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## *Medical Assistant Student Handbook*



*2023-2024*

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#### Medical Assisting Program Contact Information

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## Welcome

Welcome to the Medical Assisting Certificate Program at Quinsigamond Community College. The faculty hope that this experience will be a robust and rewarding one for you. This handbook had been developed to provide you with information on the certificate program, the college, college resources, and information about the program's accreditation body. The policies and guidelines included in this handbook are current at the time of the writing of the handbook but could be subject to addendums which would be provided to the student upon adoption both verbally in and writing.

The Quinsigamond Community College Medical Assisting program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), which can be contacted at: Commission on Accreditation of Allied Health Education Programs | 25400 US Highway 19 North, Suite 158, Clearwater, FL 33763 | 727.210.2350 | [www.caahep.org](http://www.caahep.org). The Medical Assisting program was last granted continuing accreditation upon the recommendation of the Medical Assisting Education Review Board (MAERB).

QCC is accredited by the New England Commission of Higher Education, Inc. (NECHE). QCC is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, genetic information, gender identity or sexual orientation in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and college policies. The College prohibits sexual harassment, including sexual violence. Inquiries or complaints concerning discrimination, harassment, retaliation or sexual violence shall be referred to the College's Affirmative Action and/or Title IX Coordinator, the Massachusetts Commission Against Discrimination, the Equal Employment Opportunities Commission or the United States Department of Education's Office for Civil Rights. Liz Woods, Dean for Compliance and Education Title IX, can be reached at 508-854-2791 (Room 421A). The College's Affirmative Action Officer is Sara Simms, Assistant Director of Human Resources, who can be reached at 508-542-2757 (Room 222A).

In addition to the Medical Assisting Student Handbook, please refer to the Quinsigamond Community College Catalog and Quinsigamond Community College Student Handbook for the current academic year which can be located on *TheQ*.

## *The Quinsigamond Community College School of Healthcare Diversity, Equity, and Inclusion Statement*

The Quinsigamond Community College (QCC) School of Healthcare is open to all individuals. We are committed to inclusive and equitable opportunities, and we do not discriminate against applicants, students, or employees based on age, race, sex, gender identity, ability, religious convictions, socioeconomic status, national origin, ethnic heritage, sexual orientation, and/or veteran status. Any inquiries or issues concerning compliance with this policy should be brought to the attention of the QCC Dean for Compliance and Education, Liz Woods or Human Resources Assistant Director and Affirmative Action Officer for Employees, Sara Simms (<https://www.qcc.edu/human-resources/title-ix-and-affirmativeaction>). QCC will respond to all inquiries in a timely and effective manner with the goal of promoting equitable treatment.

The School of Healthcare promotes educational equity by recruiting, enrolling, retaining and matriculating a diverse and inclusive student body. We prepare students to join the work force to reduce barriers and promote access to health care in our community. The School of Healthcare is strongly committed to ensuring that its learning and working environments are free of harassment and discrimination and supports respect for every person's inherent dignity, worth, and unique attributes.

We want to acknowledge that we gather as QCC on the traditional land of the Nipmuc, past and present. While a land acknowledgment statement is an important initial step and not enough, it is a necessary decolonial practice that promotes indigenous visibility and social justice, reminding us that we are on settled indigenous land. We condemn the unjust deeds done in the past and honor with gratitude the land itself and the indigenous people who have stewarded it throughout the generations. We commit to continuing to work for peace and reconciliation and to be better neighbors and caretakers of the land we inhabit.

## *Institutional Commitment*

### **Our Vision**

Quinsigamond Community College is a premier learning community recognized for teaching and learning excellence, relevant and responsive programming, student success, and community outreach and impact. We thrive as a vital regional asset and first choice for transforming lives and sustaining healthy, prosperous communities. All are welcomed and embraced in our community, where students come first, and faculty and staff strive to develop potential and help make dreams come true. At QCC, we excite...we ignite...we open new vistas of opportunity.

### **Our Mission**

Quinsigamond Community College is the gateway to advanced educational and employment opportunities in Central Massachusetts. We are a public, student-centered institution of higher learning, providing accessible, affordable, high quality educational and training programs and services that are relevant and responsive to diverse regional and student needs.

### **Our Mission Principles**

In fulfillment of mission, the college community commits to the following principles:

- Students First
- Teaching and Learning
- Comprehensive, Flexible Programming and Services
- Open Access to Learning
- Potential for Success
- Community Outreach and Support

### **Our Values**

Faculty and staff infuse life in our vision and live mission principles by creating and sustaining a college climate and culture where all are warmly welcomed, accepted and valued for their individual dignity and worth. We recognize the importance of diversity and acknowledge the rich and unique contributions that each community member makes to advance the College. To this end, the following values guide our individual actions and community interactions.

- Excellence and Quality
- Integrity and Accountability
- Inclusiveness
- Cooperation and Collaboration
- Respect and Trust
- Open, Civil Communications and Collegiality
- Creativity and Innovation

**QCC Land Acknowledgement Statement**

We want to acknowledge that we gather as Quinsigamond Community College on the traditional land of the Nipmuc, past and present. While a land acknowledgment statement is an important initial step and not enough, it is a necessary decolonial practice that promotes indigenous visibility and social justice, reminding us that we are on settled indigenous land. We condemn the unjust deeds done in the past and honor with gratitude the land itself and the indigenous people who have stewarded it throughout the generations. We commit to continuing to work for peace and reconciliation and to be better neighbors and caretakers of the land we inhabit.

**Diversity Statement**

Diversity, inclusion, and equity are core values at Quinsigamond Community College. We are passionate about building and sustaining an inclusive, respectful, and equitable environment for all students, staff, and faculty. Every member on our college campus enriches our diversity. We support inclusion and are dedicated to ensuring equity in access to opportunities.

## *Program Mission Statement*

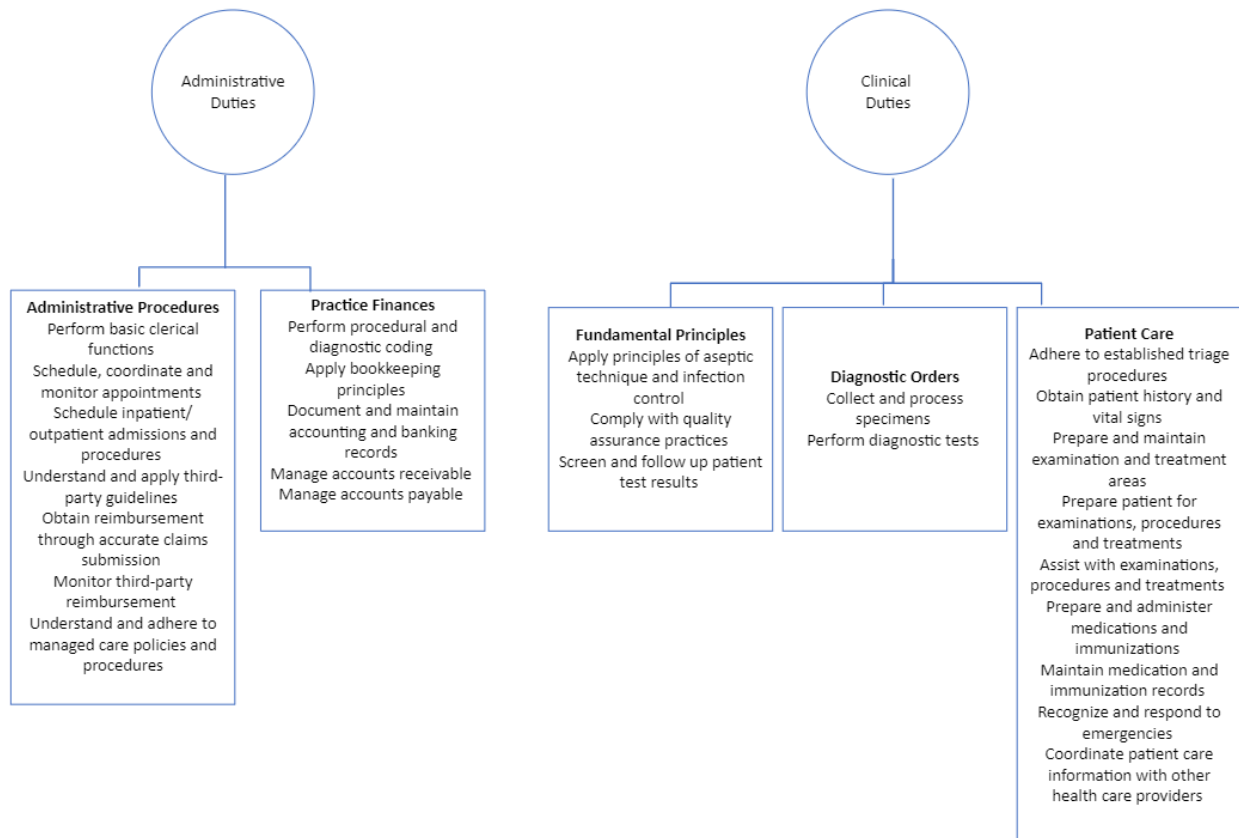
The goal of the Medical Assisting Certificate is to prepare medical assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

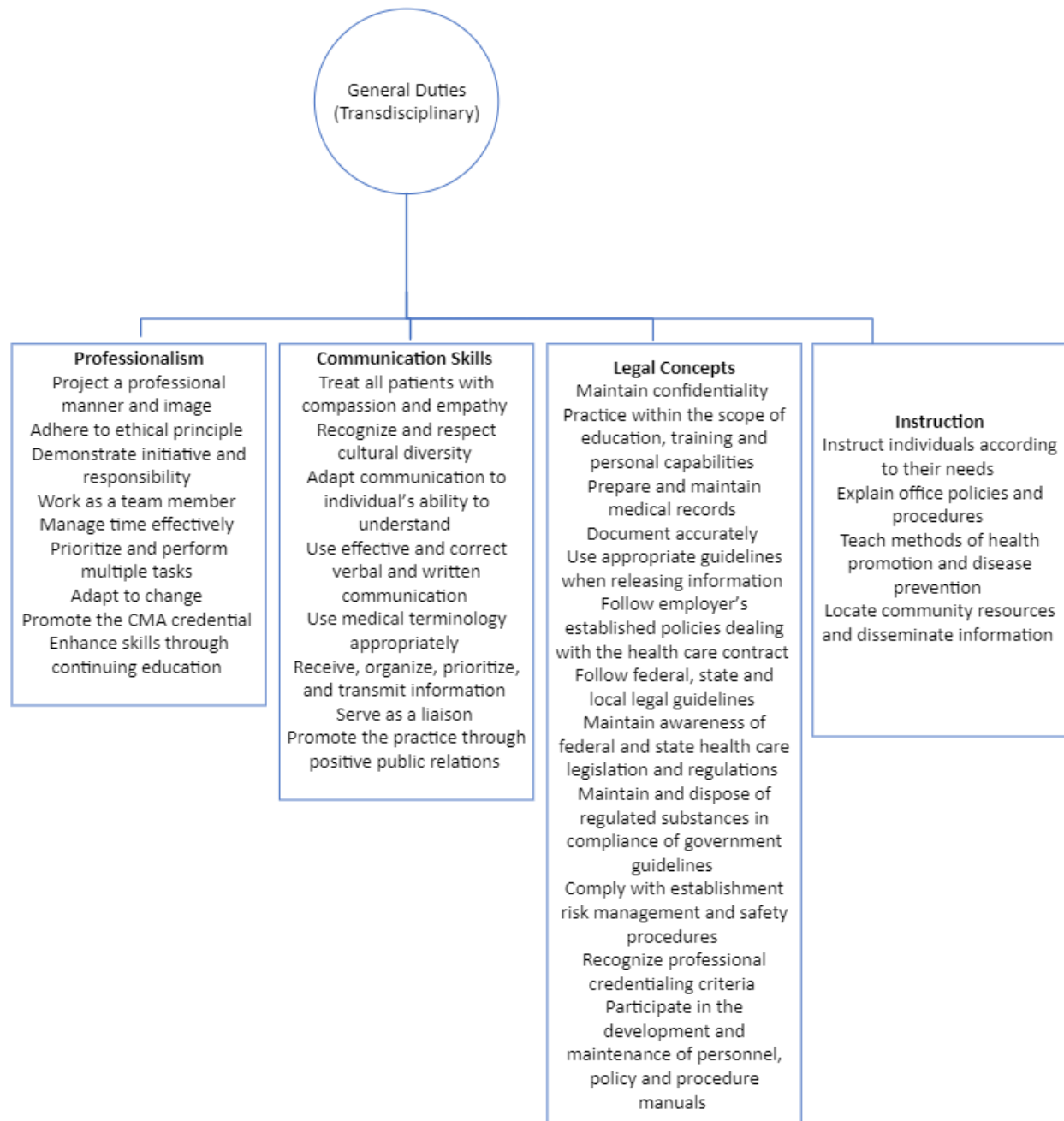
Upon completion of the program, graduates will be able to:

- Demonstrate proficiency in performing entry-level clinical and administrative procedures of the medical assistant profession.
- Achieve employment as an entry-level medical assistant.
- Demonstrate appropriate critical thinking skills, including written, verbal, and non-verbal communication.
- Work effectively as part of a team.
- Recognize the importance of continued professional development.
- Apply principles of teaching and learning into the delivery of care to patients and families.
- Effectively communicate with patients.
- Discuss the responsibilities and scope of practice for Medical Assistants.
- Show proficiency in the use of technology in the delivery of patient care.



## Role Delineation Chart





## *Student Learning Outcomes*

The student learning outcomes are directly determined by the MAERB Core Curriculum. The 2022 MAERB Core Curriculum consists of 312 Cognitive, Psychomotor and Affective competencies that students must show proficiency in before being eligible for externship. Below is a table of all the competencies you will be assessed on within the program during your course time.

### **Cognitive Domain**

<b>I. Anatomy, Physiology, and Pharmacology</b>	
I.C.1	Identify structural organization of the human body
I.C.2	Identify body systems *Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Sensory, Reproductive, Respiratory, Skeletal, and Urinary.
I.C.3	Identify: a. body planes b. directional terms c. quadrants d. cavities
I.C.4	Identify major organs in each body system *Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Sensory. Reproductive, Respiratory, Skeletal, and Urinary.
I.C.5	Identify the anatomical location of major organs in each body system* *Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Sensory, Reproductive, Respiratory, Skeletal, and Urinary.
I.C.6	Identify the structure and function of the human body across the life span
I.C.7	Identify the normal function of each body system *Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Sensory, Reproductive, Respiratory, Skeletal, and Urinary.

I.C.8	<p>Identify common pathology related to each body system* including:</p> <ul style="list-style-type: none"> <li>a. signs</li> <li>b. symptoms</li> <li>c. etiology</li> <li>d. diagnostic measures</li> <li>e. treatment modalities</li> </ul> <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>
I.C.9	Identify Clinical Laboratory Improvement Amendments (CLIA) waived tests associated with common diseases
I.C.10	<p>Identify the classifications of medications, including</p> <ul style="list-style-type: none"> <li>a. indications for use</li> <li>b. desired effects</li> <li>c. side effects</li> <li>d. adverse reactions</li> </ul>
I.C.11	Identify quality assurance practices in healthcare
I.C.12	Identify basic principles of first aid
I.C.13	Identify appropriate vaccinations based on an immunization schedule
<b>II. Applied Mathematics</b>	
II.C.1	<p>Define basic units of measurement:</p> <ul style="list-style-type: none"> <li>a. the metric system</li> <li>b. the household system</li> </ul>
II.C.2	Identify abbreviations used in calculating medication dosages
II.C.3	<p>Identify normal and abnormal results as reported in:</p> <ul style="list-style-type: none"> <li>a. graphs</li> <li>b. tables</li> </ul>
<b>III. Infection Control</b>	
III.C.1	Identify major types of infectious agents
III.C.2	<p>Identify the infection cycle, including:</p> <ul style="list-style-type: none"> <li>a. the infectious agent</li> <li>b. reservoir</li> <li>c. susceptible host</li> <li>d. means of transmission</li> <li>e. portals of entry</li> <li>f. portals of exit</li> </ul>

III.C.3	Identify the following as practiced within an ambulatory care setting: a. medical asepsis b. surgical asepsis
III.C.4	Identify methods of controlling the growth of microorganisms
III.C.5	Identify the principles of standard precautions
III.C.6	Identify personal protective equipment (PPE)
III.C.7	Identify the implications for failure to comply with Centers for Disease Control (CDC) regulations in health care settings
<b>IV. Nutrition</b>	
IV.C.1	Identify dietary nutrients including: a. carbohydrates b. fat c. protein d. minerals e. electrolytes f. vitamins g. fiber h. water
IV.C.2	Identify the function of dietary supplements
IV.C.3	Identify the special dietary needs for: a. weight control b. diabetes c. cardiovascular disease d. hypertension e. cancer f. lactose sensitivity g. gluten-free h. food allergies i. eating disorders
IV.C.4	Identify the components of a food label.
<b>V. Concepts of Effective Communication</b>	
V.C.1	Identify types of verbal and nonverbal communication
V.C.2	Identify communication barriers
V.C.3	Identify techniques for overcoming communication barriers
V.C.4	Identify the steps in the sender-receiver process
V.C.5	Identify challenges in communication with different age groups

V.C.6	Identify techniques for coaching a patient related to specific needs
V.C.7	Identify different types of electronic technology used in professional communication
V.C.8	Identify the following related to body systems*: a. medical terms b. abbreviations *Body systems must include, but are not limited to, the following: Circulatory, Digestive, Endocrine, Integumentary, Lymphatic, Muscular, Nervous, Reproductive, Respiratory, Skeletal, and Urinary.
V.C.9	Identify the principles of self-boundaries
V.C.10	Identify the role of the medical assistant as a patient navigator
V.C.11	Identify coping mechanisms
V.C.12	Identify subjective and objective information
V.C.13	Identify the basic concepts of the following theories of: a. Maslow b. Erikson c. Kubler-Ross
V.C.14	Identify issues associated with diversity as it relates to patient care
V.C.15	Identify the medical assistant's role in telehealth
<b>VI. Administrative Functions</b>	
VI.C.1	Identify different types of appointment scheduling methods
VI.C.2	Identify critical information required for scheduling patient procedures
VI.C.3	Recognize the purpose for routine maintenance of equipment
VI.C.4	Identify steps involved in completing an inventory
VI.C.5	Identify the importance of data back-up
VI.C.6	Identify the components of an Electronic Medical Record, Electronic Health Record, and Practice Management System
<b>VII. Basic Practice Finance</b>	
VII.C.1	Define the following bookkeeping terms: a. charges b. payments c. accounts receivable d. accounts payable e. adjustments f. end of day reconciliation

VII.C.2	Identify precautions for accepting the following types of payments: a. cash b. check c. credit card d. debit card
VII.C.3	Identify types of adjustments made to patient accounts including: a. non-sufficient funds (NSF) check b. collections agency transaction c. credit balance d. third party
VII.C.4	Identify patient financial obligations for services rendered
<b>VIII. Third-Party Reimbursement</b>	
VIII.C.1	Identify: a. types of third-party plans b. steps for filing a third-party claim
VIII.C.2	Identify managed care requirements for patient referral
VIII.C.3	Identify processes for: a. verification of eligibility for services b. precertification/preauthorization c. tracking unpaid claims d. claim denials and appeals
VIII.C.4	Identify fraud and abuse as they relate to third-party reimbursement
VIII.C.5	Define the following: a. bundling and unbundling of codes b. advanced beneficiary notice (ABN) c. allowed amount d. deductible e. co-insurance f. co-pay
VIII.C.6	Identify the purpose and components of the Explanation of Benefits (EOB) and Remittance Advice (RA) Statements
<b>IX. Procedural and Diagnostic Coding</b>	
IX.C.1	Identify the current procedural and diagnostic coding systems, including Healthcare Common Procedure Coding Systems II (HCPCS Level II)
IX.C.2	Identify the effects of: a. upcoding b. downcoding
IX.C.3	Define medical necessity

<b>X. Legal Implications</b>	
X.C.1	Identify scope of practice and standards of care for medical assistants
X.C.2	Identify the provider role in terms of standard of care.
X.C.3	Identify components of the Health Insurance Portability & Accountability Act (HIPAA)
X.C.4	Identify the standards outlined in The Patient Care Partnership
X.C.5	Identify licensure and certification as they apply to healthcare providers
X.C.6	Identify criminal and civil law as they apply to the practicing medical assistant
X.C.7	Define: a. negligence b. malpractice c. statute of Limitations d. Good Samaritan Act(s) e. Uniform Anatomical Gift Act f. living will/Advanced directives g. medical durable power of attorney h. Patient Self Determination Act (PSDA) i. risk management
X.C.8	Identify the purpose of medical malpractice insurance.
X.C.9	Identify legal and illegal applicant interview questions
X.C.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)
X.C.11	Identify the process in compliance reporting: a. unsafe activities b. errors in patient care c. conflicts of interest d. incident reports
X.C.12	Identify compliance with public health statutes: a. communicable diseases b. abuse, neglect, and exploitation c. wounds of violence



X.C.13	<p>Define the following medical legal terms:</p> <ul style="list-style-type: none"> <li>a. informed consent</li> <li>b. implied consent</li> <li>c. expressed consent</li> <li>d. patient incompetence</li> <li>e. emancipated minor</li> <li>f. mature minor</li> <li>g. subpoena duces tecum</li> <li>h. respondeat superior</li> <li>i. res ipsa loquitur</li> <li>j. locums tenens</li> <li>k. defendant-plaintiff</li> <li>l. deposition</li> <li>m. arbitration-mediation</li> </ul>
<b>XI. Ethical and Professional Considerations</b>	
XI.C.1	<p>Define:</p> <ul style="list-style-type: none"> <li>a. ethics</li> <li>b. morals</li> </ul>
XI.C.2	Identify personal and professional ethics
XI.C.3	Identify potential effects of personal morals on professional performance
XI.C.4	Identify professional behaviors of a medical assistant
<b>XII. Protective Practices</b>	
XII.C.1	Identify workplace safeguards.
XII.C.2	<p>Identify safety techniques that can be used in responding to accidental exposure to:</p> <ul style="list-style-type: none"> <li>a. blood</li> <li>b. other body fluids</li> <li>c. needle sticks</li> <li>d. chemicals</li> </ul>
XII.C.3	Identify fire safety issues in an ambulatory healthcare environment
XII.C.4	Identify emergency practices for evacuation of a healthcare setting
XII.C.5	Identify the purpose of Safety Data Sheets (SDS) in a healthcare setting
XII.C.6	Identify processes for disposal of a. biohazardous waste b. chemicals
XII.C.7	<p>Identify principles of:</p> <ul style="list-style-type: none"> <li>a. body mechanics</li> <li>b. ergonomics</li> </ul>

XII.C.8	Identify critical elements of an emergency plan for response to a natural disaster or other emergency
XII.C.9	Identify physical manifestations and emotional behaviors on persons involved in an emergency

## Psychomotor Domain

<b>I. Anatomy, Physiology, and Pharmacology</b>	
I.P.1	Accurately measure and record: <ul style="list-style-type: none"> <li>a. blood pressure</li> <li>b. temperature</li> <li>c. pulse</li> <li>d. respirations</li> <li>e. height</li> <li>f. weight (adult and infant)</li> <li>g. length (infant)</li> <li>h. head circumference (infant)</li> <li>i. oxygen saturation</li> </ul>
I.P.2	Perform the following procedures: <ul style="list-style-type: none"> <li>a. electrocardiography</li> <li>b. venipuncture</li> <li>c. capillary puncture</li> <li>d. pulmonary function testing</li> </ul>
I.P.3	Perform patient screening following established protocols
I.P.4	Verify the rules of medication administration: <ul style="list-style-type: none"> <li>a. right patient</li> <li>b. right medication</li> <li>c. right dose</li> <li>d. right route</li> <li>e. right time</li> <li>f. right documentation</li> </ul>
I.P.5	Select proper sites for administering parenteral medication
I.P.6	Administer oral medications
I.P.7	Administer parenteral (excluding IV) medications
I.P.8	Instruct and prepare a patient for a procedure or a treatment

I.P.9	Assist provider with a patient exam
I.P.10	Perform a quality control measure
I.P.11	Collect specimens and perform: a. CLIA waived hematology test b. CLIA waived chemistry test c. CLIA waived urinalysis d. CLIA waived immunology test e. CLIA waived microbiology test
I.P.12	Provide up-to-date documentation of provider/professional-level CPR
I.P.13	Perform first aid procedures a. bleeding b. diabetic coma or insulin shock c. stroke d. seizures e. environmental emergency f. syncope
<b>II. Applied Mathematics</b>	
II.P.1	Calculate proper dosages of medication for administration
II.P.2	Record laboratory test results into the patient's record
II.P.3	Document on a growth chart
II.P.4	Apply mathematical computations to solve equations
II.P.5	Convert among measurement systems
<b>III. Infection Control</b>	
III.P.1	Participate in bloodborne pathogen training
III.P.2	Select appropriate barrier/personal protective equipment (PPE)
III.P.3	Perform handwashing
III.P.4	Prepare items for autoclaving
III.P.5	Perform sterilization procedures

III.P.6	Prepare a sterile field
III.P.7	Perform within a sterile field
III.P.8	Perform wound care
III.P.9	Perform dressing change
III.P.10	Demonstrate proper disposal of biohazardous material a. sharps b. regulated waste
<b>IV. Nutrition</b>	
IV.P.1	Instruct a patient regarding a dietary change related to a patient's special dietary needs
<b>V. Concepts of Effective Communication</b>	
V.P.1	Respond to nonverbal communication
V.P.2	Correctly use and pronounce medical terminology in health care interactions
V.P.3	Coach patients regarding: a. office policies b. medical encounters
V.P.4	Demonstrate professional telephone techniques
V.P.5	Document telephone messages accurately
V.P.6	Using technology, compose clear and correct correspondence
V.P.7	Use a list of community resources to facilitate referrals
V.P.8	Participate in a telehealth interaction with a patient
<b>VI. Administrative Functions</b>	
VI.P.1	Manage appointment schedule, using established priorities
VI.P.2	Schedule a patient procedure
VI.P.3	Input patient data using an electronic system
VI.P.4	Perform an inventory of supplies
<b>VII. Basic Practice Finances</b>	

VII.P.1	Perform accounts receivable procedures to patient accounts including posting: a. charges b. payments c. adjustments
VII.P.2	Input accurate billing information in an electronic system
VII.P.3	Inform a patient of financial obligations for services rendered
<b>VIII. Third-Party Reimbursement</b>	
VIII.P.1	Interpret information on an insurance card
VIII.P.2	Verify eligibility for services
VIII.P.3	Obtain precertification or preauthorization with documentation
VIII.P.4	Complete an insurance claim form
VIII.P.5	Assist a patient in understanding an Explanation of Benefits (EOB)
<b>IX. Procedural and Diagnostic Coding</b>	
IX.P.1	Perform procedural coding
IX.P.2	Perform diagnostic coding
IX.P.3	Utilize medical necessity guidelines
<b>X. Legal Implications</b>	
X.P.1	Locate a state's legal scope of practice for medical assistants
X.P.2	Apply HIPAA rules in regard to: a. privacy b. release of information
X.P.3	Document patient care accurately in the medical record
X.P.4	Complete compliance reporting based on public health statutes
X.P.5	Report an illegal activity following the protocol established by the healthcare setting

X.P.6	Complete an incident report related to an error in patient care
<b>XI. Ethical and Professional Considerations</b>	
XI.P.1	Demonstrate professional response(s) to ethical issues
<b>XII. Protective Practices</b>	
XII.P.1	Comply with safety practices
XII.P.2	Demonstrate proper use of: a. eyewash equipment b. fire extinguishers
XII.P.3	Use proper body mechanics
XII.P.4	Evaluate an environment to identify unsafe conditions

### **Affective Domain**

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

## *MSS Courses*

### **MSS 111 Medical Assisting Fundamentals**

This course covers introductory administrative skills and medical terminology in the medical office. Topics include performing as a professional medical assistant, verbal and non-verbal communication, technology used in the medical office, the health care system, professional law and ethics, patient reception, telehealth and telephone techniques, analyzing word parts and learning basic prefixes, suffixes and word roots. The course also highlights the body systems: basic anatomy and physiology, including terms used in diseases and surgical procedures.

**Semester:** F

**Credits:** 5

**Co-requisites:** MSS 112, CPS 298

### **MSS 112 Medical Assisting Clinical Fundamentals**

This course covers introductory theory and techniques of medical assisting used to perform fundamental clinical assisting procedures in the cognitive, psychomotor, and affective domains. Topics include aseptic technique with infection control, measuring vital signs, preparing/maintaining treatment area, interviewing techniques and recording of patient histories, preparing, and assisting patients for procedures, electrocardiograms, monitoring test results, patient education and ambulatory aids.

**Semester:** F

**Credits:** 5

**Co-requisites:** MSS 111, CPS 298

### **MSS 121 Medical Assisting Advanced Administration**

This course introduces advanced medical office procedures including appointment scheduling, phone communication, patient reception, the medical record, written communication, managing practice finances, diagnostic and procedural coding, medical insurance, medical billing and job seeking skills. The course also goes through the advanced roles in administration and solidifies the skills needed to be a competent medical assistant.

**Semester:** S

**Credits:** 5

**Prerequisites:** MSS 111, MSS 112, CPS 298

**Co-requisites:** MSS 122

### **MSS 122 Medical Assisting Advanced Clinical Procedures**

This course covers advanced clinical theory and techniques of medical assisting skills including diagnostic testing, procedures of hematology, blood chemistries, blood drawing (capillary and venous), emergency/first aid skills in the medical office, minor office surgery techniques. This

course also covers the knowledge needed for safe and correct medication administration in both the parenteral and enteral routes.

**Semester:** S

**Credits:** 5

**Prerequisites:** MSS 111, MSS 112, CPS 298

**Co-requisites:** MSS 121

### **MSS-199 Medical Assisting Fieldwork**

This is a 6-week, 180-hour externship at an appropriate, approved clinical site. Students participate in an integrated experience in which they apply the skills and knowledge learned in the medical assisting program.

**Credits:** 2

**Semester Offered:** SU

**Prerequisites:** CPS 298, MSS 121, MSS 122



## *Admission Policies*

- High School Diploma or GED/HiSET.
- Attendance at a Health Information Session or complete FYE 102 with a grade of “C” or higher.
- Must show evidence of being compliant with the immunization requirements specified by the Massachusetts Department of Public Health. Additional immunization requirements will be required for clinical experiences.

## *Program Progression*

To be eligible to continue in the program, students must:

- Achieve a grade of “C” or higher in all program courses designated by MSS.
- Maintain documentation of current Healthcare Provider Level BLS/CPR Certification.
- Maintain documentation of immunization currency and satisfactory health status.
- Maintain documentation of annual TB testing.
- Maintain documentation of health insurance.
- Be aware of the occupational risks associated with Medical Assisting, including:
  - Exposure to bloodborne pathogens. Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV). United States Department of Labor, OSHA, September 5, 2019 ([www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030](http://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030)).
  - Exposure to infectious diseases.
  - Sharps injuries.
  - Exposure to chemicals and drugs.
  - Ergonomic hazards (lower back pain) from lifting, sitting, and repetitive tasks.
  - Latex allergies.
  - Stress.

## *Readmission Policy*

There is a one-time readmission policy for the program.

- Readmission is not guaranteed and is always based upon space availability.
- Students who did not earn a grade of “C” or higher in MSS 111 and MSS 112 need to re-apply to the program through the Admissions Office. Students need to meet the current admission requirements. Students should contact the Program Coordinator as soon as

they receive the notification of being placed on the waitlist (by April 15) to discuss readmission.

- Students who did not earn a grade of “C” or higher in any other MSS course should contact the Program Coordinator by April 15 to discuss readmission.
- Students who have been dismissed or administratively withdrawn from a program within the School of Healthcare at Quinsigamond Community College for reasons of “clinically unsafe practice/behavior” or who violate the College’s Student Code of Conduct or Policy on Affirmative Action are not eligible for admission/readmission to any Healthcare program.

## *Withdrawal Policy*

Students who wish to withdraw from the program must follow the college withdrawal procedure found in the QCC College Catalog. In addition, students must make an appointment to see the Program Coordinator to complete an exit interview and discuss plans for readmission, if applicable. Students who withdraw from the program, or any courses within the program, may request readmission as specified in the Readmission Policy.

Certain student situations warranting separation from the program prior to course completion for reasons related to the US Department of Labor Family and Medical Leave Act, will not be processed as a readmission. The criteria include:

- The birth of a child or placement of a child for adoption or foster care to bond with the child
- To care for student’s spouse, child, or parent who has a qualifying serious health condition
- Student’s qualifying serious health condition that makes the student unable to perform requirements of the program
- For qualifying exigencies related to the foreign deployment of a military member who is the student’s spouse, child or parent

In addition, these criteria also apply:

- Military deployment of the student
- Title IX
- Death of a significant person/immediate family member (i.e. parent, spouse/partner, or child)
- Community/state emergency
  - Within 4 weeks of declaration
  - If previously declared, within 4 weeks of the start of the semester

Students must submit relevant documentation within 90 days from medical provider, court document, or military agency to the Program Coordinator and meet to establish steps that must be taken to request reentry into the program. The request for reentry must be submitted

to the Program Coordinator within one (1) year of the date of separation from the program. Please note: Withdrawing from one or more courses can impact course sequencing, pre-requisites, financial aid and/or family medical insurance. Call to Active Military Duty Please refer to the Students Called to Active Military Duty policy in the QCC Student Handbook.

**Administrative Withdrawal Policy**

The Assistant Dean of Healthcare can administratively withdraw a student from the program for reasons of “clinically unsafe practice/behavior”, violation of the College’s Student Code of Conduct or Policy on Affirmative Action, and/or failure to comply with program policies including health requirements and drug testing for clinical attendance.

## *About MAERB*

The Medical Assisting Education Review Board (MAERB) is a Committee on Accreditation (CoA) for the Commission on Accreditation for Allied Health Education Programs (CAAHEP). As a CoA of CAAHEP, MAERB performs the everyday work of accreditation for medical assisting education programs: setting up and conducting site visits, organizing, and reviewing annual reports for compliance with established outcome thresholds, providing workshops, resources, and training for programs and site surveyors; and submitting recommendations for CAAHEP Board Action.

MAERB works collaboratively with CAAHEP to develop the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting. To guide the medical assisting programs accredited by CAAHEP, MAERB has created the MAERB Policies and Procedures Manual that works in conjunction with CAAHEP's Policies and Procedures Manual.

There are many virtues and benefits associated with academic accreditation and one of the most significant is the community that is created by educators, administrators, practitioners, and students who are dedicated to quality education. That community is expanded by the workplaces and other communities of interest that have a stake in the quality education of medical assistants. (<https://www.maerb.org/Home/tabid/126/Default.aspx>)

## *The CMA Exam*

The Certified Medical Assistant (AAMA)<sup>®</sup>—or CMA (AAMA)<sup>®</sup>—credential represents a medical assistant who has been credentialed through the Certifying Board (CB) of the American Association of Medical Assistants (AAMA).

The credential is awarded to candidates who pass the CMA (AAMA) Certification Exam.

The CB of the AAMA is committed to impartiality, objectivity, and fairness in all aspects of its CMA (AAMA) Certification Program. This commitment is reflected in all policies of the CB, and the execution of all policies.

### **Exam Content**

The CMA (AAMA) Certification Exam is a rigorous exam that requires a thorough, broad, and current understanding of health care delivery. The CMA (AAMA) Certification Exam Content Outline provides an overview of the wide scope of knowledge required in general, clinical, and administrative categories.

The exam consists of 200 multiple-choice questions administered in four 40-minute segments.

## *The Advisory Board*

The Medical Assistant Advisory Board provides input and advice concerning curriculum, externships, evaluation and employment opportunities in the area. The Advisory Board is composed of individuals within Central Massachusetts whom are employed within healthcare. The committee members include physicians, medical assistants, medical office managers, graduates, and current students of the program. A list of the advisory board members can be obtained from the program director. Former and current students are encouraged to participate on the board. Any student interested in serving on the board, please reach out to the program coordinator to have your name and email address added to the invitation list for future meetings.

## *AAMA Code of Ethics*

The AAMA Code of Ethics for medical assistants sets forth principles of ethical and moral conduct as they relate to the medical profession and the particular practice of medical assisting.

Members of the AAMA dedicated to the conscientious pursuit of their profession, and thus desiring to merit the high regard of the entire medical profession and the respect of the general public which they serve, do pledge themselves to strive always to:

- A. Render service with full respect for the dignity of humanity.
- B. Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information.
- C. Uphold the honor and high principles of the profession and accept its disciplines.
- D. Seek to continually improve the knowledge and skills of medical assistants for the benefit of patients and professional colleagues.
- E. Participate in additional service activities aimed toward improving the health and well-being of the community.

## *Medical Assisting Creed*

The Medical Assisting Creed of the AAMA sets forth medical assisting statements of belief:

- I believe in the principles and purposes of the profession of medical assisting.
- I endeavor to be more effective.
- I aspire to render greater service.
- I protect the confidence entrusted to me.
- I am dedicated to the care and well-being of all people.
- I am loyal to my employer.
- I am true to the ethics of my profession.
- I am strengthened by compassion, courage, and faith.

## *Scholarships*

### **American Association of Medical Assistants Endowment Maxine Williams Scholarship**

Eligibility: Scholarship awards are based on student interest, need, and aptitude. Applicants must be committed to a medical assisting career, hold a high school diploma, and be enrolled or plan to enroll in a post-secondary medical assisting program. Please see program director for an application.

Duration: One academic year

Value: \$1000.00

Address inquiries to: AAMA Endowment, 20 North Wacker Drive, Suite 1575, Chicago, IL 60606-2903; Telephone: 312-899-1500 or 800-228-2262. Fax 312-899-1259.

**Massachusetts Society of Medical Assistants** offers up to \$500 annually, deadline December 31st annually. To be eligible, the student needs to meet the following criteria:

Successful completion of a minimum one semester

Strong academic standing based on GPA and attendance

Displays professionalism and dedication to the Medical Assistant Program

Completes an essay on "Why I chose Medical Assisting to be my career" within a minimum of 300 words.

## *Cell Phones and Electronic Devices*

Cell phones, pagers and other such electronic devices MUST be turned off and put away before class begins. Communication by electronic communication (instant messenger, Facebook chat, text messaging, etc) during class is strictly prohibited. Use of electronic communication devices during exams or other graded activities constitute grounds for a zero on the exam/activity, disciplinary action, failure of the class and/or termination from the program.

We understand that there may be circumstances where a student may need their phone for emergencies. Please make accommodations with the course instructor prior to a class if this needs to be accommodated. **No accommodations for cell phone use will be made during an exam time-no exceptions.**

## *Course Evaluations and Survey's*

At the completion of each course, students are required to evaluate the course, lab (if applicable), and clinical. In addition, students may be asked to complete online evaluations and surveys for the Medical Assisting Program and/or the College. This is an opportunity for students to offer suggestions and recommendations for the continued growth and development of the program/college. Students are asked to complete these evaluations and surveys in a timely manner.

## *Disruptive Behavior*

Refer to the Quinsigamond Community College Student Code of Conduct Policy  
<https://www.qcc.edu/student-handbook/student-code-conduct>

## *Attendance Policy*

Class attendance is essential for students to successfully complete this course. This is a lecture and participation based class with in-class and take home assignments. The course is also learning dense and moves along quickly. Attendance to this class is MANDATORY. The student is to attend ALL classes and must adhere to the attendance policy in order to remain in your course. In the case of an illness, accident, or an emergency, you should make direct contact via phone or email with the course instructor as soon as possible. In order for the absence to be excused (does not reflect in attendance score), the student MUST make contact with the course instructor prior to the scheduled class time.



Be advised, you may be asked to provide documentation from an authorized professional or agency which supports an explanation for your absence. Lateness for lecture is highly discouraged and will require corrective action with verbal and written warnings. Students who arrive 10min after the scheduled class start time may not be permitted to enter the classroom.

In the event of a cancellation of classes due to weather, please refer to your syllabus and to blackboard for assignments. Those assignments will be due at the next scheduled class time.

In the event that the college cancels in-person courses and moves to remote learning, the student is: expected to check their emails on a daily basis for information regarding class and what is happening on the college level; expected to attend lectures at the scheduled class time via the virtual meeting room/zoom; expected to still complete assignments and turn them in on their due dates (information on how to turn in paper work products will be given if the college cancels in-person classes).

No assignments will be graded late. You will receive a zero for the assignment if turned in after the deadline.

Students with an excused absence have 7 days to turn in assignments or take missed exams or the grades will be entered as a zero without the possibility to complete the work at a later date.

Students with chronic absences or who are absent for more than 3 days will be required to provide a medical note on why they were absent. After more than 5 missed classes, excused or not, student will be removed from course and program.

### *Student Accessibility Services*

If you have a disability which may require an accommodation, please notify me as soon as possible. You are responsible for forwarding your Accommodation Letter to your course instructor and discussing arrangements for this course. Your accommodations for this course begin upon the instructors receipt of your Accommodation Letter-accommodations are NOT retroactive. You may request accommodations at any time during the semester, but instructors must be provided with reasonable notice prior to exams or deadlines.

Student Accessibility Services:

Call: 508-854-4471

Email: [disabilityservices@qcc.mass.edu](mailto:disabilityservices@qcc.mass.edu)

## *Lab Attendance and Expectations*

Lab attendance, similar to lecture, is expected and also MANDATORY. Lab is a 6-hour hands-on experience broken down into two 3-hour lab session days. You are expected to attend each lab session prepared to perform the required skills necessary for that laboratory period for the time period required. If you must leave early or be absent, you must notify your course instructor prior to the lab period you will miss to make accommodations on how to make up that missed lab period.

Students are expected to demonstrate professional attitudes in the lab sessions. All cell phones and electronic devices are to be shut off. Sitting on beds or leaning on over-bed tables is not permitted. No food or drink is allowed in the skills labs at any time.

Equipment may not be removed from the Labs. Students are responsible for appropriate handling and disposing of sharps and syringes. Students are required to return lab to an orderly condition at the conclusion of each session.

Students should treat the simulation space as if they are in a true doctors office to practice their skills effectively and to the best of their ability.

## *Lab Kits*

Occasionally, students will be given lab kits to take home to collect samples to return to a subsequent lab. Failure to return with the kits will result in a failure of the competency as the student will be unable to perform the required procedures.

## *Allergy Alert Policy*

While we have done our best to ensure the safety of the lab space to eliminate as many common allergens as possible, no medical space is 100% free of allergens. Latex free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves is still exposed to latex residue of others working in the area or to latex present in the equipment, models and mannequins. Although latex gloves are the most prominent source of latex allergens, many other products may contain latex including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors and wound drains
- Stethoscopes, catheters, respirators, and goggles
- Oral and nasal airways, surgical masks, and electrode pads
- Endotracheal tubes, syringes, IV tubing, and tourniquets

If you believe you are allergic to something within the lab space, please alert your course instructor immediately so that alternative materials can be located for your use.

## *Preparation for Lab*

Students are expected to prepare for the clinical competencies by reviewing the procedures and what is expected prior to attending the lab session.

## *Psychomotor Skill Competency for Evaluation*

The clinical component of the medical assisting curriculum requires each student to successfully demonstrate each of the psychomotor competencies required by the 2022 Core Curriculum prior to being eligible to enter into a clinical experience as part of MSS 199 on actual patients. Students are evaluated during each lab period based on the information during each didactic lecture. Students are required to report to each laboratory period in full uniform, which includes their name pin, the lab kit if required for that competency, stethoscope, and blood pressure cuff as well as the check-off sheets for that lab day. Students will use Day 1 as an all day practice day and have unlimited time on practicing the skill with demonstration from the laboratory instruction. Day 2 of the laboratory session, students will have 2 attempts to pass their skills sign-off with a satisfactory score of 80% or better.

If the student is unsuccessful, the student will be allowed an additional practice session and assigned an appointment for re-evaluation. Failure to achieve a passing score on the third attempt will result in clinical failure as all competencies must be passed with an 80% or better.

If competency evaluation is missed for any reason, it is the responsibility of the student to contact the course instructor and complete the evaluation within 7 days of the competency evaluation, according to the availability of lab faculty. Any student who fails to meet this deadline will be referred to the course faculty, and will be given an opportunity to present the reason for the missed deadline. A no call/no show for any competency evaluation constitutes a failure attempt for the competency.

## *Required Purchases*

In addition to the textbook bundles, students are required to purchase a dual-head stethoscope and adult size manual blood pressure cuff prior to the first scheduled lab. The stethoscope and blood pressure cuff are required to be brought to all scheduled lab and clinical experiences. Students will also be required to purchase their school uniform.

## *Clinical Placement*

Each student is required to complete an externship in the final semester of the program. The externship must be completed within one year of completing MSS 121 and MSS 122. Failure to complete the externship within a timely manner will result in repeating the Medical Assistant program core courses.

QCC has agreements with various clinical facilities for student experiences in private physician offices. Assignments to clinical facilities are made by the Program Director on the basis of an assessment of student's strengths and needs. Your assignment is made in accordance with the Medical Assistant Program philosophy of providing each student with a quality experience.

Each student will participate in a minimum 180 hours of the externship experience, and must be completed in order to pass MSS 199 and to qualify for the AAMA national examination. A daily log including hours at site is maintained by each student and hours of attendance are recorded by each facility. Students will be supervised by the fieldwork site and will not receive compensation for services provided while at the fieldwork site.

Prior to entering the externship experience, each student must complete all MSS courses with a C or better. Students are also required to have a current Health Care Provider level CPR card, HepB titer, vaccination records, a two-step PPD and a recent physical examination. Proof of these must be submitted through Castle Branch by January 1st.

### **Liability Insurance**

Students will be covered by liability insurance while working at the clinical facility. The insurance is purchased from the college at the time the student registers for MSS 199.

### **Confidentiality Statement**

Patient confidentiality is a conscious effort by every healthcare worker to keep private all personal information revealed by the patient while receiving healthcare. It may include the patient's identity, physical or psychological condition, emotional status and financial situation.

Students must also sign a confidentiality statement, assuring the institution and the facility that the student will at all times respect patient confidentiality. A breach of confidentiality may be cause for dismissal from the program.

## *Clinical Performance Evaluation's*

Evaluation tools assist the practice office manager and student in evaluating his/her performance during the fieldwork experience. One to track skills performance and one for the evaluation of practicum sites. The importance of the student's right to comment about the clinical site and experience is highly encouraged and a mandatory requirement of the externship experience. Failure to return the required surveys will result in a failing grade for the externship course and failure of the program.

## *Attendance Policy*

The student must meet the required weeks/hours of the externship experience for completion for a passing grade.

It is **imperative** for the successful completion of the fieldwork experience that the student adheres to strict attendance and punctuality requirements.

- Show up on time and stay for the duration of your scheduled hours
- Do not have chronic tardiness, no shows, or early dismissals on your record as they will not be tolerated

The following guidelines should be noted:

\*You **must** call your externship site and **email** the instructor when you are going to be absent or late. More than two episodes of unexcused absences will require the instructor to remove the student from the fieldwork experience.

**More than two episodes of tardiness will be considered an absence**

If asked to leave your externship site based on your performance and/or attendance, this will constitute a grade of F.

## *Health Compliance*

Prior to being eligible for clinical, all students must show evidence of compliance with health requirements as defined by the college, the Medical Assisting Department, the Massachusetts Department of Public Health, and clinical affiliates.

Clinical Health Requirements include:

- 3 Hepatitis B injections **and** titer result
- Varicella Titer
- Measles Titer
- Mumps Titer
- Rubella Titer

- Date of last Tdap injection
- Date of last Influenza Vaccine
- COVID-19 Vaccination series
- If under the age of 21, the Meningococcal vaccine date
- A 2 step TB skin test **or** date of the Quantiferon Gold Blood Test (recommended)
- Date of last physical examination
- Copy of health insurance card

The college utilizes “Castle Branch”, a web-based health documentation database. The required information must be submitted to the Castle Branch website by the assigned date (including evidence of healthcare provider level BLS/CPR certification). Information about how to upload documents to Castle Branch is provided upon acceptance to the program.

In addition to submitting data prior to entering the program, students must ensure health compliance is maintained while in the program. Non-compliance with QCC health requirements could prevent a student from participating in a clinical rotation, which could result in clinical warning and/or dismissal from the program.

Questions about health requirements can be directed to the QCC Healthcare Compliance Officer via email [healthcompliance@qcc.mass.edu](mailto:healthcompliance@qcc.mass.edu).

### *Uniform Policy*

Students will need to purchase an approved medical assistant uniform in the color royal blue that includes a name pin, 2 tops, 2 pants and a warm-up jacket, and 3 patches to be sewn on the left arm top sleeve for identification. The student will also need to purchase sneakers that are clean and preferably a solid color. The uniform company the supplies the college is McGill's in New Hampshire. Questions can be directed to the Program Director. Uniforms are required to be worn during lab and on all clinical externship days.

## *Student Resources*

### **ACADEMIC ADVISING**

Refer to the QCC Academic Advising page: <https://www.qcc.edu/services/academic-advising> and the QCC Career and Academic Planning Services page: <https://www.qcc.edu/student-handbook/career-and-academic-planning-services>

### **ACADEMIC COUNSELING**

All medical assisting students will be assigned a faculty member as an academic advisor. Faculty will post their office hours at the beginning of each semester. Students are encouraged to see their advisor at least twice a semester. Students who are not achieving a grade of 77% or better in theory will receive an Academic Learning Contract from the course faculty (see form in back of this handbook).

The QCC Office of Counseling and Wellness Services information is available here: <https://www.qcc.edu/services/counseling-services>

### **LIBRARY RESOURCES**

The General Academic Areas for tutoring, located on the 2nd floor of the George I. Alden Library Teaching and Learning Center, is an area students use to view videos, movies and computer simulations of medical assisting procedures and patient care simulations. A variety of learning resources are available to assist students in their learning. Students are encouraged to use these materials to enhance their class and clinical work.

Library services and resources are also available in the Downtown Campus. Computers and study rooms are available for student use. Information about the library hours and services, resources, databases, and the online librarian chat link is available here: <http://www.qcc.mass.edu/library/>

### **TUTORING**

QCC Tutoring Centers provide a welcoming and supportive environment for currently-enrolled students to receive free tutoring, both in-person and online, in a variety of subjects. The goal of tutoring at QCC is to engage students in the learning process and to empower them to become independent, lifelong learners. Tutors support students in their coursework by working collaboratively, encouraging active learning, and modeling effective study and learning techniques.

<https://www.qcc.edu/services/tutoring>

**MATH CENTER**

The Math Center is a welcoming and supportive learning space. We provide free, drop-in, one-on-one and small group tutoring, and study-space for currently enrolled QCC students.

Resources for students in the center include computers, math software, copies of current Math Department textbooks, and a lending library. Tutors who work with students remotely on Blackboard have copies of the current e-books (electronic version of the printed textbooks).

<https://www.qcc.edu/services/tutoring/math-center>

**FINANCIAL AID**

The goal of the Financial Aid Office is to assure that students do not have financial barriers if they want to earn a college degree or certificate. Our office is committed to helping students receive the financial assistance they need to attend QCC. We offer a wide variety of federal, state and institutional assistance programs.

[https://theq.qcc.edu/ICS/Financial\\_Services/](https://theq.qcc.edu/ICS/Financial_Services/)



## STUDENT SURVEY OF PROGRAM RESOURCES

### Quinsigamond Community College

#### Medical Assisting Program

*The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.*

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.  
**5 = Strongly Agree 4 = Agree 3 = Neutral (acceptable) 2 = Disagree 1 = Strongly Disagree**

1. The number of Faculty is adequate:					
a. in the classroom	5	4	3	2	1
b. in the laboratory	5	4	3	2	1
2. Classrooms and Laboratories:					
a. Are adequate in size.	5	4	3	2	1
b. Have equipment necessary to support effective instruction.	5	4	3	2	1
3. Laboratory Equipment / Supplies:					
a. The amount of equipment is sufficient for student performance of required laboratory exercises.	5	4	3	2	1
b. The variety of equipment is sufficient for student performance of required laboratory exercises.	5	4	3	2	1
c. Supplies are sufficient for student performance of required laboratory exercises.	5	4	3	2	1
4. Learning / Computer Resources:					
a. The library hours are convenient to student schedules.	5	4	3	2	1
b. The libraries provide sufficient materials to support classroom assignments.	5	4	3	2	1
c. Program assignments require the use of library references, journals, textbooks and electronic media.	5	4	3	2	1

5. Student Instructional Support Services (Tutors, Computer Lab, etc):					
a. Tutorial assistance is available when needed.	5	4	3	2	1
b. Audiovisual and computer equipment are available to students for class assignments and activities.	5	4	3	2	1
c. Computer resources are adequate to support the curriculum.	5	4	3	2	1
6. Practicum Coordinator Support					
a. The Practicum Coordinator prepared you effectively for the externship experience	5	4	3	2	1
b. The Practicum Coordinator provided oversight during the Practicum Experience	5	4	3	2	1
c. You were able to contact the Practicum Coordinator during the externship if you had any questions	5	4	3	2	1

6. Five being excellent, rate the OVERALL quality of the resources supporting the program.

5   4   3   2   1

How long have you been a student in the program? \_\_\_\_\_

Based on your experience, which program resources provided you with the most support?

Why?

Based on your experience, which program resources could be improved? How?

Thank You!

Date: \_\_\_\_\_

## EMPLOYER SURVEY

**Quinsigamond Community College**

## Medical Assisting Program

The primary goal of a Medical Assisting Education program is to prepare each graduate to function as a competent Medical Assistant. This survey is designed to help program faculty determine their program's strengths and those areas that need improvement. All data will be kept confidential and will be used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor.

Name of Graduate: \_\_\_\_\_

Length of employment at time of survey: \_\_\_\_\_ years and \_\_\_\_\_ months

Place of employment: \_\_\_\_\_

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.

5 = Strongly Agree      4 = Agree      3 = Neutral (acceptable)      2 = Disagree      1 = Strongly Disagree

### Cognitive Domain:

#### The graduate:

1. Has medical assisting knowledge appropriate to his/her level of training. 5 4 3 2 1

### Psychomotor Domain:

#### The graduate:

2. Is able to collect pertinent data accurately from charts and patients. 5 4 3 2 1
3. Is able to perform appropriate diagnostic and medical procedures as directed. 5 4 3 2 1

### Affective Domain:

#### The graduate:

4. Uses good judgment while functioning in the ambulatory healthcare setting. 5 4 3 2 1
5. Communicates effectively in the healthcare setting. 5 4 3 2 1
6. Conducts himself/herself in an ethical and professional manner. 5 4 3 2 1
7. Functions effectively as a member of the healthcare team. 5 4 3 2 1

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 8. Accepts supervision and works effectively with supervisory personnel. | 5 | 4 | 3 | 2 | 1 |
| 9. Is self-directed and responsible for his/her actions.                 | 5 | 4 | 3 | 2 | 1 |
| 10. Arrives to work prepared and on time.                                | 5 | 4 | 3 | 2 | 1 |
| 11. Contributes to a positive environment in the department.             | 5 | 4 | 3 | 2 | 1 |

12. Overall, this graduate is a well prepared employee?	5
4    3    2    1	

Comments:

What qualities or skills did you expect of the graduate upon employment that he/she did not possess?

Please provide comments and suggestions that would help this program to better prepare future graduates.

What are the strengths of the graduate(s) of this program?

**Name, Credentials, and Title of Evaluator:**

**Please Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Thank you in advance.

**GRADUATE SURVEY**  
**Quinsigamond Community College**  
**Medical Assisting Program**

The primary goal of a Medical Assisting Education program is to prepare each graduate to function as a competent entry-level Medical Assistant. This survey is designed to help program faculty determine their program's strengths and those areas that need improvement. All data will be kept confidential and will be used for program evaluation purposes only.

**BACKGROUND INFORMATION:**

First and last name (optional): \_\_\_\_\_ In what calendar year did you graduate? \_\_\_\_\_

Job title: \_\_\_\_\_ What is your current salary or hourly wage (optional)? \_\_\_\_\_

Name of the company/employer for whom you work: \_\_\_\_\_

Are you working either as a medical assistant or in a field that is related to medical assisting? (Yes/No) \_\_\_\_\_

If "yes," how long have you been there? \_\_\_\_\_ If "no," what are you doing? \_\_\_\_\_

Indicate which certification exam/s, if any, that you passed. (Check all that apply):

\_\_\_\_\_ CMA (AAMA) \_\_\_\_\_ RMA (AMT) \_\_\_\_\_ NCMA (NCCT) \_\_\_\_\_ CCMA (NHA) \_\_\_\_\_ CMAC (AMCA)

Did you take but not pass any of the above-listed certification exams? If so, which one? \_\_\_\_\_

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.  
5 = Strongly Agree      4 = Agree      3 = Neutral (acceptable)      2 = Disagree      1 = Strongly Disagree

**Cognitive Domain:** The program...

- |   |                   |
|---|-------------------|
| 1. Helped me to acquire the medical assisting knowledge appropriate to my level of training | 5   4   3   2   1 |
| 2. Prepared and encouraged me to apply for and pass a professional credentialing exam       | 5   4   3   2   1 |

**Psychomotor Domain:** The program...

- |  |                   |
|--|-------------------|
| 3. Prepared me to collect patient data effectively   | 5   4   3   2   1 |
| 4. Prepared me to perform appropriate diagnostic and medical procedures                          | 5   4   3   2   1 |
| 5. Prepared me to use sound judgment for functioning in the healthcare setting                   | 5   4   3   2   1 |
| 6. Prepared me to perform all clinical skills appropriate to entry-level medical assisting       | 5   4   3   2   1 |
| 7. Prepared me to perform all administrative skills appropriate to entry-level medical assisting | 5   4   3   2   1 |

**Affective Domain:** The program...

- |   |                   |
|---|-------------------|
| 8. Prepared me to communicate effectively in the healthcare setting                       | 5   4   3   2   1 |
| 9. Prepared me to conduct myself in an ethical and professional manner                    | 5   4   3   2   1 |
| 10. Prepared me to manage my time efficiently while functioning in the healthcare setting | 5   4   3   2   1 |
| 11. OVERALL, the program prepared me very well to do entry-level medical assisting work.  | 5   4   3   2   1 |

**Please provide comments and suggestions that would help to better prepare future graduates.**

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**Thank You!**

**Today's date:** \_\_\_\_\_

# *OSHA Bloodborne Pathogen Training*

## EXPOSURE INCIDENT

OSHA defines an exposure incident as a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Bloodborne pathogen means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Students in the Medical Assisting program have to undergo bloodborne pathogen training as part of their curriculum due to the fact that students perform phlebotomy and other laboratory tests using blood on each other.

If a student has an exposure incident, the following protocol should be followed:

1. Immediately wash the wound and the skin that have been in contact with blood or bodily fluids with soap and water; for mucous membrane, splashes to nose, mouth, or skin exposures, flush with copious amount of water. Irrigate eyes with clean water, saline or sterile wash.
2. Seek medical treatment as soon as possible after the incident. Immediately contact the faculty member conducting the lab where the exposure occurred and seek medical attention within 2-4 hours of the incident exposure at the ED or your own physician.

Students will be required to complete an incident report which will be provided to you on the day the incident is reported.

Apply online at  
[www.aama-ntl.org](http://www.aama-ntl.org)!

This content  
outline applies  
to CMA (AAMA)<sup>®</sup>  
Certification Exams  
taken on and after  
July 15, 2021.

# Content Outline

For the CMA (AAMA)<sup>®</sup> Certification Exam

A publication of the Certifying Board of the American Association of Medical Assistants<sup>®</sup>



**CMA (AAMA)<sup>®</sup>**

SETS THE BAR FOR EXCELLENCE IN MEDICAL ASSISTING



The Certifying Board of the American Association of Medical Assistants has earned accreditation for Bodies Operating Certification of Persons by the International Accreditation Service. This accreditation recognizes compliance with ISO/IEC Standard 17024:2012, a global benchmark for personnel certification bodies that ensures they operate in a consistent, comparable, and reliable manner.



The Certification Program of the Certifying Board of the American Association of Medical Assistants is accredited by the National Commission for Certifying Agencies (NCCA) as a result of demonstrating compliance with the NCCA Standards for the Accreditation of Certification Programs. The NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE), formerly called the National Organization for Competency Assurance (NOCA). The NCCA Standards were created to ensure that certification programs adhere to modern standards of practice for the certification industry.



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# Number and Percent of Questions by Category

Section	Category	Number/Percent
	<b>Clinical Competency</b>	
I. A.	Clinical Workflow: Patient Intake and Discharge	
I. B.	Safety and Infection Control	
I. C.	Procedures/Examinations	
I. D.	Pharmacology	
	Number of Questions	106
	Percent of Questions	59%
	<b>General</b>	
II. E.	Legal and Ethical Issues	
II. F.	Communication	
	Number of Questions	38
	Percent of Questions	21%
	<b>Administrative</b>	
III. G.	Billing, Coding, and Insurance	
III. H.	Schedule Appointments and Health Information Management	
	Number of Questions	36
	Percent of Questions	20%
	Total Number	180*
	Total Percent	100%



\*The exam consists of 200 multiple-choice questions. Of these, 180 questions will be scored and 20 will be pretested.

AAMA/CB/Exam Questions-Number and Percent/Rev: 4-20/V: 4



# Content Outline

## I. Clinical Competency

### A. Clinical Workflow: Patient Intake and Discharge

#### 1. Vital Signs

- a. Blood pressure principles and technique
- b. Pulse points and techniques  
(1) Rate and rhythm
- c. Height/Weight/BMI
- d. Body temperature techniques and equipment
- e. Pulse oximetry
- f. Respiration rate and pattern
- g. Pain scale
- h. Pediatric measurements/  
Growth chart
- i. Recognize/Document/Report age-specific normal and abnormal vital signs

#### 2. Medical Terminology

- a. Word parts (roots, combining forms, prefixes, suffixes)
- b. Diagnostic procedures
- c. Surgical procedures

#### 3. Interviewing Techniques

- a. Obtain concise and accurate reporting of relevant information
- b. Open-ended/Exploratory questions
- c. Closed/Direct questions

#### 4. Documentation of Care

- a. Chief complaint
- b. Subjective data/Present illness
- c. Review of systems
- d. Past medical history
- e. Reconciliation of medications and/or allergies
- f. Family history
- g. Social and occupational history
- h. Objective data/Examination
- i. Treatment/Compliance
- j. Making addendums/corrections

#### 5. Patient Screenings/Wellness Assessments

- a. Cancer prevention and screening
- b. Prevention/Screening of sexually transmitted infections
- c. Nicotine risks and cessation
- d. Recognition of substance use/addiction
- e. Osteoporosis screening
- f. Domestic violence screening and detection
- g. Suicide awareness and response
- h. Depression screening

#### 6. Processing Provider Orders

- a. Diabetic teaching

- b. Instructions on use of mobility equipment and assistive devices (e.g., crutches, cane, walker, wheelchair)
- c. Pre-/Post procedure/treatment instructions
- d. Patient-administered treatments and medications (e.g., selfinjections, nebulizers)
- e. Home monitoring (e.g., blood pressure, anticoagulation, blood sugar)
- f. Alternative medicine/Massage/ Acupuncture
- g. Nutrition counseling
  - (1) Basic nutritional elements
    - (a) Carbohydrates
    - (b) Fats
    - (c) Proteins and amino acids
    - (d) Minerals and electrolytes
    - (e) Vitamins
    - (f) Fiber
    - (g) Water
  - (2) Function of dietary supplements and herbs
  - (3) Special dietary needs
    - (a) Weight control
    - (b) Diabetes
    - (c) Cardiovascular disease/Hypertension
    - (d) Cancer
    - (e) Food sensitivity/intolerance (e.g., lactose, gluten, nut)
  - (f) Kidney disease

- (4) Food label interpretation
- (5) Eating disorders

## B. Safety and Infection Control

### 1. Infectious Agents

- a. Bacteria
- b. Viruses
- c. Protozoa/Parasites
- d. Fungi/Yeast

### 2. Infection Cycle/Chain of Infection

- a. Body's natural barriers

### 3. Modes of Infectious Transmission

- a. Direct
- b. Indirect

### 4. Standard Precautions and Exposure Control

- a. Occupational Safety and Health Administration (OSHA)
- b. Personal protective equipment
- c. Hand hygiene (handwashing, alcohol-based gel)
- d. Post-exposure protocol/Eyewash station
- e. Sharps/Needle safety

### 5. Medical Asepsis

- a. Sanitization
- b. Disinfection
- c. Cleaning (equipment, examination room, procedure area, business office, reception/scheduling areas)

### 6. Biohazard Disposal/Regulated Waste

- a. Blood/Body fluids/Body tissue disposal
- b. Spill kit (when and how to use)

### 7. Safety Resources

- a. Safety signs, symbols, labels
- b. Safety data sheets (SDS)/Globally Harmonized System of Classification and Labeling Chemicals (GHS)

### 8. Safety and Emergency Procedures

- a. Workplace safety/Emergency preparedness/Evacuation
- b. Crash cart supplies/equipment
- c. Fire prevention/regulations/extinguisher

### 9. Emergency Management, Identification, and Response/Basic First Aid

- a. Bleeding control
- b. Burns
- c. Cardiac/Respiratory arrest
- d. Foreign body obstruction
- e. Diabetic ketoacidosis
- f. Insulin shock

### Certification Exam Content Outline

- g. Bone fractures
- h. Poisoning
- i. Seizures
- j. Shock
- k. Cerebrovascular accident (CVA)
- l. Syncope
- m. Lacerations/Avulsions/

Punctures/Abrasions

- n. Cold/Heat exposure
- o. Joint dislocations/Sprains/Strains
- p. Asthmatic attack
- q. Hyperventilation
- r. Animal/Insect bite
- s. Head trauma
- t. Chemical exposure

### 10. Body Mechanics/Ergonomics

### 11. Risk Management, Quality Assurance, and Safety Procedures

- a. Reporting unsafe or unlawful activities and behaviors
- b. Conflicts of interest
- c. Incident reporting/Patient safety variance reporting

## C. Procedures/Examinations

### 1. Prepare Patients for Examinations, Procedures, and Treatments

- a. Examination Methods
  - (1) Auscultation
  - (2) Inspection
  - (3) Mensuration
  - (4) Palpation
  - (5) Percussion
- b. Body positioning
  - (1) Dorsal recumbent

- (2)Fowler's
- (3)Knee-chest
- (4)Lithotomy
- (5)Prone
- (6)Sims
- (7)Supine

- c. Pediatric examinations
- d. Obstetric/Gynecologic examinations

## 2. Supplies, Equipment, Techniques, and Patient Instruction

- a. Eye irrigation
- b. Ear irrigation
- c. Suture/Staple removal
- d. Cast care/Splints/Slings

## 3. Surgical Assisting

- a. Surgical asepsis
- b. Surgical scrub
- c. Surgical tray prep/Sterile field boundaries
- d. Antiseptic skin prep

## Certification Exam Content Outline

### 4. Wound Care

- a. Chronic/Non-healing
- b. Bandaging/Dressing change
- c. Post-op incision care
- d. Ostomy care

### 5. Instruments

- a. Classifications
- b. Identification
- c. Use
- d. Sterilization techniques/Autoclave

- (1)Preparing items
- (2)Wrapping items/Label/Date
- (3)Sterilization indicators/Quality control measures

## 6. Anatomy and Physiology

- a. Human growth and development
- b. Normal developmental patterns/milestones across the life-span
- c. Structural units (cell/tissue/organ)
- d. Anatomical divisions, body cavities
- e. Anatomical positions and directions
- f. Body planes and quadrants
- g. Body systems, NORMAL struc-  
ture and function

- (1) Integumentary
- (2) Musculoskeletal
- (3) Nervous
- (4) Cardiovascular, hematopoietic, and lymphatic
- (5) Respiratory
- (6) Digestive
- (7) Urinary
- (8) Reproductive
- (9) Endocrine
- (10) Sensory

- h. Body systems, ABNORMAL structure and function, recognition and etiology

- (1) Integumentary
- (2) Musculoskeletal
- (3) Nervous
- (4) Cardiovascular, hematopoietic, and lymphatic
- (5) Respiratory

- (6) Digestive
- (7) Urinary
- (8) Reproductive
- (9) Endocrine
- (10) Sensory

## 7. Specimen Collection Techniques

### a. Methods of collection

#### (1)Blood

- (a)Venipuncture technique (site selection/patient prep)
- (b)Equipment/Needles
- (c)Tube additives
- (d)Specimen preparation (serum/plasma/whole blood)
- (e)Capillary/Dermal puncture (finger, heel, ear)

#### (2)Urine

- (a)Random
- (b)Midstream clean catch
- (c)Timed (e.g., 24-hour collection)
- (d)Catheterization
- (e)Pediatric urine collection
- (f) Drug screen/Chain of custody

#### (3)Fecal specimen

#### (4)Sputum specimen

#### (5)Swabs

- (a)Throat
- (b)Wound
- (c)Nasopharyngeal

## 8. Prepare, Process, and Examine Specimens

- a. Proper specimen labeling
- b. Sources of specimen contamination
- c. Specimen preservation
  - (1)Refrigeration
  - (2)Fixative

- d. Centrifuge
- e. Microscope
- f. Wet mount (saline and KOH) slides

#### 9. Laboratory Quality Control/Quality Assurance/Clinical Laboratory Improvement Act (CLIA) Requirements

- a. Testing records and performance logs
- b. Equipment calibration and maintenance
- c. Quality control testing
- d. Monitor and document temperature controls

#### 10. Laboratory Panels and Selected Tests

- a. Urinalysis
  - (1) Physical
  - (2) Chemical
  - (3) Microscopic
- b. Hematology
  - (1) Hematocrit
  - (2) Hemoglobin
  - (3) Erythrocytic sedimentation rate (ESR)
  - (4) Automated cell counts
    - (a) Red blood cell (RBC)
    - (b) White blood cell (WBC)
    - (c) White cell differential (d) Platelet
  - (5) Coagulation testing (INR)
- c. Chemistry/Metabolic testing
  - (1) Glucose
  - (2) Kidney function
  - (3) Liver function
  - (4) Lipid profile
  - (5) Hemoglobin A<sub>1c</sub>
  - (6) Electrolytes
  - (7) Thyroid function
- d. Specialized testing
  - (1) Mononucleosis

- (2) Rapid Group A Streptococcus
- (3) C-reactive protein (CRP)
- (4) HCG (pregnancy test)
- (5) H. pylori
- (6) Influenza
- (7) Genetic/Hereditary
- (8) Tuberculosis tests/Purified protein derivative (PPD) skin test
- (9) Cardiovascular
  - (a) Electrocardiography
    - (i) Perform standard 12-lead
    - (ii) Recognize and eliminate artifacts
    - (iii) Recognize rhythms, arrhythmias
  - (b) Holter/Event monitors
  - (c) Cardiac stress test
- (10) Vision
  - (a) Color vision
  - (b) Visual acuity
    - (i) Near vision
    - (ii) Distance vision
  - (c) Ocular pressure/Tonometry
  - (d) Visual fields
- (11) Audiometric/Hearing
  - (a) Pure tone audiometry
  - (b) Speech and word recognition
  - (c) Tympanometry
- (12) Allergy
  - (a) Scratch test
  - (b) Intradermal skin test
  - (c) Patch test
  - (d) Radioallergosorbent test (RAST)
- (13) Respiratory
  - (a) Pulmonary function tests (PFTs)
  - (b) Spirometry
  - (c) Peak flow rate
- (14) Diagnostic imaging (e.g., MRI, CT scan, nuclear, ultrasound)
  - e. Differentiate between normal

and abnormal laboratory and diagnostic test results

## D. Pharmacology

(Visit "[www.clinicalcalc.com](http://www.clinicalcalc.com)" for the 50 most commonly used medications.)

### 1. Medications

- a. Classes of drugs
- b. Drug actions/Desired effects/Indications for use
- c. Adverse reactions/Side effects/Allergic reactions
- d. Contraindications
- e. Storage of drugs/Inventory control

### 2. Preparing and Administering Oral and Parenteral Medications

- a. Rights of medication administration
- b. Dosage of medications
  - (1) Metric conversion
  - (2) Units of measure
  - (3) Calculations of medication dosage
- c. Routes of administration including safety precautions
  - (1) Intramuscular (a) Z-track
  - (2) Subcutaneous
  - (3) Oral/Sublingual/Buccal
  - (4) Topical/Transdermal
  - (5) Inhalation
  - (6) Instillation (eye, ear, nose)
  - (7) Intradermal
  - (8) Vaginal/Rectal
- d. Injections
  - (1) Site selection
  - (2) Needle length and gauge
- e. Medication documentation

- (1) Documenting administration of medications
- (2) Reporting medication errors

### **3. Immunization Resources**

- a. Centers for Disease Control and Prevention (CDC)
  - (1) Childhood/Adult immunizations

- (2) Recordkeeping for immunizations
- (3) Vaccine Information Statement (VIS)
- (4) Vaccine Adverse Event Reporting System (VAERS)
- (5) Vaccine storage

### **Certification Exam Content Outline**

## II. General

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### E. Legal and Ethical Issues

#### 1. Health Insurance Portability and Accountability Act (HIPAA)

- a. Maintain confidentiality/patient privacy (verbal and written)
- b. Health Information Technology for Economic and Clinical Health Act (HITECH)
- c. Patients' right to inspect, amend, and restrict access to their medical records
- d. Patients' Bill of Rights legislation/  
Patient Care Partnership
- e. Security of electronic transmission of information (encryption, password, firewall, activity log)

#### 2. Protected Health Information (PHI)

- a. Authorization to release
  - (1) Drug and alcohol treatment records
  - (2) HIV-related information
  - (3) Mental health records
  - (4) Genetic Information Nondiscrimination Act of 2008 (GINA)
  - (5) Release for continuity of care
- b. Authorization to rescind release
- c. Use and disposal of PHI

#### 3. Consent

- a. Informed/Written
- b. Implied/Verbal
- c. Exceptions (e.g., mature or emancipated minor, dependent adult, emergency situations)

#### 4. Federal and State Regulations

- a. Professional Liability Torts
  - (1) Negligence
  - (2) Slander
  - (3) Libel
  - (4) Abandonment
  - (5) Assault
  - (6) Battery
- b. Current standard of care
- c. Legal terms and doctrines
  - (1) Subpoena/Subpoena duces tecum
  - (2) Deposition
  - (3) Respondeat superior
  - (4) Good Samaritan laws/acts
- d. Contracts (physician-patient relationships)
  - (1) Legal obligations to the patient
  - (2) Termination of medical care
    - (a) Elements/Behaviors for withdrawal of care
    - (b) Patient notification/documentation

#### 5. Pharmaceutical Laws

- a. Prescriptions/e-Prescribing
- b. Drug schedules
- c. Controlled substances (use and abuse)

#### 6. Mandatory Reporting/Public Health Statutes

- a. Communicable diseases
- b. Vital statistics
- c. Abuse/Neglect/Exploitation of child, elder, partner
- d. Wounds of violence

#### 7. Ethical Standards (Behaviors, Decisions, and Reporting)

##### 8. Medical Directives

- a. Advance directives
- b. Living will (Do Not Resuscitate [DNR] and Do Not Intubate [DNI])
- c. Medical durable power of attorney
- d. Patient Self Determination Act (PSDA)

### F. Communication

#### 1. Interpersonal Relationship Skills/ Customer Service

- a. Understanding human behavior and mental health
- b. Defense mechanisms: recognition and adaptive responses
- c. Identify and adapt approach to communication barriers with empathy and compassion
- (1) Death and dying/Terminal illness
- (2) Visually/Hearing impaired/Interpreter

- (3)Non-English speaking/English as a second language/Interpreter
- (4)Americans with Disabilities Act Amendments Act (ADAAA) compliance
- (5)Illiterate
- (6)Intellectually challenged
- (7)Age-specific therapeutic/adaptive responses
  - (a)Geriatric
  - (b)Pediatric/Adolescent
- d. Non-verbal communication (e.g., posture, facial expression, eye contact, gestures, touch)
- e. Personal boundaries (e.g., sexual harassment, bullying, unwanted attention)
- f. De-escalation techniques
- g. Listening skills
- h. Service recovery/Patient satisfaction

## 2. Therapeutic/Adaptive Responses

- a. Cultural diversity and beliefs
- b. Recognize stereotypes and biases and display impartial conduct (race, religion, age, gender, etc.)

## 3. Learning Styles

- a. Assessing and adapting to level of understanding (senderreceiver-feedback)
- b. Identifying and overcoming barriers to communication (internal/external/environmental distractions)

## 4. Health Care Team Roles

- a. Understanding/Communicating plan of care and referral coordination
- b. Serving as patient navigator/ advocate/case manager/health coach
- c. Utilizing a team approach to patient care management
- d. Identifying medical specialties

## 5. Professional Telephone Etiquette/ Techniques

- a. Message protocols

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- b. Screening/Gathering data

# III. Administrative

## G. Billing, Coding and Insurance

### 1. Coding Applications

- a. Procedural coding (Current Pro- cedural Terminology [CPT])
  - (1)Modifiers
  - (2)Upcoding/Downcoding
  - (3)Bundling/Unbundling of charges
- b. Diagnostic coding (International Classification of Diseases, Clinical Modification [ICD-CM])
- c. Healthcare Common Procedure Coding System (HCPCS Level II)
- d. Linkage of procedure and diag- nostic coding to meet medical necessity guidelines

### 2. Insurance Fraud and/or Abuse

## 3. Coverage for Patient Services and Waivers

- a. Insurance eligibility verification
- b. Insurance claims
  - (1)Submission
  - (2)Explanation of benefits (for patients)
  - (3)Remittance advice (for providers)
  - (4)Claim rejection and follow-up
  - (5)Tracking unpaid claims

- c. Advance Beneficiary Notice (ABN)

## 4. Insurance Types/Third-Party Payers

- a. Commercial plans
- b. Medicare/Medicare Advantage Plans
- c. Medicaid/State Children's Health Insurance Program (SCHIP)
- d. TRICARE/CHAMPVA
- e. Managed care
- f. Workers' compensation

## 5. Authorizations and Resources

- a. Precertification/Prior authorization
  - (1)Diagnostic and surgical procedures
  - (2)Medications/Drug formulary
- b. Denials/Appeals

## 6. Financial Terminology

- a. Accounts receivable
- b. Accounts payable



- c. Debits
- d. Credits/Credit balance
- e. Deductible
- f. Cancellations/No-shows/Physician delay or unavailability

## 7. Patient Account Financial Procedures

- a. Post charges
- b. Post payments
- c. Post adjustments/Write-offs
- d. End-of-day reconciliation

## 8. Financial Calculations

### 9. Billing/Collections

- a. Itemized statements
- b. Aging of accounts
- c. Collecting payments (e.g., co-pay, pre-pay, co-insurance, self-pay)
- d. Preplanned payment options/credit arrangements
- e. Use of collection agencies
- f. Account collection rules

## 2. Medical Reception/Patient Registration

- a. Patient identification/Obtain patient demographics
- b. Identity theft protection
- c. Obtain accurate billing information

### 3. Electronic Health Records

- a. Patient portal
- b. Recognize/Identify/Organize medical reports
  - (1) History and physical
  - (2) Discharge summary
  - (3) Operative note
  - (4) Diagnostic test/Laboratory report
  - (5) Clinic progress note
  - (6) Consultation report
  - (7) Growth charts, graphs, tables
- c. Medical record preparation/Previsit planning
  - (1) Obtain copy of patients' outside medical record and/or pertinent test results

## H. Scheduling Appointments and Health Information Management

### 1. Scheduling Appointments

- a. New patient
- b. Established patient
- c. Routine versus urgent
- d. Coordinate facility/equipment/personnel requirements
- e. Ancillary services (laboratory, X-ray, surgery, outpatient procedures, hospital admissions)



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CMA (AAMA)®





# A CREDIT TO THE CREDENTIAL

THE CERTIFYING BOARD OF THE  
AAMA EARN **IAS** ACCREDITATION

The Certifying Board of the AAMA has earned accreditation for Bodies Operating Certification of Persons by the International Accreditation Service. This accreditation recognizes compliance with ISO/IEC Standard 17024:2012, a global benchmark for personnel certification bodies that ensures they operate in a consistent, comparable, and reliable manner.

This independent recognition of the Certifying Board clearly sets the CMA (AAMA) apart from other medical assisting certifications and verifies the high standards it represents.

*THIS RECOGNITION DEMONSTRATES THE AAMA'S COMMITMENT TO ENSURING THAT MEDICAL ASSISTANTS WITH THE CMA (AAMA) CREDENTIAL MEET THE HIGHEST STANDARDS. ”*

– AAMA CEO AND LEGAL COUNSEL DONALD A. BALASA, JD, MBA

