



# 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*

Adopted by the  
American Association of Medical Assistants  
American Medical Association  
and  
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) and the American Association of Medical Assistants and American Medical Association 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.

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**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.

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### I. Sponsorship

#### A. Sponsoring Educational Institution

A sponsoring institution must be one of the following:

1. A sponsoring institution must be 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 in medical assisting upon 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 health care 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.

**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.

**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 have a minimum of an associate degree and instruction in educational theory and techniques.

The program director must be credentialed in medical assisting by a credentialing organization accredited by the National Commission for Certifying Agencies (NCCA) unless a full-time medical assisting faculty member is so credentialed.

The program director must have a minimum of three (3) years experience in healthcare, including a minimum of 40 hours of experience in an ambulatory healthcare setting performing or observing administrative and clinical procedures performed by medical assistants.

The program director must have teaching experience in postsecondary and/or vocational/technical education.

Program directors approved under previous CAAHEP *Standards* will continue to be approved only as long as they remain continuously employed in that position in the same program.

*Instruction in educational theory and techniques may include college courses, seminars or in service sessions on topics such as learning theory, curriculum design, test construction, teaching methodology, or assessment techniques.*

## 2. Faculty and/or Instructional Staff

- a. Responsibilities: Faculty must utilize instructional plans, direct and assess student progress in achieving theory and performance requirements of the program.
- b. Qualifications: Faculty must be knowledgeable in course content, as evidenced by education and/or experience, effective in directing and evaluating student learning and laboratory performance, and be prepared in educational theory and techniques.

## 3. Practicum Coordinator

- a. Responsibilities: The Practicum Coordinator must select and approve appropriate Practicum sites; provide orientation for the on-site supervisors; and provide oversight of the Practicum experience, including on-site assessment of student experiences and the quality of learning opportunities at least once during each term students are assigned to the Practicum site.
- b. Qualifications: The Practicum Coordinator must be knowledgeable in program curriculum, as evidenced by education and/or experience, and effective in evaluating student learning and performance.

*The responsibilities of the Practicum Coordinator may be fulfilled by the Program Director, faculty member(s), or other qualified designee.*

## C. Curriculum

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 that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation, which must be provided prior to implementation of each segment of the curriculum.

### 1. Content and Competencies

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

*Program length should be sufficient to ensure student achievement of the MAERB Core Curriculum.*

*Appropriate course sequencing is defined as a logical progression of learning.*

## **2. Practicum**

An unpaid, supervised practicum of at least 160 contact hours in an ambulatory healthcare setting, performing psychomotor and affective competencies, must be completed prior to graduation. 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.*

## **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 resource assessments should be: 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.*

### **2. Documentation**

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

*Documentation should include, but is not limited to, appropriate written, practical and/or oral evaluations of student achievement that are based on all components of the Core Curriculum for Medical Assistants.*

## **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 assessment must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, programmatic summative measures. The program must meet the outcomes assessment thresholds established by the Medical Assisting Education Review Board.

*"Positive placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/ or serving in the military.*

*"National credentialing examinations" are those accredited by the National Commission for Certifying Agencies (NCCA). 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) is/are available to be administered prior to graduation from the program.*

### **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.

*Catalogs and/or web sites should include the current curriculum and award granted by the medical assisting program.*

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.

*The required language for publicizing the CAAHEP status of accreditation for medical assisting program can be found MAERB web site.*

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 and that students must be supervised and not receive compensation for practicum.
4. The sponsor must maintain, and provide upon request, current and consistent 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 accord 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, and faculty 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 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 of the degree or credential awarded;
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.

*Policies for reporting the above changes can be found in the MAERB Program Policy Manual.*

**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.

*These documents should be reviewed periodically to ensure the availability of resources for the provision of effective education.*

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## 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 [www.caahep.org](http://www.caahep.org).

**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

- 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 of accreditation 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) 2008 Curriculum Plan

#### Foundations for Clinical Practice

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate the cognitive knowledge in performance of the psychomotor and affective domains in their practice as medical assistants in providing patient care.

I. C Cognitive (Knowledge Base)	I. P Psychomotor (Skills)	I. A Affective (Behavior)
<p><b>I. Anatomy &amp; Physiology</b></p> <ol style="list-style-type: none"> <li>1. Describe structural organization of the human body</li> <li>2. Identify body systems</li> <li>3. Describe body planes, directional terms, quadrants, and cavities</li> <li>4. List major organs in each body system</li> <li>5. Describe the normal function of each body system</li> <li>6. Identify common pathology related to each body system</li> <li>7. Analyze pathology as it relates to the interaction of body systems</li> <li>8. Discuss implications for disease and disability when homeostasis is not maintained</li> <li>9. Describe implications for treatment related to pathology</li> <li>10. Compare body structure and function of the human body across the life span</li> <li>11. Identify the classifications of medications, including desired effects, side effects and adverse reactions</li> <li>12. Describe the relationship between anatomy and physiology of all body systems and medications used for treatment in each</li> </ol>	<p><b>I. Anatomy &amp; Physiology</b></p> <ol style="list-style-type: none"> <li>1. Obtain vital signs</li> <li>2. Perform venipuncture</li> <li>3. Perform capillary puncture</li> <li>4. Perform pulmonary function testing</li> <li>5. Perform electrocardiography</li> <li>6. Perform patient screening using established protocols</li> <li>7. Select proper sites for administering parenteral medication</li> <li>8. Administer oral medications</li> <li>9. Administer parenteral (excluding IV) medications</li> <li>10. Assist physician with patient care</li> <li>11. Perform quality control measures</li> <li>12. Perform CLIA waived hematology testing</li> <li>13. Perform CLIA waived chemistry testing</li> <li>14. Perform CLIA waived urinalysis</li> <li>15. Perform CLIA waived immunology testing</li> <li>16. Screen test results</li> </ol>	<p><b>I. Anatomy &amp; Physiology</b></p> <ol style="list-style-type: none"> <li>1. Apply critical thinking skills in performing patient assessment and care</li> <li>2. Use language/verbal skills that enable patients' understanding</li> <li>3. Demonstrate respect for diversity in approaching patients and families</li> </ol>

<p><b>II.C Cognitive (Knowledge Base)</b></p> <p><b>II. Applied Mathematics</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate knowledge of basic math computations</li> <li>2. Apply mathematical computations to solve equations</li> <li>3. Identify measurement systems</li> <li>4. Define basic units of measurement in metric, apothecary and household systems</li> <li>5. Convert among measurement systems</li> <li>6. Identify both abbreviations and symbols used in calculating medication dosages</li> <li>7. Analyze charts, graphs and/or tables in the interpretation of healthcare results</li> </ol>	<p><b>II. P Psychomotor (Skills)</b></p> <p><b>II. Applied Mathematics</b></p> <ol style="list-style-type: none"> <li>1. Prepare proper dosages of medication for administration</li> <li>2. Maintain laboratory test results using flow sheets</li> <li>3. Maintain growth charts</li> </ol>	<p><b>II. A Affective (Behavior)</b></p> <p><b>II. Applied Mathematics</b></p> <ol style="list-style-type: none"> <li>1. Verify ordered doses/dosages prior to administration</li> <li>2. Distinguish between normal and abnormal test results</li> </ol>
<p><b>III.C Cognitive (Knowledge Base)</b></p> <p><b>III. Applied Microbiology/Infection Control</b></p> <ol style="list-style-type: none"> <li>1. Describe the infection cycle, including the infectious agent, reservoir, susceptible host, means of transmission, portals of entry, and portals of exit</li> <li>2. Define asepsis</li> <li>3. Discuss infection control procedures.</li> <li>4. Identify personal safety precautions as established by the Occupational Safety and Health Administration (OSHA)</li> <li>5. List major types of infectious agents</li> <li>6. Compare different methods of controlling the growth of microorganisms</li> <li>7. Match types and uses of personal protective equipment (PPE)</li> <li>8. Differentiate between medical and surgical asepsis used in ambulatory care settings, identifying when each is appropriate</li> <li>9. Discuss quality control issues related to handling microbiological specimens</li> <li>10. Identify disease processes that are indications for CLIA waived tests</li> <li>11. Describe Standard Precautions, including: <ol style="list-style-type: none"> <li>a. Transmission based precautions</li> <li>b. Purpose</li> <li>c. Activities regulated</li> </ol> </li> <li>12. Discuss the application of Standard Precautions with regard to:</li> </ol>	<p><b>III. P Psychomotor (Skills)</b></p> <p><b>III. Applied Microbiology/Infection Control</b></p> <ol style="list-style-type: none"> <li>1. Participate in training on Standard Precautions</li> <li>2. Practice Standard Precautions.</li> <li>3. Select appropriate barrier/personal protective equipment (PPE) for potentially infectious situations</li> <li>4. Perform handwashing</li> <li>5. Prepare items for autoclaving</li> <li>6. Perform sterilization procedures</li> <li>7. Obtain specimens for microbiological testing</li> <li>8. Perform CLIA waived microbiology testing</li> </ol>	<p><b>III. A Affective (Behavior)</b></p> <p><b>III. Applied Microbiology/Infection Control</b></p> <ol style="list-style-type: none"> <li>1. Display sensitivity to patient rights and feelings in collecting specimens</li> <li>2. Explain the rationale for performance of a procedure to the patient</li> <li>3. Show awareness of patients' concerns regarding their perceptions related to the procedure being performed</li> </ol>

- a. All body fluids, secretions and excretions
  - b. Blood
  - c. Non intact skin
  - d. Mucous membranes
13. Identify the role of the Center for Disease Control (CDC) regulations in healthcare settings.

## Applied Communications

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants in communicating effectively, both orally and in writing.

IV.C Cognitive (Knowledge Base)	IV. P. Psychomotor (Skills)	IV. A. Affective (Behavior)
<p><b>IV. Concepts of Effective Communication</b></p> <ol style="list-style-type: none"> <li>1. Identify styles and types of verbal communication</li> <li>2. Identify nonverbal communication</li> <li>3. Recognize communication barriers</li> <li>4. Identify techniques for overcoming communication barriers</li> <li>5. Recognize the elements of oral communication using a sender-receiver process</li> <li>6. Differentiate between subjective and objective information</li> <li>7. Identify resources and adaptations that are required based on individual needs, i.e., culture and environment, developmental life stage, language, and physical threats to communication</li> <li>8. Recognize elements of fundamental writing skills</li> <li>9. Discuss applications of electronic technology in effective communication</li> <li>10. Diagram medical terms, labeling the word parts</li> <li>11. Define both medical terms and abbreviations related to all body systems</li> <li>12. Organize technical information and summaries</li> <li>13. Identify the role of self boundaries in the health care environment</li> <li>14. Recognize the role of patient advocacy in the practice of medical assisting</li> <li>15. Discuss the role of assertiveness in effective professional communication</li> <li>16. Differentiate between adaptive and non-adaptive coping mechanisms</li> </ol>	<p><b>IV. Concepts of Effective Communication</b></p> <ol style="list-style-type: none"> <li>1. Use reflection, restatement and clarification techniques to obtain a patient history</li> <li>2. Report relevant information to others succinctly and accurately</li> <li>3. Use medical terminology, pronouncing medical terms correctly, to communicate information, patient history, data and observations</li> <li>4. Explain general office policies</li> <li>5. Instruct patients according to their needs to promote health maintenance and disease prevention</li> <li>6. Prepare a patient for procedures and/or treatments</li> <li>7. Demonstrate telephone techniques</li> <li>8. Document patient care</li> <li>9. Document patient education</li> <li>10. Compose professional/business letters</li> <li>11. Respond to nonverbal communication</li> <li>12. Develop and maintain a current list of community resources related to patients' healthcare needs</li> <li>13. Advocate on behalf of patients</li> </ol>	<p><b>IV. Concepts of Effective Communication</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate empathy in communicating with patients, family and staff</li> <li>2. Apply active listening skills</li> <li>3. Use appropriate body language and other nonverbal skills in communicating with patients, family and staff</li> <li>4. Demonstrate awareness of the territorial boundaries of the person with whom communicating</li> <li>5. Demonstrate sensitivity appropriate to the message being delivered</li> <li>6. Demonstrate awareness of how an individual's personal appearance affects anticipated responses</li> <li>7. Demonstrate recognition of the patient's level of understanding in communications</li> <li>8. Analyze communications in providing appropriate responses/ feedback</li> <li>9. Recognize and protect personal boundaries in communicating with others</li> <li>10. Demonstrate respect for individual diversity, incorporating awareness of one's own biases in areas including gender, race, religion, age and economic status</li> </ol>

## Medical Business Practices

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants in the performance of medical business practices.

<b>V.C Cognitive (Knowledge Base)</b>	<b>V. P Psychomotor (Skills)</b>	<b>V. A Affective (Behavior)</b>
<p><b>V. Administrative Functions</b></p> <ol style="list-style-type: none"> <li>1. Discuss pros and cons of various types of appointment management systems</li> <li>2. Describe scheduling guidelines</li> <li>3. Recognize office policies and protocols for handling appointments</li> <li>4. Identify critical information required for scheduling patient admissions and/or procedures</li> <li>5. Identify systems for organizing medical records</li> <li>6. Describe various types of content maintained in a patient's medical record</li> <li>7. Discuss pros and cons of various filing methods</li> <li>8. Identify both equipment and supplies needed for filing medical records</li> <li>9. Describe indexing rules</li> <li>10. Discuss filing procedures</li> <li>11. Discuss principles of using Electronic Medical Record (EMR)</li> <li>12. Identify types of records common to the healthcare setting</li> <li>13. Identify time management principles</li> <li>14. Discuss the importance of routine maintenance of office equipment</li> </ol>	<p><b>V. Administrative Functions</b></p> <ol style="list-style-type: none"> <li>1. Manage appointment schedule, using established priorities</li> <li>2. Schedule patient admissions and/or procedures</li> <li>3. Organize a patient's medical record.</li> <li>4. File medical records</li> <li>5. Execute data management using electronic healthcare records such as the EMR</li> <li>6. Use office hardware and software to maintain office systems</li> <li>7. Use internet to access information related to the medical office</li> <li>8. Maintain organization by filing</li> <li>9. Perform routine maintenance of office equipment with documentation</li> <li>10. Perform an office inventory</li> </ol>	<p><b>V. Administrative Functions</b></p> <ol style="list-style-type: none"> <li>1. Consider staff needs and limitations in establishment of a filing system</li> <li>2. Implement time management principles to maintain effective office function</li> </ol>
<p><b>VI.C Cognitive (Knowledge Base)</b></p> <p><b>VI. Basic Practice Finances</b></p> <ol style="list-style-type: none"> <li>1. Explain basic bookkeeping computations.</li> <li>2. Differentiate between bookkeeping and accounting</li> <li>3. Describe banking procedures</li> <li>4. Discuss precautions for accepting checks.</li> <li>5. Compare types of endorsement</li> <li>6. Differentiate between accounts payable and accounts receivable</li> </ol>	<p><b>VI. P Psychomotor (Skills)</b></p> <p><b>VI. Basic Practice Finances</b></p> <ol style="list-style-type: none"> <li>1. Prepare a bank deposit</li> <li>2. Perform accounts receivable procedures, including:             <ol style="list-style-type: none"> <li>a. Post entries on a daysheet</li> <li>b. Perform billing procedures</li> <li>c. Perform collection procedures</li> <li>d. Post adjustments</li> <li>e. Process a credit balance</li> </ol> </li> </ol>	<p><b>VI. A Affective (Behavior)</b></p> <p><b>VI. Basic Practice Finances</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate sensitivity and professionalism in handling accounts receivable activities with clients</li> </ol>

<p>7. Compare manual and computerized bookkeeping systems used in ambulatory healthcare</p> <p>8. Describe common periodic financial reports</p> <p>9. Explain both billing and payment options.</p> <p>10. Identify procedure for preparing patient accounts</p> <p>11. Discuss procedures for collecting outstanding accounts</p> <p>12. Describe the impact of both the Fair Debt Collection Act and the Federal Truth in Lending Act of 1968 as they apply to collections</p> <p>13. Discuss types of adjustments that may be made to a patient's account</p>	<p>f. Process refunds</p> <p>g. Post non-sufficient fund (NSF) checks.</p> <p>h. Post collection agency payments.</p> <p>3. Utilize computerized office billing systems</p>	
<b>VII.C Cognitive (Knowledge Base)</b>		
<b>VII. Managed Care/Insurance</b>		
<ol style="list-style-type: none"> <li>1. Identify types of insurance plans</li> <li>2. Identify models of managed care</li> <li>3. Discuss workers' compensation as it applies to patients</li> <li>4. Describe procedures for implementing both managed care and insurance plans</li> <li>5. Discuss utilization review principles.</li> <li>6. Discuss referral process for patients in a managed care program</li> <li>7. Describe how guidelines are used in processing an insurance claim</li> <li>8. Compare processes for filing insurance claims both manually and electronically</li> <li>9. Describe guidelines for third-party claims</li> <li>10. Discuss types of physician fee schedules</li> <li>11. Describe the concept of RBRVS</li> <li>12. Define Diagnosis-Related Groups (DRGs)</li> </ol>	<p><b>VII. P Psychomotor (Skills)</b></p> <p><b>VII. Managed Care/Insurance</b></p> <ol style="list-style-type: none"> <li>1. Apply both managed care policies and procedures</li> <li>2. Apply third party guidelines</li> <li>3. Complete insurance claim forms</li> <li>4. Obtain precertification, including documentation</li> <li>5. Obtain preauthorization, including documentation</li> <li>6. Verify eligibility for managed care services</li> </ol>	<p><b>VII. A Affective (Behavior)</b></p> <p><b>VII. Managed Care/Insurance</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate assertive communication with managed care and/or insurance providers</li> <li>2. Demonstrate sensitivity in communicating with both providers and patients</li> <li>3. Communicate in language the patient can understand regarding managed care and insurance plans</li> </ol>
<b>VIII.C Cognitive (Knowledge Base)</b>		
<b>VIII. Procedural and Diagnostic Coding</b>		
<ol style="list-style-type: none"> <li>1. Describe how to use the most current procedural coding system</li> <li>2. Define upcoding and why it should be avoided</li> <li>3. Describe how to use the most current diagnostic coding classification system</li> <li>4. Describe how to use the most current HCPCS coding</li> </ol>	<p><b>VIII. P Psychomotor (Skills)</b></p> <p><b>VIII. Procedural and Diagnostic Coding</b></p> <ol style="list-style-type: none"> <li>1. Perform procedural coding</li> <li>2. Perform diagnostic coding</li> </ol>	<p><b>VIII. A Affective (Behavior)</b></p> <p><b>VIII. Procedural and Diagnostic Coding</b></p> <ol style="list-style-type: none"> <li>1. Work with physician to achieve the maximum reimbursement</li> </ol>

**Medical Law and Ethics**

**Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants in providing patient care in accordance with regulations, policies, laws and patient rights.**

IX.C Cognitive (Knowledge Base)	IX. P Psychomotor (Skills)	IX. A Affective (Behavior)
<p><b>IX. Legal Implications</b></p> <ol style="list-style-type: none"> <li>1. Discuss legal scope of practice for medical assistants</li> <li>2. Explore issue of confidentiality as it applies to the medical assistant.</li> <li>3. Describe the implications of HIPAA for the medical assistant in various medical settings</li> <li>4. Summarize the Patient Bill of Rights</li> <li>5. Discuss licensure and certification as it applies to healthcare providers</li> <li>6. Describe liability, professional, personal injury, and third party insurance</li> <li>7. Compare and contrast physician and medical assistant roles in terms of standard of care</li> <li>8. Compare criminal and civil law as it applies to the practicing medical assistant.</li> <li>9. Provide an example of tort law as it would apply to a medical assistant</li> <li>10. Explain how the following impact the medical assistant's practice and give examples               <ol style="list-style-type: none"> <li>a. Negligence</li> <li>b. Malpractice</li> <li>c. Statute of Limitations</li> <li>d. Good Samaritan Act(s)</li> <li>e. Uniform Anatomical Gift Act</li> <li>f. Living will/Advanced directives</li> <li>g. Medical durable power of attorney</li> </ol> </li> <li>11. Identify how the Americans with Disabilities Act (ADA) applies to the medical assisting profession</li> <li>12. List and discuss legal and illegal interview questions</li> <li>13. Discuss all levels of governmental legislation and regulation as they apply to medical</li> </ol>	<p><b>IX. Legal Implications</b></p> <ol style="list-style-type: none"> <li>1. Respond to issues of confidentiality</li> <li>2. Perform within scope of practice</li> <li>3. Apply HIPAA rules in regard to privacy/release of information</li> <li>4. Practice within the standard of care for a medical assistant</li> <li>5. Incorporate the Patient's Bill of Rights into personal practice and medical office policies and procedures</li> <li>6. Complete an incident report</li> <li>7. Document accurately in the patient record</li> <li>8. Apply local, state and federal health care legislation and regulation appropriate to the medical assisting practice setting</li> </ol>	<p><b>IX. Legal Implications</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate sensitivity to patient rights</li> <li>2. Demonstrate awareness of the consequences of not working within the legal scope of practice</li> <li>3. Recognize the importance of local, state and federal legislation and regulations in the practice setting</li> </ol>

<p>assisting practice, including FDA and DEA regulations</p> <p>14. Describe the process to follow if an error is made in patient care</p>		
<p><b>X.C Cognitive (Knowledge Base)</b></p> <p><b>X. Ethical Considerations</b></p> <ol style="list-style-type: none"> <li>1. Differentiate between legal, ethical, and moral issues affecting healthcare</li> <li>2. Compare personal, professional and organizational ethics</li> <li>3. Discuss the role of cultural, social and ethnic diversity in ethical performance of medical assisting practice</li> <li>4. Identify where to report illegal and/or unsafe activities and behaviors that affect health, safety and welfare of others.</li> <li>5. Identify the effect personal ethics may have on professional performance</li> </ol>	<p><b>X. P Psychomotor (Skills)</b></p> <p><b>X. Ethical Considerations</b></p> <ol style="list-style-type: none"> <li>1. Report illegal and/or unsafe activities and behaviors that affect health, safety and welfare of others to proper authorities</li> <li>2. Develop a plan for separation of personal and professional ethics</li> </ol>	<p><b>X. A Affective (Behavior)</b></p> <p><b>X. Ethical Considerations</b></p> <ol style="list-style-type: none"> <li>1. Apply ethical behaviors, including honesty/integrity in performance of medical assisting practice</li> <li>2. Examine the impact personal ethics and morals may have on the individual's practice</li> <li>3. Demonstrate awareness of diversity in providing patient care</li> </ol>

## Safety and Emergency Practices

Medical assistants graduating from programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will demonstrate critical thinking based on knowledge of academic subject matter required for competence in the profession. They will incorporate cognitive knowledge in performance of psychomotor and affective domains in their practice as medical assistants, applying quality control measures in following health and safety policies and procedures to prevent illness and injury.

X.C Cognitive (Knowledge Base)	X.P Psychomotor (Skills)	X.A Affective (Behavior)
<p><b>XI. Protective Practices</b></p> <ol style="list-style-type: none"> <li>Describe personal protective equipment</li> <li>Identify safety techniques that can be used to prevent accidents and maintain a safe work environment</li> <li>Describe the importance of Materials Safety Data Sheets (MSDS) in a healthcare setting</li> <li>Identify safety signs, symbols and labels</li> <li>State principles and steps of professional/provider CPR</li> <li>Describe basic principles of first aid</li> <li>Describe fundamental principles for evacuation of a healthcare setting</li> <li>Discuss fire safety issues in a healthcare environment</li> <li>Discuss requirements for responding to hazardous material disposal</li> <li>Identify principles of body mechanics and ergonomics.</li> <li>Discuss critical elements of an emergency plan for response to a natural disaster or other emergency</li> <li>Identify emergency preparedness plans in your community</li> <li>Discuss potential role(s) of the medical assistant in emergency preparedness</li> </ol>	<p><b>XI. Protective Practices</b></p> <ol style="list-style-type: none"> <li>Comply with safety signs, symbols and labels.</li> <li>Evaluate the work environment to identify safe vs. unsafe working conditions.</li> <li>Develop a personal (patient and employee) safety plan.</li> <li>Develop an environmental safety plan.</li> <li>Demonstrate proper use of the following equipment:               <ol style="list-style-type: none"> <li>Eyewash</li> <li>Fire extinguishers</li> <li>Sharps disposal containers</li> </ol> </li> <li>Participate in a mock environmental exposure event with documentation of steps taken.</li> <li>Explain an evacuation plan for a physician's office</li> <li>Demonstrate methods of fire prevention in the healthcare setting</li> <li>Maintain provider/professional level CPR certification.</li> <li>Perform first aid procedures</li> <li>Use proper body mechanics</li> <li>Maintain a current list of community resources for emergency preparedness</li> </ol>	<p><b>XI. Protective Practices</b></p> <ol style="list-style-type: none"> <li>Recognize the effects of stress on all persons involved in emergency situations</li> <li>Demonstrate self awareness in responding to emergency situations</li> </ol>