergies.	I.P.3

		The provider gave the patient post-procedural instructions. The medical assistant uses <b>reflection, restatement and clarification</b> to verify the patient understands.	I.P.9
		During a telehealth phone encounter, reconcile the medications utilizing <b>restatement and clarification</b> .	I.P.4
		Demonstrate assertive but professional, <b>communication</b> with third-party representatives.	VIII.P.2
<b>A.5</b>	Respect diversity	Exhibit behaviors and communication techniques that may be necessary when dealing with a <b>diverse</b> range of patients such as a patient who is homeless or a child who has been separated from their parent due to abuse in regard to Maslow's Hierarchy of Needs.	I.P.8
		Consider and demonstrate respect for <b>diversity</b> if a patient refuses immunizations or treatments based on their religious background or beliefs.	I.P.8
		Converse with a patient whose <b>cultural beliefs</b> limit understanding of a medical procedure.	I.P.8
		Gather information for a patient's record on sexual orientation and gender identity.	
<b>A.6</b>	Recognize personal boundaries	Describe a situation in which <b>personal morals and boundaries</b> might interfere with the ability to perform duties as a medical assistant. Respond to this dilemma in a professional manner without compromising patient care or personal integrity.	XI.P.1
		As a medical assistant you are opposed to vaccines, yet administration of medications is required in your job responsibilities. What impact does your <b>personal ethics/morals/boundaries</b> have on the delivery of healthcare?	XI.P.1

A.7	Demonstrate tactfulness	A child presents to your office with a parent and you notice abnormal bruising and other suspicious marks on the body. <b>Tactfully</b> ask questions without accusing them of abuse. What steps or professional actions would you take next?	XI.P.1
		Using <b>tact</b> , respond to a patient’s request when he/she requests your personal number, in case of questions after hours.	XI.P.1
		Communicate <b>tactfully</b> with medical providers regarding third-party requirements: <ul style="list-style-type: none"> <li>• additional documentation needed to support medical necessity</li> <li>• preauthorization for prescribed medications</li> <li>• second opinion before elective surgery</li> </ul>	VIII.P.2
		Demonstrate <b>tactfulness</b> when communicating with patients regarding third-party requirements such as copayments, coinsurance amounts, deductibles, or a past due bill. Role play the dialogue if a patient indicates that they have no available funds.	VIII.P.1 VIII.P.5
		Demonstrate <b>tactfulness</b> when explaining to the patient (in terms that they can understand) regarding third-party requirements: <ul style="list-style-type: none"> <li>• preauthorization or precertification requirements</li> <li>• copayments, coinsurance, deductibles</li> <li>• second surgical opinions</li> <li>• EOB</li> </ul>	VIII.P.1 VIII.P.2 VIII.P.4
		Demonstrate <b>tactfulness</b> when making an appointment for a patient with an abnormal mammogram.	VI.P.2
A.8	Demonstrate self-awareness	Perform a <b>self-evaluation of your knowledge and skills</b> required in an emergency situation.	XI.P.1
		Create <b>scenarios of how you would handle</b> emergency situations.	XII.P.4

## SAMPLE AFFECTIVE RUBRICS

### Introduction

The MAERB has received several comments from CAAHEP-accredited Program Directors that the affective competencies are very difficult to measure and to evaluate. In response to those comments, the MAERB has put together these materials to help CAAHEP-accredited Program Directors with developing affective rubrics. It is important to note that these materials are not definitive. These rubrics can work in conjunction with the sample assignments in the *Educational Competencies for Medical Assistants (ECMA)*, even though they will certainly need to be adapted and refined according to the individual needs of the programs. In fact, these sample rubrics are designed to help Program Directors generate their own ideas about designing rubrics for individual assignments. Just as with the ECMA, these rubrics are optional for Program Directors to use, and they are not formally part of the MAERB Core Curriculum.

		Achievement
<b>A.1</b>	Demonstrate critical thinking skills	<ul style="list-style-type: none"><li>• Recognize the specific area of ambiguity</li><li>• Identify all the options available to address the situation</li><li>• Determine what is most relevant</li><li>• Evaluate the plusses and negatives of each option</li><li>• Draw a conclusion based upon the information presented to you</li><li>• Reflect upon that conclusion to assure that it is appropriate</li></ul>
<b>A.2</b>	Reassure patients	<ul style="list-style-type: none"><li>• Be personable and approachable</li><li>• Ask about the patients' concerns and fears</li><li>• Determine what the patient understands about the upcoming process and/or diagnosis</li><li>• Explain the processes or implications clearly, using language that is appropriate for the audience</li><li>• Recognize when the provider may need to provide more information and make the necessary contact</li></ul>
<b>A.3</b>	Demonstrate empathy for patients' concerns	<ul style="list-style-type: none"><li>• Make eye contact</li><li>• Indicate with alert, responsive facial expressions that the concerns are being heard.</li><li>• Use open body language that indicates you are interested and have the time to respond.</li><li>• Read their body language and non-verbals to follow up on the concern.</li><li>• Acknowledge the emotions of the patient</li></ul>

		<ul style="list-style-type: none"> <li>• Be curious and thoughtful about the origin and nature of the concerns.</li> <li>• Assure them that you recognize and acknowledge the concerns by repeating them and verifying them.</li> <li>• Explain the process/address the concern again to assure patient understanding</li> <li>• Ask if the patient has questions and repeat the process if necessary.</li> </ul>
<b>A.4</b>	Demonstrate active listening	<ul style="list-style-type: none"> <li>• Give the speaker your undivided attention</li> <li>• Observe body language and other non-verbals to hear what is not being said</li> <li>• Ask relevant, thoughtful, open-ended questions</li> <li>• Use a variety of communication skills (summarizing, paraphrasing, clarifying) to reflect back to the speaker</li> <li>• Provide positive reinforcement without judgment, bias, or condescension</li> </ul>
<b>A.5</b>	Respect diversity	<ul style="list-style-type: none"> <li>• Recognize the specific area(s) of difference (gender, gender identification, race, culture, religion, age, economic status, appearance)</li> <li>• Ask about the patient's preferences (pronouns, nomenclature) regarding those differences</li> <li>• Ask respectful open-ended questions about those differences and how they relate to the patients' expectations or concerns</li> <li>• Be sincere and authentic in responding to those differences without judgement or bias</li> </ul>
<b>A.6</b>	Recognize personal boundaries	<ul style="list-style-type: none"> <li>• Identify your personal boundaries regarding physical contact, verbal interaction, professional identity, workplace interactions, emotional attachments, spiritual beliefs, and other identity issues</li> <li>• Communicate those personal boundaries clearly and thoughtfully</li> <li>• Ask open-ended questions to learn of other people's personal boundaries</li> <li>• Show respect for the personal boundaries of others</li> </ul>
<b>A.7</b>	Demonstrate tactfulness	<ul style="list-style-type: none"> <li>• Reflect upon the language that you use to consider how it is perceived in responding to a patient's questions or concerns</li> <li>• Choose language that avoids criticism or judgement and responds to the sensitivities and fears of patients</li> <li>• Consider the timing of your comments when need to share suggestions for improvement</li> </ul>

		<ul style="list-style-type: none"> <li>Choose your body language carefully, making eye contact, facing the person, and leaning forward</li> </ul>
<b>A.8</b>	Demonstrate self-awareness	<ul style="list-style-type: none"> <li>Acknowledge your emotional and intellectual responses to specific healthcare issues</li> <li>Identify personal habits or defense mechanisms that are detrimental to professionalism</li> <li>Recognize personal prejudices and biases that affect the health care environment</li> </ul>

### Overview—Rubric for Professional Behaviors

All of the cognitive objectives and psychomotor and affective competencies contribute to the larger professionalism that you seek to instill in your students. You teach that professionalism in several different ways. It is embedded into your program’s rules with the dress code, the appearance regulations, the insistence on timeliness, and so on. It is also embedded into all the psychomotor and affective competencies. Below you will find some helpful designations within a rubric format to help your students understand those professional behaviors.

#### Rubric: Affective Behaviors

	<b>Does not meet expectations</b>	<b>Needs Improvement</b>	<b>Meets Expectations</b>	<b>Sometimes exceeds expectations</b>	<b>Consistently exceeds expectations</b>
Integrity	Does not always demonstrate honesty and trustworthiness and/or provides incomplete documentation.	Honest and trustworthy with property and confidential information but does not always completely and accurately document patient care and learning activities.	Consistent honesty, being able to be trusted with property and confidential information, complete and accurate documentation of patient care and learning activities.	Consistent honesty, assists other classmates in understanding confidential issues and in developing their documentation skills.	Always honest, leads by example and models exemplary behaviors regarding integrity. Consistently turns in paperwork that is complete and accurate.

Empathy	Being deliberately disrespectful of others, making fun of others, being condescending or sarcastic to others, clearly uncomfortable dealing with emotions of patients.	Being uncompassionate to others or responding inappropriately to emotional responses because you are uncomfortable with their emotional displays. Acting coolly towards patients in distress and not acting as a patient advocate	Showing compassion to others, responding appropriately to emotional responses by others, demonstrating respect to others, being supportive and reassuring.	Able to show compassion and respond appropriately while maintaining professional demeanor, demonstrating a strong desire to advocate for the patient, can direct patients and their families to available community resources.	Seeks out opportunities to serve in the community when the situation arises can provide contact information on assistance agencies, can set troubled patients at ease and actively listens to their problems and concerns.
Self-motivation	Consistently failing to meet established deadlines, unable to demonstrate intrinsic motivating factors requiring extra extrinsic motivation from instructors, failing to improve even after corrective feedback has been provided by faculty, requiring constant supervision to complete tasks or being asked to repeat a task that is incorrectly performed.	Not actively taking the initiative to improve behavior, or follow through on tasks, or seeking improvement but obviously making attempts to attain acceptable standards.	Taking initiative to complete assignments, taking initiative to improve or correct behavior, taking on and following through on tasks without constant supervision, showing enthusiasm for learning and improvement, consistently striving for improvement in all aspects of patient care and professional activities, accepting constructive criticism in a positive manner, taking advantage of learning opportunities.	Occasionally completing and turning in assignments before the scheduled deadline, volunteering for additional duties, consistently striving for excellence in all aspects of patient care and professional activities, seeking out a mentor or faculty member to provide constructive criticism, informing faculty of learning opportunities.	Never missing a deadline and often completing assignments well ahead of deadlines, reminding other students of deadlines, supporting faculty in upholding the rules and regulations of the program, taking seriously opportunities to provide feedback to fellow students, seeking opportunities to obtain feedback, assisting in arranging and coordinating activities.

Appearance and Personal Hygiene	Inappropriate uniform or clothing worn to class or clinical settings. Poor hygiene or grooming.	Appropriate clothing or uniform is selected generally, but the uniform may be unkempt (wrinkled), mildly soiled, or in need of minor repairs, appropriate personal hygiene is common, but occasionally the individual is unkempt or disheveled.	Clothing and uniform is appropriate, neat, clean and well-maintained, good personal hygiene and grooming.	Clothing and uniform are above average. Uniform is pressed and business casual is chosen when uniform is not worn. Grooming and hygiene is good or above average.	Uniform is always above average. Non-uniform clothing is businesslike. Grooming and hygiene is impeccable. Hair is worn in an appropriate manner for the environment and student is free of excessive jewelry. Make-up and perfume or cologne usage is discreet and tasteful.
Self-confidence	Does not trust personal judgment, is unaware of strengths or weaknesses, and frequently exercises poor personal judgement.	Needs encouragement before trusting personal judgment, is aware of strengths but does not readily recognize weaknesses, sometimes makes poor personal choices.	Demonstrating the ability to trust personal judgment, demonstrating an awareness of strengths and limitations, exercises good personal judgement.	Stands by his/her choices when challenged by an authority figure, aware of strengths and weaknesses and seeks to improve, exercises good personal judgement, and often serves as a mentor for classmates.	Stands by and can defend personal choices when challenged by an authority figure, actively seeks to improve on weaknesses, seeks out opportunities to assist other classmates in developing their self-confidence.

Communications	Unable to speak or write clearly and is unable to correct their behavior despite intervention by instructors, does not actively listen (requires instructions to be repeated or appears unable to follow directions), resistant to learning new communications strategies.	Needs work to speak or write clearly, knows how to actively listen although sometimes is unable to model good listening skills, able to identify alternative communication strategies needed in various situations but is still developing the skill to perform alternative strategies.	Speaking clearly with good pace and volume, writing legibly, listening actively, adjusting communications strategies to various situations, uses appropriate vocabulary, complete sentences, and correct grammar, defines specialized terms for complete comprehension.	Working on improving speaking and writing abilities, models active listening skills, able to modify communication strategies easily in various situations and able to effectively communicate a message in these various settings.	Demonstrates exemplary communication skills by adapting the pace and volume to the recipient's needs, writing clearly and coherently, patterning strong active listening skills, and is comfortable utilizing a variety of communication styles, may have proficiency in another language, including sign language.
Active Listening	Does not demonstrate active listening skills either verbally or non-verbally by trying to "mind read" without listening, rehearsing what is to be said rather than listening, judging, and lecturing. Nonverbally, there is a defensiveness and guardedness in body movement and facial gestures.	Generally demonstrates active listening skills both verbally and non-verbally by mastering at least half of the characteristics listed below. Verbally by asking appropriate open-ended questions, repeating back/paraphrasing statements for clarification of facts and feelings, recognizing when to provide positive reinforcement, and	Demonstrates active listening skills both verbally and non-verbally by mastering most of the characteristics listed below. Verbally by asking appropriate open-ended questions, repeating back/paraphrasing statements for clarification of facts and feelings, recognizing when to provide positive reinforcement, and responding to questions	Demonstrates strong active listening skills both verbally and non-verbally but the characteristics are not completely natural yet. Verbally by asking appropriate open-ended questions, repeating back/paraphrasing statements for clarification of facts and feelings, recognizing when to provide positive reinforcement, and responding to questions	Demonstrates exemplary active listening skills both verbally and non-verbal. Verbally by asking appropriate open-ended questions, repeating back/paraphrasing statements for clarification of facts and feelings, recognizing when to provide positive reinforcement, and responding to questions and statements without judgment, bias, or condescension. Non-

		responding to questions and statements without judgment, bias, or condescension. Non-verbally by developing and maintaining eye contact, physically “leaning in” or “opening up,” and effectively mirroring or reflecting facial expression.	and statements without judgment, bias, or condescension. Non-verbally by developing and maintaining eye contact, physically “leaning in” or “opening up,” and effectively mirroring or reflecting facial expression.	and statements without judgment, bias, or condescension. Non-verbally by developing and maintaining eye contact, physically “leaning in” or “opening up,” and effectively mirroring or reflecting facial expression.	verbally by developing and maintaining eye contact, physically “leaning in” or “opening up,” and effectively mirroring or reflecting facial expression.
Nonverbal Communication	Does not maintain eye contact and use appropriate gestures and facial expressions that match the verbal statements, speaks artificially, and does not respond to non-verbal behaviors.	Generally demonstrates strong nonverbal communication skills by mastering at least half of the following: maintaining eye contact to establish rapport, using gestures, facial expressions, and posture to reinforce the verbal message, using an authentic tone and a natural pitch and volume, and recognizing and responding to the non-verbal behaviors within a specific situation.	Demonstrates strong nonverbal communication skills and has mastered most of the following: maintaining eye contact to establish rapport, using gestures, facial expressions, and posture to reinforce the verbal message, using an authentic tone and a natural pitch and volume, and recognizing and responding to the non-verbal behaviors within a specific situation.	Demonstrates strong nonverbal communication skills, but needs more practice, by maintaining eye contact to establish rapport, using gestures, facial expressions, and posture to reinforce the verbal message, using an authentic tone and a natural pitch and volume, and recognizing and responding to the non-verbal behaviors within a specific situation.	Demonstrates exemplary nonverbal communication skills by maintaining eye contact to establish rapport, using gestures, facial expressions, and posture to reinforce the verbal message, using an authentic tone and a natural pitch and volume, and recognizing and responding to the non-verbal behaviors within a specific situation.

Time management	Often late to class or clinical sites, upon arrival needs additional time to be ready to begin (changing into uniform, gathering supplies, etc.), frequently late in turning in assignments, requires constant reminders about due dates and will blame others if a due date is missed.	Occasionally late in arriving to class or clinical sites, occasionally late in turning in assignments or requires reminding about deadlines.	Consistent punctuality, completing tasks and assignments on time.	Seldom late to class or clinical, generally ready to begin class or clinical prior to the actual start time, completes tasks and assignments by due date (and occasionally in advance of due date) with minimal need for reminders of due dates.	Punctual (or early) nearly 100% of the time, completes tasks and assignments prior to the due date, seldom requires reminding about deadlines or due dates, may assist instructor in reminding classmates about due dates.
Teamwork and Diplomacy	Manipulating the team or acting with disregard to the team, being disrespectful of team members, being resistant to change or refusing to cooperate in attempts to work out solutions.	Sometimes acting for personal interest at the expense of the team, acting independent of the team or appearing non-supportive, being somewhat resistant to change or occasionally unwilling to work out a solution.	Placing the success of the team above self-interest, not undermining the team, helping and supporting other team members, showing respect for all team members, remaining flexible and open to change, communicating with others to resolve problems.	Placing success of the team above self-interest, supporting and holding up the team by shouldering additional responsibilities, actively seeking to include all members of the team in decision making processes were appropriate, welcoming change and remaining flexible, helping to open the lines of communication.	Placing success of the team above self-interest (even if that means a negative outcome to self), taking a leadership role and using good management skills while leading, involving all appropriate team members in the decision-making process, suggesting and implementing changes to benefit the team, seeking ways to keep communications and dialogue going.

Respect	Disrespectful of authority, being argumentative, using inappropriate words or outbursts of anger, deliberately undermining authority in words or actions or trying to provoke others, frequently unable to act in a professional manner.	Being polite when required, occasionally overheard using demeaning or derogatory language but confining it to situations other than in patient care settings, occasionally acting unprofessional on the job.	Being polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.	Being polite even when a situation is not going in his/her favor, always using respectful language when describing situations even when not in public areas, modeling good professional behaviors.	Serving as a “peacemaker” in volatile situations, able to take abusive language or disrespect from patients without reacting negatively towards the individual, modeling good professional behaviors even when outside of the classroom or off the job.
Patient Advocacy	Unable to deal with patients because of personal biases, actively demeaning or degrading patients with words or deeds, unconcerned about patient rights, feelings or considerations, frequently takes shortcuts during care of patients because it is “easier” or faster.”	Occasionally has difficulty dealing with patients because of personal bias or feelings, not always able to place the needs of the patient first.	Not allowing personal bias or feelings to interfere with patient care, placing the needs of patients above self-interest, protecting and respecting patient confidentiality and dignity.	Not allowing personal bias or feelings to interfere with patient care despite strong negative feelings or biases towards a patient or situation, actively advocating for patient rights, protecting confidentiality.	Models patient advocacy and able to defend the need to advocate for patient rights, seeks out opportunities to help fellow classmates learn the principles of patient advocacy, when the opportunity presents itself can be called upon to follow through on an advocacy issue even if it means it on their off time.
Careful delivery of services	Unable to perform skills at entry level or requiring constant monitoring or reinforcement to	Occasionally performing skills below the entry-level, requiring	Performing skills at an entry-level capacity a majority of the time, following policies and procedures and	Can be trusted to function independent of all rules, regulations, policies and procedures.	Functions independently and able to correct mistakes by self-reflection, able to assist in the development of rules,

	perform skills, required to recheck tasks because of omissions or inaccuracies in performance or documentation, unwilling to learn policies, procedures or protocols, deliberate unwillingness to follow the letter or spirit of rules or regulations.	monitoring to ensure completeness and accuracy in completing tasks, occasional minor breaches in policies, procedures or protocols attributed to lack of knowledge of it but willing to learn, may follow the letter of, but not always the spirit, of rules and regulations.	protocols, following orders.		regulations, policies and procedures, will assist in monitoring fellow students in the completion of tasks and may be able to assist fellow students identify weaknesses and strengths.
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