



Educational Competencies for Medical Assistants

**For CAAHEP Accredited Medical
Assisting Educational Programs**

Based on 2022 Standards

**MEDICAL ASSISTING
EDUCATION REVIEW BOARD**

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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 assessments for meeting each of the entry-level psychomotor and affective competencies in the 2022 MAERB Core Curriculum which can be found in Appendix B of the 2022 *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, how achievement is measured, and how the students are evaluated.

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 always open to suggestions and samples from those who are teaching and working within CAAHEP-accredited medical assisting programs.

CONTENT AREA I: Anatomy & Physiology

<p><u>I.P.1.</u></p> <p>Accurately measure and record:</p> <ul style="list-style-type: none">a. blood pressureb. temperaturec. pulsed. respirationse. heightf. weight (adult and infant)g. length (infant)h. head circumference (infant)i. oxygen saturation	<p><i>NOTE: Documentation for recording may include:</i></p> <ul style="list-style-type: none">1. <i>Patient chart</i>2. <i>Skill sheet</i>3. <i>Flow Sheet</i>4. <i>Electronic medical record simulation program</i> <p>A. Measure and document blood pressure using the following methods:</p> <ul style="list-style-type: none">1. anaerobic blood pressure cuff2. digital blood pressure cuff (in addition to the manual method) <p>B. Measure and document temperatures using the following equipment:</p> <ul style="list-style-type: none">1. Disposable thermometer2. Digital thermometer3. Tympanic thermometer4. Temporal thermometer <p>C. Measure and document radial and/or 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">1. Balance scale2. Electronic scale <p>G. Measure and document weight using appropriate scale:</p> <ul style="list-style-type: none">1. Infant meter (length board) or2. Measuring tape <p>H. Measure and document head circumference using appropriate equipment</p> <p>I. Measure and document patient's O₂ saturation rate using the appropriate equipment</p>
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CONTENT AREA I: Anatomy & Physiology

<p><u>I.P.2.</u></p> <p>Perform the following procedures:</p> <ol style="list-style-type: none">ElectrocardiographyVenipunctureCapillary puncturePulmonary function testing	<p>A. No suggestions needed for electrocardiography.</p> <p>B. Venipuncture</p> <p>Collect and document venous blood specimen using appropriate techniques:</p> <ol style="list-style-type: none">Multi-draw method (vacutainer)Winged-infusion methodSyringe method <p><i>Methods may be used in conjunction with obtaining specimens for testing.</i></p> <p>C. Capillary puncture</p> <p>Collect and document capillary blood specimen using appropriate techniques:</p> <ol style="list-style-type: none">Finger stickHeel stick <p><i>Methods may be used in conjunction with obtaining specimens for testing.</i></p> <p>D. Pulmonary function testing</p> <p>Measure and document lung function using appropriate equipment:</p> <ol style="list-style-type: none">SpirometryInhalation challenge testsPeak flow meter
<p><u>I.P.3.</u></p> <p>Perform patient screening following established protocols</p>	<p>A. Using a provider approved step-by-step screening protocol to determine the next course of action (for example, appointment today, next available, report to hospital, call for emergency transport).</p> <p>B. Screen patient for visual acuity.</p> <p>C. Screen patient for hearing acuity.</p>
<p><u>I.P.4.</u></p> <p>Verify the rules of medication administration:</p> <ol style="list-style-type: none">Right patientRight medicationRight doseRight routeRight timeRight documentation	<p>No suggestions needed.</p> <p>This competency can be bundled effectively with I.P.6 and I.P.7</p>

CONTENT AREA I: Anatomy & Physiology

<p><u>I.P.5.</u></p> <p>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">1. intradermal2. subcutaneous3. intramuscular (deltoid, vastus lateralis, ventrogluteal, and dorsogluteal) 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.
<p><u>I.P.6.</u></p> <p>Administer oral medications</p>	<p>Administer and document oral medication using the appropriate technique:</p> <ol style="list-style-type: none">1. Preparation and administration of solid and liquid medication1. Simulated sublingual medication
<p><u>I.P.7.</u></p> <p>Administer parenteral (excluding IV) medications</p>	<p>Administer and document the following:</p> <ol style="list-style-type: none">1. intradermal injection2. subcutaneous injection
<p><u>I.P.8.</u></p> <p>Instruct and prepare a patient for a procedure or a treatment</p>	<p>Instruct, position and prepare a “patient” for a minor office procedure. Examples might include but are not limited to the following: Mole removal, ingrown toenail, EKG, sterile dressing change, Pap smear, etc.</p>
<p><u>I.P.9.</u></p> <p>Assist provider with a patient exam</p>	<p>Scenario; medical assistant assists a provider with a pelvic exam, post-op exams, and/or complete physical exam.</p>
<p><u>I.P.10.</u></p> <p>Perform a quality control measure</p>	<ol style="list-style-type: none">A. Run appropriate quality control specimen on CLIA-waived test equipment, such as glucose or cholesterol testing equipment.B. Check expiration dates and storage instructions on all reagents and test kits.C. Calibrate and document spirometry results.D. Measure and document the temperature of equipment (i.e., refrigerator and/or freezer).

CONTENT AREA I: Anatomy & Physiology

<p><u>I.P.11.</u></p> <p>Collect specimens and perform the following:</p> <ol style="list-style-type: none">CLIA waived hematology testCLIA waived chemistry testCLIA waived urinalysisCLIA waived immunology testCLIA waived microbiology test	<p>You will note that there are a variety of options under each test, and you can pick and choose based upon the needs of your community of interest.</p> <ol style="list-style-type: none">CLIA waived hematology test<ol style="list-style-type: none">Perform and document the results of a spun microhematocrit.Perform and document the results of an automated hemoglobin by a single analyze instrument.Perform and document the results of an erythrocyte sedimentation rate (ESR).CLIA waived chemistry test<ol style="list-style-type: none">Perform and document the results of a blood glucose.Perform and document the results of cholesterol testing.Perform and document the results of a human thyroid stimulating hormone (TSH).CLIA waived urinalysis<ol style="list-style-type: none">Perform and document the results of a urinalysis<ol style="list-style-type: none">ManualAutomatedCLIA waived immunology test<ol style="list-style-type: none">Perform and document the results of beta HCG testing (urine)Perform and document the results of mononucleosis testing (blood sample)CLIA waived microbiology test<ol style="list-style-type: none">Perform and document the results of rapid strep testing (throat swabbing)Perform and document influenza A/B testing (throat or nasopharyngeal swab)Perform and document HIV testing (blood or oral swab)Perform and document the results for COVID testing (nasopharyngeal swabbing)Perform and document the results for H. pylori (throat or nasopharyngeal)
<p><u>I.P.12.</u></p> <p>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>

CONTENT AREA I: Anatomy & Physiology

<p><u>I.P.13.</u></p> <p>Perform first aid procedures for:</p> <ul style="list-style-type: none">a. Bleedingb. Diabetic coma or insulin shockc. Stroked. Seizurese. Environmental emergencyf. Syncope	<p>A First Aid Card can be sufficient if the certification includes all the competencies outlined, and the course outline clearly indicates that all the components are covered.</p> <p>Perform and document first aid procedures for the following:</p> <ul style="list-style-type: none">a. Bleedingb. Diabetic coma or insulin shockc. Stroked. Seizurese. Environmental emergency (i.e. broken bones, sprains, bites, stings, hypothermia)f. Syncope
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CONTENT AREA II: Applied Mathematics

<p><u>II.P.1.</u></p> <p>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 such as, but not limited to, the following:</p> <ol style="list-style-type: none">1. Body Surface Area calculation in metric or household units2. Measurement unit conversion3. Measurement system conversion4. Kilogram of body weight5. Formula method <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><u>II.P.2.</u></p> <p>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">1. Prothrombin/INR2. Glucose3. Glycosylated hemoglobin (hemoglobin A1C)4. Lipid panel5. Liver function panel
<p><u>II.P.3.</u></p> <p>Document on a growth chart</p>	<p>A. Measure and record infant length, weight, head, and chest circumference on a growth chart.</p> <p>B. Measure and record height and weight of a child on a growth chart.</p>
<p><u>II.P.4.</u></p> <p>Apply mathematical computations to solve equations</p>	<p>A. Use a provider order to convert within the metric system.</p> <p>B. Calculate BMI using proper formula.</p> <p>C. Use formulas to convert temperature scales.</p> <p>D. Use ratio and proportion to determine appropriate calculations.</p>
<p><u>II.P.5.</u></p> <p>Convert among measurement systems</p>	<p>Perform a dosage calculation for an oral medication order that needs to be converted from household to metric.</p>

CONTENT AREA III: Infection Control

<p><u>III.P.1.</u> Participate in bloodborne pathogen training</p>	<p>A. Participate in bloodborne pathogen training offered by an approved organization such as the American Red Cross or the American Heart Association with documentation.</p> <p>B. Participate in scenario-based bloodborne pathogen training with documentation.</p>
<p><u>III.P.2.</u> Select appropriate barrier/personal protective equipment (PPE)</p>	<p>A. Select appropriate barrier/personal protective equipment for an office or medical procedure. 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. Role-play a scenario, selecting correct and incorrect PPE:</p> <ol style="list-style-type: none"> 1. Performing vital signs on a patient who has tested positive for tuberculosis and who has not yet initiated antimicrobial treatment. 2. Changing a dressing on a patient with second degree burns 3. Performing venipuncture to obtain blood for a CBC and fasting glucose 4. Obtaining sample of wound exudate for microbiology
<p><u>III.P.3.</u> Perform hand washing</p>	<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>
<p><u>III.P.4.</u> Prepare items for autoclaving</p>	<p>A. Select a solution and sanitize instruments in preparation for wrapping and sterilization.</p> <p>B. Sanitize and wrap an item or items to be used in autoclave.</p>
<p><u>III.P.5.</u> Perform sterilization procedures</p>	<p>A. Operate an autoclave, observing instructions for time, temperature and pressure appropriate for the item(s) being sterilized.</p> <p>B. Perform cold sterilization procedures for heat sensitive items.</p>
<p><u>III.P.6.</u> Prepare a sterile field</p>	<p>Prepare a sterile field for a minor office surgery (e.g. cyst removal, ingrown toenail, suturing, mole removal, etc.).</p>

CONTENT AREA III: Infection Control

<p><u>III.P.7.</u></p> <p>Perform within a sterile field</p>	<p>A. Assist with minor surgery.</p> <p>B. Provide assistance within a sterile field to physician during a sterile procedure.</p> <p>C. Maintain a sterile field while donning sterile gloves.</p> <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><u>III.P.8.</u></p> <p>Perform wound care</p>	<p>A. Assess and irrigate a wound using one of the following options:</p> <ol style="list-style-type: none">1. Chronic and non-healing wounds2. Post-op incision care3. Ostomy care4. Sterile dressing change
<p><u>III.P.9.</u></p> <p>Perform dressing change</p>	<p>A. Assess and perform a dressing change.</p> <p>B. Apply dry dressing after removal of staples or sutures.</p>
<p><u>III.P.10.</u></p> <p>Demonstrate proper disposal of biohazardous material:</p> <ol style="list-style-type: none">a. sharpsb. regulated wastes	<p>A. Disposal of injection or phlebotomy needles</p> <p>B. Disposal of contaminated wound dressing change material</p> <p>C. Prepare a biohazard container for pick-up and transport including the required documentation.</p>

CONTENT AREA IV: Nutrition

<p><u>IV.P.1.</u></p> <p>Instruct a patient according to a patient's special dietary needs.</p>	<ul style="list-style-type: none">A. Using a meal plan for a patient's special dietary needs (Diabetes Plate Method, Lactose Intolerance, Gluten free, Heart Healthy), instruct the patient on how to follow the plan.B. Instruct a patient with a newly identified special dietary need (Diabetes Plate Method, Lactose Intolerance, Gluten free, Heart Healthy) in proper nutrition.C. Scenario: Role play providing a patient instruction regarding a heart healthy diet.D. Have the student create a video of themselves providing instructions using My Plate for a special dietary need.E. Scenario: Explain a food label to patients, considering specific dietary needs.
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CONTENT AREA V: Applied Communication

<p><u>V.P.1.</u></p> <p>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><u>V.P.2.</u></p> <p>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>
<p><u>V.P.3.</u></p> <p>Coach patients regarding:</p> <p>a. office policies</p> <p>b. medical encounters</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>D. Scenario: Converse with an elderly patient who does not understand the importance of recommended immunizations, assessing the patient’s level of understanding.</p> <p>E. 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.</p> <p>F. Instruct a patient on how to use a glucometer and ensure their understanding by a return demonstration.</p>

CONTENT AREA V: Applied Communication

<p><u>V.P.4.</u></p> <p>Demonstrate professional telephone techniques</p>	<ul style="list-style-type: none">A. Demonstrate the correct technique to use when answering the telephone in a medical office.B. Demonstrate professional telephone techniques, emphasizing how projecting a professional image as a medical assistant affects the public's impression of the medical facility.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><u>V.P.5.</u></p> <p>Document telephone messages accurately.</p>	<ul style="list-style-type: none">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.B. Scenario: Retrieve simulated phones messages and accurately document specific details.
<p><u>V.P.6.</u></p> <p>Using technology, compose clear and correct correspondence</p>	<ul style="list-style-type: none">A. Prepare a business letter to communicate medical information such as a letter of referral, patient test results, or an insurance prior authorization.B. Respond via email within the patient information system (EHR) sharing directions from the provider for an upcoming procedure.C. Utilizing electronic technology, complete an electronic form to obtain prior authorization or approval for a workers compensation claim.D. Using Microsoft Word, compose a dismissal letter to send to a patient.
<p><u>V.P.7.</u></p> <p>Use a list of community resources to facilitate referrals</p>	<ul style="list-style-type: none">A. Generate a referral for a patient, using a list of community resources.B. Scenario: Refer a patient who is unable to afford prescribed medications to an appropriate community resource.C. Work with local social service agencies or other community-based organizations in your area to develop a list of resources for referral.
<p><u>V.P.8.</u></p> <p>Participate in a telehealth interaction with a patient</p>	<ul style="list-style-type: none">A. Using a communication platform, such as the phone, Zoom, WebEx, or features within the learning management system, implement the following type of scenarios:<ul style="list-style-type: none">1. Role play: Conduct a two week follow up with patient on medication change.2. Role play: Screen a patient via telehealth (ex: mini mental state exam, depression, anxiety, or ADHD).3. Role play: Interact with a patient complaining of symptoms that are exhibiting a potentially infectious such as influenza, COVID, or TB.

CONTENT AREA VI: Administrative Functions

<p><u>VI.P.1.</u> Manage appointment schedule, using established priorities</p>	<p>A. Schedule patients' appointments while following established guidelines for the following:</p> <ol style="list-style-type: none">1. New patient2. Established patient <p>B. Adhering to the office appointment policy, perform and document appropriately the following scheduling processes:</p> <ol style="list-style-type: none">1. A patient cancellation2. A no-show appointment3. A rescheduled appointment
<p><u>VI.P.2.</u> Schedule a patient procedure</p>	<p>A. Scenario: Schedule a patient for a diagnostic testing procedure that requires patient preparation such as a colonoscopy, radiology procedures, and so on. Obtain the consent for treatment form.</p> <p>B. Scenario: Schedule a simulated inpatient or outpatient procedure such as a surgical procedure or medical admission. Obtain the consent for treatment form.</p>
<p><u>VI.P.3.</u> Input patient data using an electronic system</p>	<p>A. Using an EMR, do the following:</p> <ol style="list-style-type: none">1. Enter patient information, such as medical history, social and family history, drug allergies, vital signs, and so on.2. Enter a physician-ordered diagnostic test or prescription. <p>B. Using a practice management system do the following:</p> <ol style="list-style-type: none">1. Enter new patient demographic information2. Update established patient demographic information
<p><u>VI.P.4.</u> Perform an inventory of supplies</p>	<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">1. Date of inventory2. Supplies or equipment inventoried3. Location of supplies or equipment4. Indication if reordering is necessary

CONTENT AREA VII: Basic Practice Finances

<p><u>VII.P.1.</u></p> <p>Perform accounts receivable procedures to patient accounts, including posting:</p> <ul style="list-style-type: none">a. chargesb. paymentsc. adjustments	<p>Using simulated services, post the following to a patient's account:</p> <ul style="list-style-type: none">a. chargesb. payments (personal or third party)c. adjustments (personal or third party)
<p><u>VII.P.2.</u></p> <p>Input accurate patient billing information in an electronic system</p>	<p>Scenario: Obtain accurate patient billing information (such as a photo ID, insurance card, Explanation of Benefits and so on) in the PMS.</p>
<p><u>VII.P.3.</u></p> <p>Inform a patient of financial obligations for services rendered</p>	<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>B. 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

<p><u>VIII.P.1.</u></p> <p>Interpret information on an insurance card</p>	<p>A. Scenario: Determine carrier policy requirements based on patient's insurance card.</p> <p>B. Role play: Working with a partner/patient to describe the components of the insurance card.</p>
<p><u>VIII.P.2.</u></p> <p>Verify eligibility for services</p>	<p>A. Scenario: Verify patient eligibility with insurance company using telephone or online systems as available.</p> <p>B. Role play: Interact with a partner engaging in the communication between carrier and office.</p>
<p><u>VIII.P.3.</u></p> <p>Obtain precertification or preauthorization with documentation</p>	<p>Scenario focused on the following to include all four steps.</p> <ol style="list-style-type: none">1. Determine need for precertification or preauthorization.2. Identify information needed to obtain precertification or preauthorization.3. Simulate obtaining the required permission4. Document appropriately in the patient's record
<p><u>VIII.P.4.</u></p> <p>Complete an insurance claim form</p>	<p>Utilizing electronic medical records/practice management software program to generate insurance claims.</p>
<p><u>VIII.P.5.</u></p> <p>Assist a patient in understanding an Explanation of Benefits (EOB)</p>	<p>Scenario: Utilizing sample EOBs role play with a patient explaining patient coverage.</p>

CONTENT AREA IX: Procedure & Diagnostic Coding

<p><u>IX.P.1.</u> Perform procedural coding</p>	<ul style="list-style-type: none">A. Locate and document codes from the current CPT using hardcopy or digital resources.B. Analyze a simulated patient chart and code the procedures from the current CPT manual, using hardcopy or digital resources.C. Develop various case studies (office visit, injection, diagnostic testing, ear lavage, suturing, lesion removal, etc) and find the procedural code in hardcopy or digital resources.
<p><u>IX.P.2.</u> Perform diagnostic coding</p>	<ul style="list-style-type: none">A. Locate and document codes from the most current diagnostic coding system using hardcopy or digital resources.B. Extract diagnoses from sample medical records and code to the highest level of specificity, using hardcopy or digital resources.C. Develop various case studies and have students identify the diagnostic codes and order them based on the scenario. As an example, a patient could be seen for chest pain and have a history of diabetes and hyperlipidemia. The student would order the chest pain first followed by the co-morbidities.
<p><u>IX.P.3.</u> Utilize medical necessity guidelines</p>	<ul style="list-style-type: none">A. Using medical necessity guidelines (national or local), review a case study to determine if the documentation supports a physician-ordered diagnostic test.B. Scenario: Link diagnostic codes to the proper procedure codes based on medical necessity guidelines. Given a list of patient conditions and procedures, identify the code that would be appropriate for reimbursement by the insurance company. For example, if an X-ray of leg revealed fracture, then a splint was provided. For a patient with difficulty hearing, there was an ear lavage or audio screening. If a patient had a foreign body in the eye, then an eye exam with supplies and equipment was used to detect abrasion.

CONTENT AREA X: Legal Implications

<p><u>X.P.1.</u></p> <p>Locate a state’s legal scope of practice for medical assistants</p>	<p>A. Have students research the scope of practice for medical assistants in the state in which they reside or plan to reside and submit a summary of the scope of practice and where it is located.</p> <p>B. Assign students a state to research the scope of practice and then share/present that information to the rest of the class.</p>
<p><u>X.P.2.</u></p> <p>Apply HIPAA rules in regard to:</p> <p>a. privacy</p> <p>b. release of information</p>	<p>A. Scenario (release of information): A family member of a patient calls and requests information regarding the patient. Demonstrate how this situation should be handled.</p> <p>B. Complete an authorization to release medical records.</p> <p>C. Scenario (privacy): Develop a check-in procedure that includes gathering information from the patient at the front desk, or using a sign-in system that focuses on protecting privacy.</p> <p>D. Scenario (privacy): Simulate phone interactions to focus on preventing a breach of privacy (two-patient authentication, avoiding others overhearing conversations, etc).</p>
<p><u>X.P.3.</u></p> <p>Document patient care accurately in the medical record</p>	<p>A. Record/document vital signs and chief complaint on paper or electronic progress notes.</p> <p>B. Scenario: Document in a patient’s medical record, the removal of sutures, including the number of sutures removed.</p> <p>C. Document the preparation of a patient for a surgical procedure, x-ray or other treatment in an outpatient facility.</p> <p>D. Scenario: Document the results of laboratory tests and treatments using correct medical terminology.</p> <p>E. Document a phone conversation in which you are delivering instructions from the provider regarding a medication change. Use proper spelling and abbreviations.</p>
<p><u>X.P.4.</u></p> <p>Complete compliance reporting based on public health statutes</p>	<p>A. Scenario: Follow proper procedure when a reportable communicable disease is confirmed in a patient by identifying and notifying the proper agency.</p> <p>B. Scenario: A child is seen with suspected physical abuse in your office. Based on office policy and procedures, identify and notify the proper agencies for investigation and document the actions taken in the medical record.</p> <p>C. Scenario: A patient has presented at the office with an apparent dog bite. Despite the patient’s opposition to reporting the incident, describe and complete and document the actions you would take.</p>

CONTENT AREA X: Legal Implications

<p><u>X.P.5.</u></p> <p>Report an illegal activity following the protocol established by the healthcare setting</p>	<ul style="list-style-type: none">A. Scenario: Follow proper reporting protocol when an OSHA violation has occurred.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.C. Scenario: Role-play the reporting of a co-worker who is calling in prescriptions for personal use.D. Scenario: The MA witnesses a co-worker taking petty cash and/or writing checks to themselves for personal use without authorization.E. Scenario: A co-worker has accessed medical records of a family member without authorization and is making copies of specific records. Role play the actions to be taken in reporting the incident
<p><u>X.P.6.</u></p> <p>Complete an incident report related to an error in patient care</p>	<ul style="list-style-type: none">A. Document a patient injury, adverse reaction to immunization/ medication, or other incident that occurred in the medical office.A. The wrong tube was used in collecting a blood specimen. Discuss the implications of the incident and follow-up procedures. Complete an incident report.

CONTENT AREA XI: Ethical & Professional Considerations

XI.P.1.

Demonstrate professional response(s) to ethical issues

- 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.
- 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.
- 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.
- D. 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.
- E. 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.

CONTENT AREA XII: Protective Practices

<p><u>XII.P.1.</u></p> <p>Comply with safety practices</p>	<p>A. Scenario: 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">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.”2. Biohazard waste receptacles bear the biohazard symbol and are lined with red plastic bags. Biohazard waste is not disposed of in inappropriate receptacles3. Chemicals and reagents are evaluated for hazard category classification and labeled with the National Fire Association’s color and number coding.4. Signs are clearly posted in appropriate places for prohibiting smoking, eating, drinking, or application of cosmetics or contact lenses in the facility.5. Identify workplace safeguards utilizing safety signs, symbols and labels.6. Utilize a SDS sheet7. Prepare biohazardous waste for pickup by an outside organization.8. Perform checks on the appropriate fill level on sharps containers.9. Working in teams, discuss various methods of promoting safety for patients and staff and identify potential hazards and how to handle them.10. Perform an inventory for expired supplies.11. Inspect office equipment for damage12. Post wet floor signs at the door when snow or rain is brought in on shoes, or spills are present13. Locate fire extinguishers and review dates of service for compliance with fire standards.14. Locate evacuation plans throughout the building <p>B. Research develop a training on safety practices for co-workers in a health care setting or particular area of the office</p>
<p><u>XII.P.2.</u></p> <p>Demonstrate proper use of:</p> <ol style="list-style-type: none">a. Eyewash equipmentb. fire extinguishers	<p>A. Demonstrate or simulate the 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. Follow manufacturer procedures and office policies to conduct eye wash station maintenance and testing.</p> <p>C. Demonstrate or simulate the use of eyewash solution for exposure to an eye contamination.</p> <p>D. Demonstrate or simulate the proper method of using a fire extinguisher according to the manufacturer’s instructions</p>

CONTENT AREA XII: Protective Practices

<p><u>XII.P.3.</u></p> <p>Use proper body mechanics</p>	<ul style="list-style-type: none">A. Scenario: A female is having a GYN exam, demonstrate correct body mechanics to safely assist the patient to lie down and the physician during an examination.B. Scenario: An elderly patient who is using a walker is asked to stand on the scales. The MA must position themselves to protect the patient and prevent injury to themselves. Demonstrate correct body mechanics while assisting the patient on and off a scale.C. Scenario: A patient is paraplegic and unable to get on the examination table. Demonstrate correct body mechanics while assisting a patient during wheelchair transfer.D. Scenario: Supplies have been delivered and the MA is tasked with putting them away. Demonstrate correct body mechanics while lifting or moving a heavy box.
<p><u>XII.P.4.</u></p> <p>Evaluate an environment to identify unsafe conditions</p>	<ul style="list-style-type: none">A. Utilizing a checklist, perform a safety inspection of your facility at intervals according to institution policy and report to your instructor.B. Using scenarios, perform safety inspections of a facility at intervals according to institutional policy and report findings to the instructor.C. Verify that needle stick prevention devices (safety needles) are used, and proper disposal is performed.D. Do a safety check of fire extinguishers identifying the location, date of expiration and the fill of the tanks.E. Complete a scavenger hunt finding pictures and maps of evacuation maps for emergencies.F. Assess a specified environment for safety hazards documenting the findings and how to correct them.G. Develop a blueprint or floorplan with various hazards and have students circle the unsafe conditions.H. Scenario: Assign students the task to evaluate their home environment and identify any unsafe conditions such excessive use of extension cords, lack of covers in outlets with children in the home, and so on.

AFFECTIVE SKILLS

The affective competencies are designed to be bundled with the psychomotor competencies, as medical assistants utilize affective skills with any patient contact, be it physical or virtual. Below the specific required affective competency is listed, with specific scenarios in the second column. In the final column, there is a suggested psychomotor competency that can be bundled with the affective competency.

<p><u>A.1</u> Demonstrate critical thinking skills</p>	<p>Using critical thinking skills, 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).</p>	<p><u>I.P.3</u></p>
<p><u>A.2</u> Reassure patients</p>	<p>Medical assistant reassures a patient undergoing a blood draw for the first time who expresses concern and apprehension.</p>	<p><u>I.P.2</u></p>
	<p>Medical assistant reassures a patient undergoing her first gynecological exam who is nervous and anxious.</p>	<p><u>I.P.8</u></p>
	<p>Respond appropriately to a child who verbalizes fear that a throat culture will be painful.</p>	<p><u>I.P.8</u></p>
	<p>Respond appropriately to a patient who questions why you are using PPE when changing a wound dressing.</p> <ul style="list-style-type: none"> • Accuracy of blood pressure readings obtained using a home monitor • Accuracy of OTC pregnancy tests • Accuracy of home glucose tests 	<p><u>III.P.8</u></p>
<p><u>A.3</u> Demonstrate empathy for patients' concerns</p>	<p>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 empathy, provide supportive resources, and follow proper protocol.</p>	<p><u>IV.P.1</u></p>
	<p>Demonstrate empathy (facial expressions, verbal utterances, gestures and body language) when interacting with a patient who has just been diagnosed with a chronic debilitating disease.</p>	<p><u>IV.P.1</u></p>

AFFECTIVE SKILLS

<p>A.4</p> <p>Demonstrate active listening</p>	Interview a patient and prepare a medical history using active listening skills .	<u>I.P.3</u>
	Use appropriate body language and other nonverbal skills to demonstrate active listening , when obtaining/updating a patient's medical history or reason for the current visit.	<u>I.P.3</u>
	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 active listening skills of clarification, reflection, and/or restatement?	<u>V.P.1</u>
	Obtain a patient history asking about allergies. When the patient responds in the affirmative, use a clarification technique to determine the patient's specific allergies.	<u>I.P.3</u>
	The provider gave the patient post-procedural instructions. The medical assistant uses reflection, restatement and clarification to verify the patient understands.	<u>I.P.9</u>
	During a telehealth phone encounter, reconcile the medications utilizing restatement and clarification .	<u>I.P.4</u>
	Demonstrate assertive but professional, communication with third-party representatives.	<u>VII.P.2</u>
<p>A.5</p> <p>Respect diversity</p>	Exhibit behaviors and communication techniques that may be necessary when dealing with a diverse 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.	<u>I.P.8</u>
	Consider and demonstrate respect for diversity if a patient refuses immunizations or treatments based on their religious background or beliefs.	<u>I.P.8</u>
	Converse with a patient whose cultural beliefs limit understanding of a medical procedure.	<u>I.P.8</u>
	Gather information for a patient's record on sexual orientation and gender identity .	<u>I.P.8</u>
<p>A.6</p> <p>Recognize personal boundaries</p>	Describe a situation in which personal morals and boundaries 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.	<u>XI.P.1</u>
	As a medical assistant you are opposed to vaccines, yet administration of medications is required in your job responsibilities. What impact does your personal ethics/morals/boundaries have on the delivery of healthcare?	<u>XI.P.1</u>

AFFECTIVE SKILLS

<p>A.7</p> <p>Demonstrate tactfulness</p>	<p>A child presents to your office with a parent and you notice abnormal bruising and other suspicious marks on the body. Tactfully ask questions without accusing them of abuse. What steps or professional actions would you take next?</p>	<u>XI.P.1</u>
	<p>Using tact, respond to a patient’s request when he/she requests your personal number, in case of questions after hours.</p>	<u>XI.P.1</u>
	<p>Communicate tactfully with medical providers regarding third-party requirements:</p> <ul style="list-style-type: none"> • additional documentation needed to support medical necessity • preauthorization for prescribed medications • second opinion before elective surgery 	<u>VIII.P.2</u>
	<p>Demonstrate tactfulness 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.</p>	<u>VIII.P.1</u> <u>VIII.P.5</u>
	<p>Demonstrate tactfulness when explaining to the patient (in terms that they can understand) regarding third-party requirements:</p> <ul style="list-style-type: none"> • preauthorization or precertification requirements • copayments, coinsurance, deductibles • second surgical opinions • EOB 	<u>VIII.P.1</u> <u>VIII.P.2</u> <u>VIII.P.4</u>
	<p>Demonstrate tactfulness when making an appointment for a patient with an abnormal mammogram.</p>	<u>VI.P.2</u>
<p>A.8</p> <p>Demonstrate self-awareness</p>	<p>Perform a self-evaluation of your knowledge and skills required in an emergency situation.</p>	<u>XI.P.1</u>
	<p>Create scenarios of how you would handle emergency situations.</p>	<u>XII.P.4</u>

SAMPLE AFFECTIVE RUBRICS

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

SAMPLE AFFECTIVE RUBRICS

		ACHIEVEMENT
A.4	Demonstrate active listening	<ul style="list-style-type: none"> • Give the speaker your undivided attention. • Observe body language and other non-verbals to hear what is not being said. • Ask relevant, thoughtful, open-ended questions. • Use a variety of communication skills (summarizing, paraphrasing, clarifying) to reflect back to the speaker. • Provide positive reinforcement without judgment, bias, or condescension.
A.5	Respect diversity	<ul style="list-style-type: none"> • Recognize the specific area(s) of difference (gender, gender identification, race, culture, religion, age, economic status, appearance). • Ask about the patient's preferences (pronouns, nomenclature) regarding those differences. • Ask respectful open-ended questions about those differences and how they relate to the patients' expectations or concerns. • Be sincere and authentic in responding to those differences without judgement or bias.
A.6	Recognize personal boundaries	<ul style="list-style-type: none"> • Identify your personal boundaries regarding physical contact, verbal interaction, professional identity, workplace interactions, emotional attachments, spiritual beliefs, and other identity issues. • Communicate those personal boundaries clearly and thoughtfully. • Ask open-ended questions to learn of other people's personal boundaries. • Show respect for the personal boundaries of others.
A.7	Demonstrate tactfulness	<ul style="list-style-type: none"> • Reflect upon the language that you use to consider how it is perceived in responding to a patient's questions or concerns. • Choose language that avoids criticism or judgement and responds to the sensitivities and fears of patients. • Consider the timing of your comments when need to share suggestions for improvement. • Choose your body language carefully, making eye contact, facing the person, and leaning forward.
A.8	Demonstrate self-awareness	<ul style="list-style-type: none"> • Acknowledge your emotional and intellectual responses to specific healthcare issues. • Identify personal habits or defense mechanisms that are detrimental to professionalism. • Recognize personal prejudices and biases that affect the health care environment.

SAMPLE AFFECTIVE RUBRICS

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					
	Does not meet expectations	Needs Improvement	Meets Expectations	Sometimes exceeds expectations	Consistently exceeds expectations
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.

SAMPLE AFFECTIVE RUBRICS

RUBRIC: AFFECTIVE BEHAVIORS					
	Does not meet expectations	Needs Improvement	Meets Expectations	Sometimes exceeds expectations	Consistently exceeds expectations
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 & 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.

SAMPLE AFFECTIVE RUBRICS

RUBRIC: AFFECTIVE BEHAVIORS					
	Does not meet expectations	Needs Improvement	Meets Expectations	Sometimes exceeds expectations	Consistently exceeds expectations
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.

SAMPLE AFFECTIVE RUBRICS

RUBRIC: AFFECTIVE BEHAVIORS					
	Does not meet expectations	Needs Improvement	Meets Expectations	Sometimes exceeds expectations	Consistently exceeds expectations
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 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.	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 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.	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 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.	Demonstrates exemplary active listening skills both verbally and non-verbally. 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-verbally by developing and maintaining eye contact, physically “leaning in” or “opening up,” and effectively mirroring or reflecting facial expression.

SAMPLE AFFECTIVE RUBRICS

RUBRIC: AFFECTIVE BEHAVIORS					
	Does not meet expectations	Needs Improvement	Meets Expectations	Sometimes exceeds expectations	Consistently exceeds expectations
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.

SAMPLE AFFECTIVE RUBRICS

RUBRIC: AFFECTIVE BEHAVIORS					
	Does not meet expectations	Needs Improvement	Meets Expectations	Sometimes exceeds expectations	Consistently exceeds expectations
Teamwork & 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.

SAMPLE AFFECTIVE RUBRICS

RUBRIC: AFFECTIVE BEHAVIORS					
	Does not meet expectations	Needs Improvement	Meets Expectations	Sometimes exceeds expectations	Consistently exceeds expectations
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 infringes on their off time.
Careful delivery of services	Unable to perform skills at entry level or requiring constant monitoring or reinforcement to 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.	Occasionally performing skills below the entry-level, requiring monitoring to ensure completeness and accuracy in completing tasks, occasional minor breeches 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.	Performing skills at an entry-level capacity a majority of the time, following policies and procedures and protocols, following orders.	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, 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.