Commission on Accreditation of Allied Health Education Programs

**Standards and Guidelines
for the Accreditation of Educational Programs in
Medical Assisting**

**Essentials/Standards initially adopted in 1969;
*revised in 1971, 1977, 1984, 1991, 1999, 2003, 2008, 2015***

**Adopted by the
American Association of Medical Assistants
American Medical Technologists
Medical Assisting Education Review Board
National Healthcareer Association
and the
Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Medical Assisting Education Review Board (MAERB).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the *medical assisting* profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the American Association of Medical Assistants, the American Medical Technologists, the National Healthcareer Association, and the Medical Assisting Review Board cooperate to establish, maintain and promote appropriate standards of quality for educational programs in medical assisting and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of medical assisting programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession: Medical assistants are multiskilled health professionals specifically educated to work in ambulatory settings performing administrative and clinical duties. The practice of medical assisting directly influences the public's health and well-being, and requires mastery of a complex body of knowledge and specialized skills requiring both formal education and practical experience that serve as standards for entry into the profession.

I. Sponsorship

A. Sponsoring Educational Institution
A sponsoring institution must be at least one of the following:
1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.

2. A foreign post-secondary academic institution acceptable to CAAHEP, and authorized under applicable law or other acceptable authority to provide a post-secondary education program, which awards a minimum of a diploma/certificate at the completion of the program**.**

B. Consortium Sponsor
1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.

2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor
The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

II. Program Goals

A. Program Goals and Outcomes
There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of healthcare providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains
The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Advisory committee meetings may include participation by synchronous electronic means.

C. Minimum Expectations
The program must have the following goal defining minimum expectations: "To prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount
Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to, faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory and ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

"Clinical affiliates" are locations used as practicum sites.

Equipment and supplies should be representative of those used in ambulatory healthcare facilities.

B. Personnel
The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director
a. Responsibilities: The program director must be responsible for program effectiveness, including outcomes, organization, administration, continuous review, planning, and development.

b. Qualifications: The program director must:

1) be a full-time employee of the sponsoring institution.

2) have a minimum of an associate degree.

3) have instruction in educational theory and techniques.

4) be credentialed in good standing in medical assisting, by an organization whose credentialing exam is accredited by the National Commission for Certifying Agencies (NCCA) or the *American National Standards Institute (ANSI)*. Currently approved program directors without a credential from an accredited credentialing exam must meet that requirement within two years from the effective date of these **Standards**.

5) have a minimum of three years of employment in a healthcare facility, including a minimum of 160 hours in an ambulatory healthcare setting performing or observing administrative and clinical procedures as performed by medical assistants.

6) have a minimum of one year teaching experience in postsecondary and/or vocational/technical education.

Program directors approved under previous CAAHEP **Standards** who are employed part time, and/or who do not have a minimum of an associate degree, and/or who have fewer than 160 hours in an ambulatory healthcare setting performing or observing administrative and clinical procedures as performed by medical assistants, and/or who do not have one year of teaching experience, will continue to be approved provided they remain continuously employed as the program director with the same program.

Maintaining knowledge of current medical assisting practice should include continuing education in administrative and clinical areas as indicated in the MAERB Core Curriculum Appendix B of these **Standards** *(documented annually).*

Educational theories and techniques may be demonstrated by documentation of completed college courses, seminars, or in-service sessions on topics including, but not limited to, learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.

2. Faculty and/or Instructional Staff
   a. Responsibilities: Medical assisting faculty and/or instructional staff must direct student learning and assess student progress in achieving the requirements of the program in the appropriate learning domains.
   b. Qualifications: Medical assisting faculty and/or instructional staff must be current and competent in the *MAERB Core Curriculum* objectives included in their assigned teaching, as evidenced by education and/or experience, and have instruction in educational theory and techniques.

Medical assisting faculty includes individuals who teach courses specifically designed and unique to the medical assisting program.

3. Practicum Coordinator
   a. Responsibilities: The practicum coordinator must:

      1) select and approve appropriate practicum sites.

      2) provide orientation for the on-site supervisors.

      3) provide oversight of the practicum experience.

      4) ensure appropriate and sufficient evaluation of student achievement in the practicum experience.

The responsibilities of the practicum coordinator may be fulfilled by the program director, faculty member(s), or other qualified designee.

   b. Qualifications: The practicum coordinator must be knowledgeable about the *MAERB Core Curriculum,* knowledgeable about the program's evaluation of student learning and performance, and effective in ensuring appropriate and sufficient evaluation of student achievement in the practicum experience.

C. Curriculum
   1. The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi or addendum to the syllabi that include course description, learning objectives, methods of evaluation, topic outline, and competencies required for graduation.

   Syllabi and any addenda should be provided prior to instruction.

   Learning objectives include The MAERB Core Curriculum cognitive objectives and psychomotor and affective competencies.

   2. The program must demonstrate that the content and competencies included in the program's curriculum meet or exceed those stated in the *MAERB Core Curriculum* (Appendix B).

   3. Practicum
      a) An unpaid, supervised practicum of at least 160 contact hours in an ambulatory healthcare setting, demonstrating the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and administrative duties, must be completed prior to graduation.

      b) On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession.

The program should ensure that the practicum experience and instruction of students are meaningful and parallel in content and concept with the material presented in lecture and laboratory sessions. Sites should afford each student a variety of experiences.

The program should ensure that all applicable cognitive objectives and psychomotor and affective competencies be achieved prior to the start of any practicum.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards.** The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

The format for the resource assessment matrix should be the following: Purpose Statement, Measurement Systems, Dates of Measurement, Results, Analyses, Action Plans, and Follow-up.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation
1. Frequency and purpose
Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward, and achievement of, the competencies and learning domains stated in the curriculum.

"Validity" means that the evaluation methods chosen are consistent with the learning and performance objectives being tested. Methods of assessment are carefully designed and constructed to measure stated learning and performance objectives at the appropriate level of difficulty. Methods used to evaluate skills and behaviors are consistent with stated practicum performance expectations and designed to assess competency attainment.

"Achievement of the competencies" means that each student has successfully achieved 100% of the MAERB Core Curriculum psychomotor and affective competencies taught within that course. There should be a statement in the grading policy informing students that, in order to earn a passing grade in the course, the student must successfully complete all of the psychomotor and affective competencies in the course.

2. Documentation
Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes
1. Outcomes Assessment
The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

"Positive placement" means that the graduate is employed full or part-time in the profession or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

"Programmatic summative measures" means that all graduates have achieved 100% of the MAERB Core Curriculum psychomotor and affective competencies.

"National credentialing examinations" are those medical assisting exams containing clinical and administrative items accredited by the National Commission for Certifying Agencies (NCCA) or American National Standards Institute (ANSI). Participation and pass rates on national credentialing examination(s) performance may be considered in determining whether or not a program meets the designated threshold, provided the credentialing examination(s), or alternative examination(s) offered by the same credentialing organization, is/are available to be administered prior to graduation from the program. Results from said alternative examination(s) may be accepted, if designated as equivalent by the same organization whose credentialing examination(s) is/are so accredited.

    2. Outcomes Reporting
    The program must periodically submit to the MAERB the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

    Programs not meeting the established thresholds must begin a dialogue with the MAERB to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards.**

The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates.

B. Lawful and Non-discriminatory Practices
All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accordance with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards
The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

Safeguards may include OSHA and CDC guidelines, and any state, local or institutional guidelines/policies related to health and safety.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/MAERB in a timely manner. Additional substantive changes to be reported to the MAERB, within the time limits prescribed, include:

1. Change in the institution's legal status or form of control;
2. Change/addition/deletion of courses that represent a significant departure in content;
3. Change in method of curriculum delivery;
4. Change in the award level (i.e. degree to certificate/diploma or certificate/diploma to degree);
5. Change of clock hours to credit hours or vice versa; and
6. Substantial increase/decrease in clock or credit hours for successful completion of a program.

Programs should report all curriculum changes to the MAERB.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

Practicum agreements must include a statement that students must be supervised and must not receive compensation for services provided as a part of the practicum.

Agreements or memoranda of understanding should be reviewed periodically to ensure consistency with the ***Standards****.*

APPENDIX A

Application, Maintenance and Administration of Accreditation

A.   Program and Sponsor Responsibilities

1.   **Applying for Initial Accreditation**

   a.   The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it to:

   Medical Assisting Education Review Board
   American Association of Medical Assistants Endowment
   20 N. Wacker Drive, Suite 1575
   Chicago, IL 60606

   The "Request for Accreditation Services" form can be obtained from MAERB, CAAHEP, or the CAAHEP website at https://www.cognitoforms.com/CAAHEP2/RequestForAccreditationServices.

   Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

   b.   The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

   The self-study instructions and report form are available from the MAERB. The on-site review will be scheduled in cooperation with the program and once the self-study report has been completed, submitted, and accepted by the MAERB.

2.   **Applying for Continuing Accreditation**

   a.   Upon written notice from the MAERB, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it to:

   Medical Assisting Education Review Board (MAERB)
   American Association of Medical Assistants Endowment
   20 N. Wacker Drive, Suite 1575
   Chicago, IL 60606

   The "Request for Accreditation Services" form can be obtained from the MAERB website or CAAHEP website at https://www.cognitoforms.com/CAAHEP2/RequestForAccreditationServices

   b.   The program may undergo a comprehensive review in accordance with the policies and procedures of the MAERB.

   If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

   After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the MAERB forwarding a recommendation to CAAHEP.

3.   **Administrative Requirements for Maintaining Accreditation**

   a.   The program must inform the MAERB and CAAHEP within a reasonable period of time (as defined by the MAERB and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.

b. The sponsor must inform CAAHEP and the MAERB of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the MAERB that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The MAERB has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.

c. The sponsor must promptly inform CAAHEP and the MAERB of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

d. Comprehensive reviews are scheduled by the MAERB in accordance with its policies and procedures. The time between comprehensive reviews is determined by the MAERB and based on the program's on-going compliance with the **Standards**; however, all programs must undergo a comprehensive review at least once every ten years.

e. The program and the sponsor must pay MAERB and CAAHEP fees within a reasonable period of time, as determined by the MAERB and CAAHEP respectively.

f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with MAERB policy.

g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a MAERB accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the MAERB.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. **Voluntary Withdrawal of a CAAHEP- Accredited Program**

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. **Requesting Inactive Status of a CAAHEP- Accredited Program**

Inactive status may be requested from CAAHEP at any time by the chief executive officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the MAERB and CAAHEP to maintain its accreditation status.

To reactivate the program the chief executive officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the MAERB. The sponsor will be notified by the MAERB of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

B. **CAAHEP and Committee on Accreditation Responsibilities –**

Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the MAERB forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

    The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the MAERB forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The MAERB reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

    The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the MAERB forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The MAERB reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the MAERB arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

    The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

    At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's chief executive officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation **Standards**.

    Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

Appendix B

Core Curriculum for Medical Assistants
Medical Assisting Education Review Board (MAERB)
2015 Curriculum Requirements

Individuals graduating from Medical Assisting programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) must demonstrate knowledge of the subject matters required for competence in the profession. They must incorporate the cognitive (C) knowledge in performance of the psychomotor (P) and affective (A) competencies required in the following academic subjects.

FOUNDATIONS FOR CLINICAL PRACTICE
CONTENT AREA I-IV

CONTENT AREA I: Anatomy & Physiology		
Cognitive (Knowledge) **I.C Anatomy & Physiology**	**Psychomotor (Skills)** **I.P Anatomy & Physiology**	**Affective (Behavior)** **I.A Anatomy & Physiology**

1. Describe structural organization of the human body
2. Identify body systems
3. Describe:
   a. body planes
   b. directional terms
   c. quadrants
   d. body cavities
4. List major organs in each body system
5. Identify the anatomical location of major organs in each body system
6. Compare structure and function of the human body across the life span
7. Describe the normal function of each body system
	1. Measure and record:
	   a. blood pressure
	   b. temperature
	   c. pulse
	   d. respirations
	   e. height
	   f. weight
	   g. length (infant)
	   h. head circumference (infant)
	   i. pulse oximetry
	2. Perform:
	   a. electrocardiography
	   b. venipuncture
	   c. capillary puncture
	   d. pulmonary function testing
	3. Perform patient screening using established protocols
		1. Incorporate critical thinking skills when performing patient assessment
		2. Incorporate critical thinking skills when performing patient care
		3. Show awareness of a patient's concerns related to the procedure being performed

8. Identify common pathology related to each body system including:
    a. signs
    b. symptoms
    c. etiology
9. Analyze pathology for each body system including:
    a. diagnostic measures
    b. treatment modalities
10. Identify CLIA waived tests associated with common diseases
11. Identify the classifications of medications including:
    a. indications for use
    b. desired effects
    c. side effects
    d. adverse reactions
12. Identify quality assurance practices in healthcare
13. List principles and steps of professional/provider CPR
14. Describe basic principles of first aid as they pertain to the ambulatory healthcare setting

4. Verify the rules of medication administration:
    a. right patient
    b. right medication
    c. right dose
    d. right route
    e. right time
    f. right documentation
5. Select proper sites for administering parenteral medication
6. Administer oral medications
7. Administer parenteral (excluding IV) medications
8. Instruct and prepare a patient for a procedure or a treatment
9. Assist provider with a patient exam
10. Perform a quality control measure
11. Obtain specimens and perform:
    a. CLIA waived hematology test
    b. CLIA waived chemistry test
    c. CLIA waived urinalysis
    d. CLIA waived immunology test
    e. CLIA waived microbiology test
12. Produce up-to-date documentation of provider/professional level CPR
13. Perform first aid procedures for:
    a. bleeding
    b. diabetic coma or insulin shock
    c. fractures
    d. seizures
    e. shock
    f. syncope

CONTENT AREA II: Applied Mathematics

Cognitive (Knowledge) II.C Applied Mathematics	Psychomotor (Skills) II.P Applied Mathematics	Affective (Behavior) II.A Applied Mathematics

1. Demonstrate knowledge of basic math computations
2. Apply mathematical computations to solve equations
3. Define basic units of measurement in:
    a. the metric system
    b. the household system
4. Convert among measurement systems
5. Identify abbreviations and symbols used in calculating medication dosages
6. Analyze healthcare results as reported in:
    a. graphs
    b. tables
	1. Calculate proper dosages of medication for administration
	2. Differentiate between normal and abnormal test results
	3. Maintain lab test results using flow sheets
	4. Document on a growth chart
		1. Reassure a patient of the accuracy of the test results

CONTENT AREA III: Infection Control

CONTENT AREA III: Infection Control		
Cognitive (Knowledge) **III.C Infection Control**	**Psychomotor (Skills)** **III.P Infection Control**	**Affective (Behavior)** **III.A Infection Control**

1. List major types of infectious agents
2. Describe the infection cycle including:
   a. the infectious agent
   b. reservoir
   c. susceptible host
   d. means of transmission
   e. portals of entry
   f. portals of exit
3. Define the following as practiced within an ambulatory care setting:
   a. medical asepsis
   b. surgical asepsis
4. Identify methods of controlling the growth of microorganisms
5. Define the principles of standard precautions
6. Define personal protective equipment (PPE) for:
   a. all body fluids, secretions and excretions
   b. blood
   c. non-intact skin
   d. mucous membranes
7. Identify Center for Disease Control (CDC) regulations that impact healthcare practices
	1. Participate in bloodborne pathogen training
	2. Select appropriate barrier/personal protective equipment (PPE)
	3. Perform handwashing
	4. Prepare items for autoclaving
	5. Perform sterilization procedures
	6. Prepare a sterile field
	7. Perform within a sterile field
	8. Perform wound care
	9. Perform dressing change
	10. Demonstrate proper disposal of biohazardous material
	   a. sharps
	   b. regulated wastes
		1. Recognize the implications for failure to comply with Center for Disease Control (CDC) regulations in healthcare settings

CONTENT AREA IV: Nutrition

Cognitive (Knowledge) IV. C Nutrition	Psychomotor (Skills) IV. P Nutrition	Affective (Behavior) IV.A Nutrition

1. Describe dietary nutrients including:
  a. carbohydrates
  b. fat
  c. protein
  d. minerals
  e. electrolytes
  f. vitamins
  g. fiber
  h. water
2. Define the function of dietary supplements
3. Identify the special dietary needs for:
  a. weight control
  b. diabetes
  c. cardiovascular disease
  d. hypertension
  e. cancer
  f. lactose sensitivity
  g. gluten-free
  h. food allergies
	1. Instruct a patient according to patient's special dietary needs	1. Show awareness of patient's concerns regarding a dietary change

APPLIED COMMUNICATIONS
CONTENT AREA V

CONTENT AREA V: Concepts of Effective Communication		
Cognitive (Knowledge) **V.C Concepts of Effective Communication**	**Psychomotor (Skills)** **V.P. Concepts of Effective Communication**	**Affective (Behavior)** **V.A. Concepts of Effective Communication**

1. Identify styles and types of verbal communication
2. Identify types of nonverbal communication
3. Recognize barriers to communication
4. Identify techniques for overcoming communication barriers
5. Recognize the elements of oral communication using a sender-receiver process
6. Define coaching a patient as it relates to:
   a. health maintenance
   b. disease prevention
   c. compliance with treatment plan
   d. community resources
   e. adaptations relevant to individual patient needs
7. Recognize elements of fundamental writing skills
8. Discuss applications of electronic technology in professional communication
	1. Use feedback techniques to obtain patient information including:
	   a. reflection
	   b. restatement
	   c. clarification
	2. Respond to nonverbal communication
	3. Use medical terminology correctly and pronounced accurately to communicate information to providers and patients
	4. Coach patients regarding:
	   a. office policies
	   b. health maintenance
	   c. disease prevention
	   d. treatment plan
	5. Coach patients appropriately considering:
	   a. cultural diversity
	   b. developmental life stage
	   c. communication barriers
	6. Demonstrate professional telephone techniques
	7. Document telephone messages accurately
		1. Demonstrate:
		   a. empathy
		   b. active listening
		   c. nonverbal communication
		2. Demonstrate the principles of self-boundaries
		3. Demonstrate respect for individual diversity including:
		   a. gender
		   b. race
		   c. religion
		   d. age
		   e. economic status
		   f. appearance
		4. Explain to a patient the rationale for performance of a procedure

9. Identify medical terms labeling the word parts
10. Define medical terms and abbreviations related to all body systems
11. Define the principles of self-boundaries
12. Define patient navigator
13. Describe the role of the medical assistant as a patient navigator
14. Relate the following behaviors to professional communication:
    a. assertive
    b. aggressive
    c. passive
15. Differentiate between adaptive and non-adaptive coping mechanisms
16. Differentiate between subjective and objective information
17. Discuss the theories of:
    a. Maslow
    b. Erikson
    c. Kubler-Ross
18. Discuss examples of diversity:
    a. cultural
    b. social
    c. ethnic

8. Compose professional correspondence utilizing electronic technology
9. Develop a current list of community resources related to patients' healthcare needs
10. Facilitate referrals to community resources in the role of a patient navigator
11. Report relevant information concisely and accurately

MEDICAL BUSINESS PRACTICES
CONTENT AREAS VI-IX

CONTENT AREA VI: Administrative Functions		
Cognitive (Knowledge) VI.C Administrative Functions	Psychomotor (Skills) VI.P Administrative Functions	Affective (Behavior) VI.A Administrative Functions

1. Identify different types of appointment scheduling methods
2. Identify advantages and disadvantages of the following appointment systems
   a. manual
   b. electronic
3. Identify critical information required for scheduling patient procedures
4. Define types of information contained in the patient's medical record
5. Identify methods of organizing the patient's medical record based on:
   a. problem-oriented medical record (POMR)
   b. source-oriented medical record (SOMR)
6. Identify equipment and supplies needed for medical records in order to:
   a. Create
   b. Maintain
   c. Store
7. Describe filing indexing rules
8. Differentiate between electronic medical records (EMR) and a practice management system
	1. Manage appointment schedule using established priorities
	2. Schedule a patient procedure
	3. Create a patient's medical record
	4. Organize a patient's medical record
	5. File patient medical records
	6. Utilize an EMR
	7. Input patient data utilizing a practice management system
	8. Perform routine maintenance of administrative or clinical equipment
	9. Perform an inventory with documentation
		1. Display sensitivity when managing appointments

9. Explain the purpose of routine maintenance of administrative and clinical equipment 10. List steps involved in completing an inventory 11. Explain the importance of data back-up 12. Explain meaningful use as it applies to EMR		

CONTENT AREA VII: Basic Practice Finances

Cognitive (Knowledge) VII.C Basic Practice Finances	Psychomotor (Skills) VII.P Basic Practice Finances	Affective (Behavior) VII.A Basic Practice Finances

1. Define the following bookkeeping terms:
   a. charges
   b. payments
   c. accounts receivable
   d. accounts payable
   e. adjustments
2. Describe banking procedures as related to the ambulatory care setting
3. Identify precautions for accepting the following types of payments:
   a. cash
   b. check
   c. credit card
   d. debit card
4. Describe types of adjustments made to patient accounts including:
   a. non-sufficient funds (NSF) check
   b. collection agency transaction
   c. credit balance
   d. third party
5. Identify types of information contained in the patient's billing record
6. Explain patient financial obligations for services rendered
	1. Perform accounts receivable procedures to patient accounts including posting:
	   a. charges
	   b. payments
	   c. adjustments
	2. Prepare a bank deposit
	3. Obtain accurate patient billing information
	4. Inform a patient of financial obligations for services rendered
		1. Demonstrate professionalism when discussing patient's billing record
		2. Display sensitivity when requesting payment for services rendered

CONTENT AREA VIII: Third Party Reimbursement		
Cognitive (Knowledge) **VIII.C Third Party Reimbursement**	**Psychomotor (Skills)** **VIII.P Third Party Reimbursement**	**Affective (Behavior)** **VIII.A Third Party Reimbursement**

1. Identify:
    a. types of third party plans
    b. information required to file a third party claim
    c. the steps for filing a third party claim
2. Outline managed care requirements for patient referral
3. Describe processes for:
    a. verification of eligibility for services
    b. precertification
    c. preauthorization
4. Define a patient-centered medical home (PCMH)
5. Differentiate between fraud and abuse
	1. Interpret information on an insurance card
	2. Verify eligibility for services including documentation
	3. Obtain precertification or preauthorization including documentation
	4. Complete an insurance claim form
		1. Interact professionally with third party representatives
		2. Display tactful behavior when communicating with medical providers regarding third party requirements
		3. Show sensitivity when communicating with patients regarding third party requirements

CONTENT AREA IX: Procedural and Diagnostic Coding

Cognitive (Knowledge) IX.C Procedural and Diagnostic Coding	Psychomotor (Skills) IX.P Procedural and Diagnostic Coding	Affective (Behavior) IX.A Procedural and Diagnostic Coding

1. Describe how to use the most current procedural coding system
2. Describe how to use the most current diagnostic coding classification system
3. Describe how to use the most current HCPCS level II coding system
4. Discuss the effects of:
    a. upcoding
    b. downcoding
5. Define medical necessity as it applies to procedural and diagnostic coding
	1. Perform procedural coding
	2. Perform diagnostic coding
	3. Utilize medical necessity guidelines
		1. Utilize tactful communication skills with medical providers to ensure accurate code selection

MEDICAL LAW AND ETHICS
CONTENT AREAS X-XI

CONTENT AREA X: Legal Implications		
Cognitive (Knowledge) **X.C Legal Implications**	**Psychomotor (Skills)** **X.P Legal Implications**	**Affective (Behaviors)** **X.A Legal Implications**

1. Differentiate between scope of practice and standards of care for medical assistants
2. Compare and contrast provider and medical assistant roles in terms of standard of care
3. Describe components of the Health Insurance Portability & Accountability Act (HIPAA)
4. Summarize the Patient Bill of Rights
5. Discuss licensure and certification as they apply to healthcare providers
6. Compare criminal and civil law as they apply to the practicing medical assistant
7. Define:
   a. negligence
   b. malpractice
   c. statute of limitations
   d. Good Samaritan Act(s)
   e. Uniform Anatomical Gift Act
   f. living will/advanced directives
   g. medical durable power of attorney
   h. Patient Self Determination Act (PSDA)
   i. risk management
8. Describe the following types of insurance:
   a. liability
   b. professional (malpractice)
	1. Locate a state's legal scope of practice for medical assistants
	2. Apply HIPAA rules in regard to:
	   a. privacy
	   b. release of information
	3. Document patient care accurately in the medical record
	4. Apply the Patient's Bill of Rights as it relates to:
	   a. choice of treatment
	   b. consent for treatment
	   c. refusal of treatment
	5. Perform compliance reporting based on public health statutes
	6. Report an illegal activity in the healthcare setting following proper protocol
	7. Complete an incident report related to an error in patient care
		1. Demonstrate sensitivity to patient rights
		2. Protect the integrity of the medical record

c. personal injury
9. List and discuss legal and illegal applicant interview questions
10. Identify:
   a. Health Information Technology for Economic and Clinical Health (HITECH) Act
   b. Genetic Information Nondiscrimination Act of 2008 (GINA)
   c. Americans with Disabilities Act Amendments Act (ADAAA)
11. Describe the process in compliance reporting:
   a. unsafe activities
   b. errors in patient care
   c. conflicts of interest
   d. incident reports
12. Describe compliance with public health statutes:
   a. communicable diseases
   b. abuse, neglect, and exploitation
   c. wounds of violence
13. Define the following medical legal terms:
   a. informed consent
   b. implied consent
   c. expressed consent
   d. patient incompetence
   e. emancipated minor
   f. mature minor
   g. subpoena duces tecum
   h. respondent superior
   i. res ipsa loquitor
   j. locum tenens
   k. defendant-plaintiff
   l. deposition
   m. arbitration-mediation
   n. Good Samaritan laws		

CONTENT AREA XI: Ethical Considerations		
Cognitive (Knowledge) **XI.C Ethical Considerations**	**Psychomotor (Skills)** **XI.P Ethical Considerations**	**Affective (Behavior)** **XI.A Ethical Considerations**

1. Define:
    a. ethics
    b. morals
2. Differentiate between personal and professional ethics
3. Identify the effect of personal morals on professional performance
	1. Develop a plan for separation of personal and professional ethics
	2. Demonstrate appropriate response(s) to ethical issues
		1. Recognize the impact personal ethics and morals have on the delivery of healthcare

SAFETY AND EMERGENCY PRACTICES
CONTENT AREA XII

CONTENT AREA XII: Protective Practices		
Cognitive (Knowledge) **XII.C Protective Practices**	**Psychomotor (Skills)** **XII.P Protective Practices**	**Affective (Behavior)** **XII.A Protective Practices**

1. Identify:
   a. safety signs
   b. symbols
   c. labels
2. Identify safety techniques that can be used in responding to accidental exposure to:
   a. blood
   b. other body fluids
   c. needle sticks
   d. chemicals
3. Discuss fire safety issues in an ambulatory healthcare environment
4. Describe fundamental principles for evacuation of a healthcare setting
5. Describe the purpose of Safety Data Sheets (SDS) in a healthcare setting
6. Discuss protocols for disposal of biological chemical materials
7. Identify principles of:
   a. body mechanics
   b. ergonomics
8. Identify critical elements of an emergency plan for response to a natural disaster or other emergency
	1. Comply with:
	   a. safety signs
	   b. symbols
	   c. labels
	2. Demonstrate proper use of:
	   a. eyewash equipment
	   b. fire extinguishers
	   c. sharps disposal containers
	3. Use proper body mechanics
	4. Participate in a mock exposure event with documentation of specific steps
	5. Evaluate the work environment to identify unsafe working conditions
		1. Recognize the physical and emotional effects on persons involved in an emergency situation
		2. Demonstrate self-awareness in responding to an emergency situation