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

**Standards initially adopted in 1969;
revised in 1971, 1977, 1984, 1991, 1999, 2003, 2008, 2015, xxxx, and effective XXXX**

**Developed by the
Medical Assisting Education Review Board**

**Endorsed by
American Association of Medical Assistants
American Medical Technologists
National Healthcareer Association**

and

**Approved by 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** 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.*

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 for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

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

Description of the Profession

Medical assistants are multiskilled health professionals specifically educated to work in a variety of healthcare settings performing clinical and administrative duties. The practice of medical assisting necessitates 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. Program Sponsor

A program sponsor 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 hospital or medical center or other governmental medical service, which is accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services and must be authorized under applicable law or other acceptable authority to provide healthcare, which awards a minimum of a certificate at the completion of the program.
3. A branch of the United States Armed Forces, or a federal or state governmental agency, which awards a minimum of a certificate at the completion of the program.
4. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meeting the requirements of a program sponsor set forth in I.A.1 – 1.A.3.

B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards;
2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and
3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: "To prepare medical assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

108 Programs that adopt educational goals beyond the minimum expectations statement must provide
109 evidence that all students have achieved those goals prior to entry into the field.

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111 Program goals must be compatible with the mission of the sponsoring institution(s), the expectations
112 of the communities of interest, and accepted standards of roles and functions of a medical assistant.
113 Goals are based upon the substantiated needs of health care providers and employers, and the
114 educational needs of the students served by the educational program. Program goals must be
115 written referencing one or more of the learning domains.

116
117 The program must assess its goals at least annually and respond to changes in the needs and
118 expectations of its communities of interest.

119 120 **B. Program Advisory Committee**

121 The program advisory committee must include at least one representative of each community of
122 interest and must meet annually. Communities of interest served by the program include, but are not
123 limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and
124 the public.

125
126 The program advisory committee advises the program regarding revisions to curriculum and
127 program goals based on the changing needs and expectations of the program's communities of
128 interest, and an assessment of program effectiveness, including the outcomes specified in these
129 Standards.

130
131 *Program advisory committee meetings may be conducted using synchronous electronic means.*
132

133 **III. Resources**

134 135 **A. Type and Amount**

136 Program resources must be sufficient to ensure the achievement of the program's goals and
137 outcomes. Resources must include, but are not limited to

- 138 1. Faculty;
- 139 2. Administrative and support staff;
- 140 3. Curriculum;
- 141 4. Finances;
- 142 5. Faculty and staff workspace;
- 143 6. Space for confidential interactions;
- 144 7. Classroom and laboratory (physical or virtual);
- 145 8. Ancillary student facilities;
- 146 9. Clinical affiliates;
- 147 10. Equipment;
- 148 11. Supplies;
- 149 12. Information technology;
- 150 13. Instructional materials; and
- 151 14. Support for faculty professional development.

152
153 *"Clinical affiliates" are locations used as practicum sites.*

154
155 *Equipment and supplies should be representative of those used in the achievement of the*
156 *psychomotor and affective competencies in the MAERB Core Curriculum listed in Appendix B of*
157 *these **Standards**.*
158

159 160 **B. Personnel**

161 The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the
162 functions identified in documented job descriptions and to achieve the program's stated goals and
163 outcomes.
164

165 **1. Program Director**

166 a. Responsibilities

167 The program director must be responsible for all aspects of the program, including but not
168 limited to

- 169 1) Administration, organization, supervision of the program;
- 170 2) Continuous quality review and improvement of the program; and
- 171 3) Academic oversight, including curriculum planning and development, and outcomes.

172 b. Qualifications

173 The program director must

- 174 1) Be an employee of the sponsoring institution;
- 175 2) Possess a minimum of an associate degree;
- 176 3) Be credentialed in good standing in medical assisting, by an organization whose
177 credentialing exam is accredited by the National Commission for Certifying Agencies
178 (NCCA) or the *American National Standards Institute (ANSI)*;
- 179 4) Have medical or allied health education or training;
- 180 5) Have experience related to the profession of medical assisting; and
- 181 6) Have documented education in instructional methodology.

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184 *Instructional methodology education may be demonstrated by documentation of completed*
185 *workshops, in-service sessions, seminars, or completed college courses on topics including,*
186 *but not limited to, learning theory, curriculum design, test construction, teaching*
187 *methodology, or assessment techniques.*
188

189 **2. Faculty/Instructional Staff**

190 a. Responsibilities

191 For all didactic, laboratory, and clinical instruction to which a student is assigned, there must
192 be a qualified individual(s) clearly designated by the program to provide instruction,
193 supervision, and timely assessments of the student's progress in meeting program
194 requirements.
195

196 b. Qualifications

197 Faculty/instructional staff must be effective in teaching and knowledgeable in the *MAERB*
198 *Core Curriculum* content included in their assigned teaching as documented by education or
199 experience in the designated content area and have documented education in instructional
200 methodology.
201

202 *Medical assisting faculty includes individuals who teach courses specifically designed and unique*
203 *to the medical assisting program.*
204

205 *Instructional methodology education may be demonstrated by documentation of completed*
206 *workshops, in-service sessions, seminars or completed college courses, on topics including,*
207 *but not limited to, learning theory, curriculum design, test construction, teaching*
208 *methodology, or assessment techniques.*
209

210 **3. Practicum Coordinator**

211 a. Responsibilities

212 The practicum coordinator must

- 213 1) Select and approve appropriate practicum sites;
- 214 2) Coordinate practicum education;
- 215 3) Ensure documentation of the evaluation and progression of practicum performance;

- 216 4) Ensure orientation to the program’s requirements of the personnel who supervise or
217 instruct students at practicum sites; and
218 5) Coordinate the assignment of students to practicum sites.
219

220 *The responsibility of the practicum coordinator may be fulfilled by the program director, faculty*
221 *member(s), or other qualified designee provided qualifications of all designated roles are met.*
222

223 b. Qualifications

224 The practicum coordinator must

- 225 1. Possess knowledge of the MAERB Core Curriculum;
226 2. Possess knowledge about the program’s evaluation of student learning and performance;
227 and
228 3. Ensure appropriate and sufficient evaluation of student achievement in the practicum
229 experience.
230

231 **C. Curriculum**

232 The curriculum content must ensure that the program goals are achieved. Instruction must be based
233 on clearly written course syllabi that include course description, course objectives, methods of
234 evaluation, course activities sequence and timeline, and competencies required for graduation.
235 Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical
236 activities.
237

238 *Learning objectives include The MAERB Core Curriculum cognitive objectives and psychomotor and*
239 *affective competencies.*
240

241 The program must demonstrate that the curriculum offered meets or exceeds the MAERB Core
242 Curriculum listed in Appendix B of these **Standards**.
243

244 A supervised practicum of at least 160 contact hours in a healthcare setting, demonstrating the
245 knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and
246 administrative duties, must be completed prior to graduation.
247

248 On-site supervision of the student must be provided by an individual who has knowledge of the
249 medical assisting profession.
250

251 *The program should ensure that the supervised practicum and instruction of students are meaningful*
252 *and parallel in content and concept with the material presented in lecture and laboratory sessions.*
253 *Sites should afford each student a variety of experiences.*
254

255 *The program should ensure that students achieve The MAERB Core Curriculum psychomotor and*
256 *affective competencies before performing them during the supervised practicum.*
257

258 *CAAHEP supports and encourages innovation in the development and delivery of the curriculum.*
259

260 **D. Resource Assessment**

261 The program must, at least annually, assess the appropriateness and effectiveness of the resources
262 described in these **Standards**. The results of the resource assessment must be the basis for
263 ongoing planning and change. An action plan must be developed when needed improvements are
264 identified in the program resources. Implementation of the action plan must be documented, and
265 results measured by ongoing resource assessment.
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268 **IV. Student and Graduate Evaluation/Assessment**

269 **A. Student Evaluation**
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Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

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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 curriculum competencies in the required learning domains.

“Achievement of the curriculum competencies” means that each student has successfully achieved all the MAERB Core Curriculum psychomotor and affective competencies prior to graduating from the program.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

The program must meet the established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment 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, graduate satisfaction, employer satisfaction, placement in full or part time employment in the profession or in a related profession, and programmatic summative measures.

A related profession is one in which the individual is using cognitive objectives and psychomotor and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military will be counted as placed.

“Programmatic summative measures” means that graduates have achieved all the MAERB Core Curriculum psychomotor and affective competencies prior to graduating from the program.

A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.

2. Reporting

At least annually, the program must submit to the Medical Assisting Education Review Board the program goal(s), outcomes assessment results, and an analysis of results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the Medical Assisting Education Review Board that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective

Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

325 steps, and timeline for implementation. The program must assess the effectiveness of the
326 corrective steps.

327 328 **V. Fair Practices**

329 **A. Publications and Disclosure**

- 330 1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the
331 program offered.
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- 334 2. At least the following must be made known to all applicants and students
 - 335 a. Sponsor's institutional and programmatic accreditation status;
 - 336 b. Name and website address of CAAHEP;
 - 337 c. Admissions policies and practices;
 - 338 d. Technical standards required to participate in the program;
 - 339 e. Occupational risks;
 - 340 f. Policies on advanced placement, transfer of credits and credits for experiential learning;
 - 341 g. Number of credits required for completion of the program;
 - 342 h. Availability of articulation agreements for transfer of credits;
 - 343 i. Tuition/fees and other costs required to complete the program;
 - 344 j. Policies and processes for withdrawal and for refunds of tuition/fees; and
 - 345 k. Policies and processes for assignment of clinical experiences.
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- 347 3. At least the following must be made known to all students
 - 348 a. Academic calendar;
 - 349 b. Student grievance procedure;
 - 350 c. Appeals process;
 - 351 d. Criteria for successful completion of each segment of the curriculum and for graduation; and
 - 352 e. Policies by which students may perform clinical work while enrolled in the program.
- 353
- 354 4. The sponsor must maintain and make accessible to the public on its website a current and
355 consistent summary of student/graduate achievement that includes one or more of these
356 program outcomes: national credentialing examination(s), programmatic retention, and
357 placement in full or part-time employment in the profession or a related profession as
358 established by the Medical Assisting Education Review Board.
- 359

360 **B. Lawful and Non-discriminatory Practices**

361 All activities associated with the program, including student and faculty recruitment, student
362 admission, and faculty employment practices, must be non-discriminatory and in accord with federal
363 and state statutes, rules, and regulations. There must be a faculty grievance procedure made known
364 to all paid faculty.

365 **C. Safeguards**

366 The health and safety of patients/clients, students, faculty, and other participants associated with the
367 educational activities of the students must be adequately safeguarded.

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369 All activities required in the program must be educational and students must not be substituted for
370 staff and must be readily identifiable as students.

371 **D. Student Records**

372 Grades and credits for courses must be recorded on the student transcript and permanently
373 maintained by the program sponsor in an accessible and secure location. Students and graduates
374 must be given direction on how to access their records. Records must be maintained for student
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admission, advisement, and counseling while the student is enrolled in the program.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to 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 in the award level (i.e., degree to certificate/diploma or certificate/diploma to degree);
5. Change of clock hours to credit hours or credit hours for successful completion of a program;
6. Substantial increase/decrease in clock or credit hours for successful completion of a program; and
7. Addition of an apprenticeship component to the 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 program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.

APPENDIX B

Core Curriculum for Medical Assistants Medical Assisting Education Review Board (MAERB) 20XX 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 medical assisting profession. They must incorporate the cognitive (C) knowledge in performance of the psychomotor (P) skills and the affective (A) behaviors.

The MAERB Core Curriculum must be taught and assessed in its entirety. In addition, all the psychomotor skills and the affective behaviors must be achieved by the student.

s prior to the skills being performed at the practicum. While simulation of these skills can be used in the classroom setting for achievement, the practicum is designed for live experience, so simulation is not allowed as a substitute for practicum hours.

MAERB publishes the *Educational Competencies for Medical Assistants* (ECMA), a publication designed to provide programs with guidance and options for achieving the MAERB Core Curriculum. In addition, Program Directors can build upon these knowledge and skills outlined here to teach the students related skills that serve their communities of interest.

The curriculum is designed to demonstrate the intersection between the cognitive objectives and the psychomotor competencies. The affective competences are contained at the end, and because medical assistants utilize affective skills with any patient contact, be it physical or verbal, they can be bundled with any of the psychomotor competencies. The design of the curriculum allows Program Directors to bundle in the affective skills as they see appropriate.

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**FOUNDATIONS FOR CLINICAL PRACTICE
CONTENT AREA I-IV**

<p align="center">Cognitive (Knowledge) I.C Anatomy, Physiology, & Pharmacology</p>	<p align="center">Psychomotor (Skills) I.P Anatomy, Physiology, & Pharmacology</p>
<ol style="list-style-type: none"> 1. Identify structural organization of the human body 2. Identify body systems* 3. Identify: <ol style="list-style-type: none"> a. body planes b. directional terms c. quadrants d. body cavities 4. Identify major organs in each body system* 5. Identify the anatomical location of major organs in each body system* 6. Identify the structure and function of the human body across the life span 7. Identify the normal function of each body system* 8. Identify common pathology related to each body system* including: <ol style="list-style-type: none"> a. signs b. symptoms c. etiology d. diagnostic measures e. treatment modalities 9. Identify Clinical Laboratory Improvement Amendments (CLIA) waived tests associated with common diseases 10. Identify the classifications of medications including: <ol style="list-style-type: none"> a. indications for use b. desired effects c. side effects d. adverse reactions 11. Identify quality assurance practices in healthcare 12. Identify basic principles of first aid 13. Identify appropriate vaccinations based on an immunization schedule. 	<ol style="list-style-type: none"> 1. Accurately measure and record <ol style="list-style-type: none"> a. blood pressure b. temperature c. pulse d. respirations e. height f. weight (adult and infant) g. length (infant) h. head circumference (infant) i. oxygen saturation 2. Perform the following procedures: <ol style="list-style-type: none"> a. electrocardiography b. venipuncture c. capillary puncture d. pulmonary function testing 3. Perform patient screening following established protocols 4. Verify the rules of medication administration: <ol style="list-style-type: none"> 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

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(Instruction to CoA: CAAHEP will insert the revision history)

<p>*Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Sensory, Reproductive, Respiratory, Skeletal, and Urinary.</p>	<ol style="list-style-type: none"> 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. Collect specimens and perform: <ol style="list-style-type: none"> 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. Provide up-to-date documentation of provider/professional level CPR 13. Perform first aid procedures <ol style="list-style-type: none"> a. bleeding b. diabetic coma or insulin shock c. stroke d. seizures e. environmental emergency f. syncope
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Content Area II: Applied Mathematics

Cognitive (Knowledge) II.C Applied Mathematics	Psychomotor (Skills) II.P Applied Mathematics
<ol style="list-style-type: none"> 1. Define basic units of measurement in: <ol style="list-style-type: none"> a. the metric system 	<ol style="list-style-type: none"> 1. Calculate proper dosages of medication for administration

Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

<ul style="list-style-type: none"> b. the household system 2. Identify abbreviations used in calculating medication dosages 3. Identify normal and abnormal results as reported in: <ul style="list-style-type: none"> a. graphs b. tables 	<ul style="list-style-type: none"> 2. Record laboratory test results into the patient's record 3. Document on a growth chart 4. Apply mathematical computations to solve equations 5. Convert among measurement systems
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Content Area III: Infection Control

Cognitive (Knowledge) III.C Infection Control	Psychomotor (Skills) III.P Infection Control
<ul style="list-style-type: none"> 1. Identify major types of infectious agents 2. Identify the infection cycle including: <ul style="list-style-type: none"> a. the infectious agent b. reservoir c. susceptible host d. means of transmission e. portals of entry f. portals of exit 3. Identify the following as practiced within an ambulatory care setting: <ul style="list-style-type: none"> a. medical asepsis b. surgical asepsis 4. Identify methods of controlling the growth of microorganisms 5. Identify the principles of standard precautions 6. Identify personal protective equipment (PPE) 7. Identify the implications for failure to comply with Centers for Disease Control (CDC) regulations in healthcare settings 	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> a. sharps b. regulated wastes

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Content Area IV: Nutrition

Cognitive (Knowledge)	Psychomotor (Skills)
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Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

IV. C Nutrition	IV. P Nutrition
<ol style="list-style-type: none"> 1. Identify dietary nutrients including: <ol style="list-style-type: none"> a. carbohydrates b. fat c. protein d. minerals e. electrolytes f. vitamins g. fiber h. water 2. Identify the function of dietary supplements 3. Identify the special dietary needs for: <ol style="list-style-type: none"> a. weight control b. diabetes c. cardiovascular disease d. hypertension e. cancer f. lactose sensitivity g. gluten-free h. food allergies i. eating disorders 4. Identify the components of a food label 	<ol style="list-style-type: none"> 1. Instruct a patient regarding a dietary change related to patient's special dietary needs

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Content Area V: Concepts of Effective Communication

Cognitive (Knowledge) V.C Concepts of Effective Communication	Psychomotor (Skills) V.P. Concepts of Effective Communication
<ol style="list-style-type: none"> 1. Identify types of verbal and nonverbal communication 2. Identify communication barriers 3. Identify techniques for overcoming communication barriers 	<ol style="list-style-type: none"> 1. Respond to nonverbal communication 2. Correctly use and pronounce medical terminology in health care interactions

Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

<ol style="list-style-type: none"> 4. Identify the steps in the sender-receiver process 5. Identify challenges in communication with different age groups 6. Identify techniques for coaching a patient related to specific needs 7. Identify different types of electronic technology used in professional communication 8. Identify the following related to body systems*: <ol style="list-style-type: none"> a. medical terms b. abbreviations 9. Identify the principles of self-boundaries 10. Identify the role of the medical assistant as a patient navigator 11. Identify coping mechanisms 12. Identify subjective and objective information 13. Identify the basic concepts of the following theories of: <ol style="list-style-type: none"> a. Maslow b. Erikson c. Kubler-Ross 14. Identify issues associated with diversity as it relates to patient care 15. Identify the medical assistant's role in telehealth <p>*Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Sensory, Reproductive, Respiratory, Skeletal, and Urinary.</p>	<ol style="list-style-type: none"> 3. Coach patients regarding: <ol style="list-style-type: none"> a. office policies b. medical encounters 4. Demonstrate professional telephone techniques 5. Document telephone messages accurately 6. Using technology, compose clear and correct correspondence 7. Use a list of community resources to facilitate referrals 8. Participate in a telehealth interaction with a patient
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Content Area VI: Administrative Functions

Cognitive (Knowledge) VI.C Administrative Functions	Psychomotor (Skills) VI.P Administrative Functions
<ol style="list-style-type: none"> 1. Identify different types of appointment scheduling methods 2. Identify critical information required for scheduling patient procedures 3. Recognize the purpose for routine maintenance of equipment 4. Identify steps involved in completing an inventory 	<ol style="list-style-type: none"> 1. Manage appointment schedule using established priorities 2. Schedule a patient procedure 3. Input patient data using an electronic system 4. Perform an inventory of supplies

Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

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| <ol style="list-style-type: none">5. Identify the importance of data back-up6. Identify the components of an Electronic Medical Record, Electronic Health Record, and Practice Management system | |
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Content Area VII: Basic Practice Finances

Cognitive (Knowledge) VII.C Basic Practice Finances	Psychomotor (Skills) VII.P Basic Practice Finances
<ol style="list-style-type: none">1. Define the following bookkeeping terms:<ol style="list-style-type: none">a. chargesb. paymentsc. accounts receivabled. accounts payablee. adjustmentsf. end of day reconciliation2. Identify precautions for accepting the following types of payments:<ol style="list-style-type: none">a. cashb. checkc. credit cardd. debit card3. Identify types of adjustments made to patient accounts including:<ol style="list-style-type: none">a. non-sufficient funds (NSF) checkb. collection agency transactionc. credit balanced. third party4. Identify patient financial obligations for services rendered	<ol style="list-style-type: none">1. Perform accounts receivable procedures to patient accounts including posting:<ol style="list-style-type: none">a. chargesb. paymentsc. adjustments2. Input accurate billing information in an electronic system3. Inform a patient of financial obligations for services rendered

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Content Area VIII: Third-Party Reimbursement

Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

Cognitive (Knowledge) VIII.C Third-Party Reimbursement	Psychomotor (Skills) VIII.P Third-Party Reimbursement
<ol style="list-style-type: none"> 1. Identify: <ol style="list-style-type: none"> a. types of third-party plans b. steps for filing a third-party claim 2. Identify managed care requirements for patient referral 3. Identify processes for: <ol style="list-style-type: none"> a. verification of eligibility for services b. precertification/preauthorization c. tracking unpaid claims d. claim denials and appeals 4. Identify fraud and abuse as they relate to third party reimbursement 5. Define the following: <ol style="list-style-type: none"> a. bundling and unbundling of codes b. advanced beneficiary notice (ABN) c. allowed amount d. deductible e. co-insurance f. co-pay 6. Identify the purpose and components of the Explanation of Benefits (EOB) and Remittance Advice (RA) Statements 	<ol style="list-style-type: none"> 1. Interpret information on an insurance card 2. Verify eligibility for services 3. Obtain precertification or preauthorization with documentation 4. Complete an insurance claim form 5. Assist a patient in understanding an Explanation of Benefits (EOB)

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Area IX: Procedural and Diagnostic Coding

Cognitive (Knowledge) IX.C Procedural and Diagnostic Coding	Psychomotor (Skills) IX.P Procedural and Diagnostic Coding
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Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

<ol style="list-style-type: none"> 1. Identify the current procedural and diagnostic coding systems, including Healthcare Common Procedure Coding Systems II (HCPCS Level II) 2. Identify the effects of: <ol style="list-style-type: none"> a. upcoding b. downcoding 3. Define medical necessity 	<ol style="list-style-type: none"> 1. Perform procedural coding 2. Perform diagnostic coding 3. Utilize medical necessity guidelines
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Content Area X: Legal Implications

Cognitive (Knowledge) X.C Legal Implications	Psychomotor (Skills) X.P Legal Implications
<ol style="list-style-type: none"> 1. Identify scope of practice and standards of care for medical assistants 2. Identify the provider role in terms of standard of care. 3. Identify components of the Health Insurance Portability & Accountability Act (HIPAA) 4. Identify the standards outlined in The Patient Care Partnership 5. Identify licensure and certification as they apply to healthcare providers 6. Identify criminal and civil law as they apply to the practicing medical assistant 7. Define: 	<ol style="list-style-type: none"> 1. Locate a state’s legal scope of practice for medical assistants 2. Apply HIPAA rules in regard to: <ol style="list-style-type: none"> a. privacy b. release of information 3. Document patient care accurately in the medical record 4. Complete compliance reporting based on public health statutes 5. Report an illegal activity following the protocol established by the healthcare setting 6. Complete an incident report related to an error in patient care

Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

- 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. Identify the purpose of medical malpractice insurance
9. Identify 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. Identify the process in compliance reporting:
- a. unsafe activities
 - b. errors in patient care
 - c. conflicts of interest
 - d. incident reports
12. Identify compliance with public health statutes related to:
- 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. respondeat superior
 - i. res ipsa loquitur

Essentials/Standards initially adopted in xxxx; revised in xxxx.
(Instruction to CoA: CAAHEP will insert the revision history)

- j. locum tenens
- k. defendant-plaintiff
- l. deposition
- m. arbitration-mediation

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Content Area XI: Ethical and Professional Considerations

Cognitive (Knowledge) XI.C Ethical and Professional Considerations	Psychomotor (Skills) XI.P Ethical and Professional Considerations
1. Define: <ul style="list-style-type: none"> a. ethics b. morals 2. Identify personal and professional ethics 3. Identify potential effects of personal morals on professional performance 4. Identify professional behaviors of a medical assistant	1. Demonstrate professional response(s) to ethical issues

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Content Area XII: Protective Practices

Cognitive (Knowledge) XII.C Protective Practices	Psychomotor (Skills) XII.P Protective Practices
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Essentials/Standards initially adopted in xxxx; revised in xxxx.
 (Instruction to CoA: CAAHEP will insert the revision history)

<ol style="list-style-type: none"> 1. Identify workplace safeguards 2. Identify safety techniques that can be used in responding to accidental exposure to: <ol style="list-style-type: none"> a. blood b. other body fluids c. needle sticks d. chemicals 3. Identify fire safety issues in an ambulatory healthcare environment 4. Identify emergency practices for evacuation of a healthcare setting 5. Identify the purpose of Safety Data Sheets (SDS) in a healthcare setting 6. Identify processes for disposal of a. biohazardous waste and b. chemicals 7. Identify principles of: <ol style="list-style-type: none"> a. body mechanics b. ergonomics 8. Identify critical elements of an emergency plan for response to a natural disaster or other emergency 9. Identify the physical manifestations and emotional behaviors on persons involved in an emergency 	<ol style="list-style-type: none"> 1. Comply with safety practices 2. Demonstrate proper use of: <ol style="list-style-type: none"> a. eyewash equipment b. fire extinguishers 3. Use proper body mechanics 4. Evaluate an environment to identify unsafe conditions
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AFFECTIVE SKILLS

The affective competencies listed below can be bundled with any of the psychomotor competencies included in the curriculum. The goal is to provide opportunities for Program Directors to develop assessment tools creatively and focus on incorporating the affective behaviors with any psychomotor skill that involves interacting with a patient. These behavioral competencies are important to the development of communication skills and professional behavior in the field of medical assisting. The students will need to achieve all the affective competences, but they can do so using several different skills. There are examples in the *Educational Competencies for Medical Assistants* to guide Program Directors in the incorporation of these affective skills.

A.1	Demonstrate critical thinking skills
A.2	Reassure patients
A.3	Demonstrate empathy for patients' concerns
A.4	Demonstrate active listening
A.5	Respect diversity
A.6	Recognize personal boundaries
A.7	Demonstrate tactfulness
A.8	Demonstrate self-awareness