Instructional Framework

Medical Assisting Services

51.0801.00

This Instructional Framework identifies, explains, and expands the content of the standards/measurement criteria, and, as well, guides the development of multiple-choice items for the Technical Skills Assessment. This document corresponds with the Technical Standards endorsed on July 14, 2019.

Domain 1: Clinical Skills
Instructional Time: 35-45%

STANDARD 1.0 PREPARE EXAM ROOM FOR PATIENT	
1.1 Disinfect and prepare patient care areas prior to and after each patient encounter and at the end of the day	• Disinfect area after each patient

1.2 Check for safety hazards before each patient encounter and at the end of the day	• Unsafe conditions for self and others
	  ○ Frayed cords
	  ○ All spills

1.3 Stock instruments and replenish all supplies	• Fresh linens, paper supplies, and instruments/equipment between each patient
1.4 Disinfect and ensure functionality of instruments and equipment and report any concerns appropriately	• Process for reporting non-functional equipment • Opening/Closing clinical workday procedures • Disinfect equipment after each use
1.5 Prepare instrument and equipment needed for patient care	• Position instruments (order of use, safety) • Appropriate use/handling of instruments/equipment • Appropriate procedure tray set up
1.6 Check expiration date of supplies and properly dispose of expired supplies	• First-In, First-Out (FIFO) • Disposal of supplies according to OSHA
STANDARD 6.0 PREPARE PATIENT FOR PHYSICAL EXAMINATION	
6.1 Request two identifiers from each patient (i.e., DOB, first and last name, passport, etc.)	• ID patient

6.2 Obtain and record accurate vital signs (including manual blood pressure) and report abnormal findings	- Obtain vitals - Vital signs ranges - Communication skills
6.3 Obtain and record reason for visit, allergies, medication history, pain level, and necessary screening tools	- Chief complaint - HIPAA regulations - Five "Cs" of documentation
6.4 Collect patient weight, height, and BMI	- Weight, height, and BMI - Adult - Pediatric (safety)
6.5 Measure chest and head circumference of pediatric patient	- Pediatric measurements - Growth charts
6.6 Recognize changes in patient condition and report changes to licensed healthcare provider	- Normal and abnormal patient conditions (e.g., SOB, syncope, and seizure) - Emergency conditions/situations - Communication skills
6.7 Prepare patient for exam and procedure (gown/drape)	- Gowning/Draping instruction to patient - Patient education - Medicare/Medicaid Exams
6.8 Place patient in appropriate position for procedure (e.g., sitting, standing, supine, Sims, Fowler's, semi-Fowler, prone, Trendelenburg, and lithotomy)	- Patient position(s) - Communication skills
6.9 Provide for patient comfort, safety, and privacy/modesty	- Communication skills - Assisting patient with physical limitations - Patient position(s) and draping/gowning requirements
6.10 Instruct patients in preparation for examinations and procedures (e.g., routine physical exams and specialty exams)	- Patient education - Routine physical exams

	- Specialty exams - Patient position(s) and draping/gowning requirements
STANDARD 7.0 ADMINISTER SELECTED TREATMENTS AND MEDICATIONS	
7.1 Change dressings or bandages	- Types of dressings and bandages - Pressure - Packing - Wet to dry - Sterile/Nonsterile
7.2 Perform wound care (e.g., sterile technique and cultures), and recognize changes in wound to be reported to licensed healthcare provider	- Wound care - Sterile technique - Suture care/removal - Pressure dressing - Wound packing - Wound culture collection procedures - Report anomaly
7.3 Remove sutures and skin staples	- Instruments needed for procedure - Staple removal - Suture removal
7.4 Assist with physical modalities (e.g., application of heat/cold, splints/slings, ACE bandages, and cast removal)	- Application of heat/cold - Splints/Slings - ACE bandages - Canes - Walkers - Crutches - Cast application/removal
7.5 Confirm written order, prepare, and administer correct medication according to use, dosage, side effects, contraindications, and patient education	- Medication to be administered for correct use, dosage range, side effects, contraindications, and patient education by using the PDR and VIS 3-point check of medication

7.6 Re-verify two patient identifiers and patient allergies prior to medication administration	● Verify patient name and DOB ● Patient to confirm any allergies (latex, drug, food)
7.7 Perform dosage calculations and units of measurements	● Dosage calculations ● Conversions ● Reconstitution

7.8 Administer provider-prescribed medication via specific routes applying the "rights of medication administration"	● 8 rights of medication administration
	  ○ Rights:
	    ▪ Patient
	    ▪ Medication
	    ▪ Dose
	    ▪ Time
	    ▪ Route
	      ● Parenteral
	      ● Oral
	      ● Sublingual
	      ● Inhalation
	      ● Topical
	      ● Mucus membrane
	      ● Transdermal
	      ● Buccal
	      ● Instillation
	      ● IV
	    ▪ Documentation
	    ▪ Reason
	    ▪ Response

7.9 Observe patient for adverse reactions prior to discharge and report changes to a licensed healthcare provider	● Post medication administration protocol
7.10 Process prescription refill order as directed by licensed healthcare provider	● Prescription refills via EMR (E-scribe), phone and fax ● DEA guideline compliance
7.11 Provide vaccination information sheet and obtain patient consent	● Types/use administration ● Record keeping/documentation

	• VIS sheet (patient education) • Government/Private stock
7.12 Administer vaccination and complete necessary documentation	• Administer vaccinations per CDC guidelines • 8 rights of administration • Proper route (needle gauge, length, route) • Record in EMR or on vaccine record

STANDARD 8.0 ASSIST PROVIDER WITH PATIENT PROCEDURES

8.1 Identify common instruments needed for procedures	• Instrument and materials as directed by physician

8.2 Prepare and maintain a sterile field and assist provider as instructed	• Techniques
	  ○ Drop method
	  ○ Mitten method
	  ○ Surgical aseptic

8.3 Assist provider in minor surgery or procedure	• Assist physician in minor surgery
	• Tray setup
	  ○ Suture removal tray
	  ○ OBGYN tray
	  ○ Incision and drainage tray
	  ○ Excision tray
	• Instrument positioning/handling

8.4 Collect, label, and process specimens	• Collect and process specimen • Courier/Lock box • OSHA guidelines • Lab requisitions • Correct equipment/supplies needed • Chain of custody
8.5 Recognize a medical emergency and assist in providing aid	• Emergency/first-aid protocols • CPR • Prioritize emergencies

8.6 Perform and document Clinical Laboratory Improvement Amendments (CLIA)-waived point-of-care testing	• Perform CLIA waived testing
	  ○ Quality controls/indicators
	  ○ Pregnancy testing
	  ○ Urinalysis (specimen shelf life)
	  ○ Blood glucose
	  ○ Hemoglobin A1c
	  ○ Hemoglobin and hematocrit
	  ○ Mono testing
	  ○ Cholesterol
	  ○ Strep testing

8.7 Employ principles of asepsis (e.g., sanitization, disinfection, and sterilization)	• Principles of asepsis
	  ○ Sanitization
	  ○ Disinfection
	  ○ Sterilization

8.8 Reinforce provider instructions with patient prior to discharge	• Consent forms • Pre and post instructions
STANDARD 10.0 APPLY STANDARD PRECAUTIONS AND SAFETY MEASURES	
10.1 Use hand hygiene according to Center for Disease Control (CDC)	• Proper hand hygiene according CDC (Center for Disease Control)
10.2 Use Universal Precautions according to Occupational Safety and Health Administration (OSHA) and use transmission-based precautions according to CDC	• Universal Precautions according to OSHA (Occupational Safety and Health Administration) • Standard Precautions • Transmission-based precautions according to CDC (Center for Disease Control)
10.3 Identify the procedure for the reporting of communicable diseases and bloodborne pathogens	• County reporting requirements
10.4 Don, remove and discard personal protective equipment (PPE) according to standard procedure including gloves, gowns, masks, lab	• Don, remove, and discard PPE (personal protective equipment) according to standard procedure

coats, goggles, and face shields	o Gloves o Gowns o Masks/Respirators o Lab coats o Goggles
10.5 Demonstrate isolation technique and the use of isolation procedures	● Demonstrate isolation technique and the use of isolation procedures

10.6 Comply with hazardous labeling requirements according to OSHA (e.g., safety signs, symbols, and special instructions)	● Safety signs
	● Special instructions
	● Symbols
	  o Biohazard symbol
	  o Radiation symbol
	  o Poison symbol

10.7 Describe procedures for cleaning laboratory spills	● Refer to OSHA guidelines ● Spills
10.8 Handle and dispose of contaminated and hazardous items according to OSHA guidelines	● Handle and dispose of contaminated and hazardous items according to OSHA guidelines

10.9 Use fire and chemical safety protocols [e.g., Safety Data Sheets (SDSs) and the use of fire extinguishers]	● Fire and chemical safety protocols
	  o SDSs
	  o Use of fire extinguishers
	  o Types of fire extinguishers

10.10 Describe disaster and fire evacuation plans used by various facilities and statewide alert codes	● Evacuation plans used by various facilities ● Statewide alert codes
10.11 Maintain a clean work area (e.g., cleaning agents, Clorox, and other disinfectants)	● Cleaning agents ● Clorox o Bleach to water ratio 1:10 for blood spills and bodily fluids ● Other disinfectants

10.12 Maintain a safe work environment (e.g., proper storage of equipment, materials, and chemicals; proper containment of food and personal items; hair tied back and minimal jewelry)	● Safe work environment
	  ○ Proper storage of equipment, materials, and chemicals
	  ○ Proper containment of food and personal items
	  ○ Hair tied back
	  ○ Minimal jewelry

10.13 Maintain environmental control for medications and supplies according to manufacturer specifications	● Package inserts and labels
10.14 Use and maintain equipment, materials, and chemicals according to manufacturer specifications	● Use equipment, materials, and chemicals according to manufacturer guidelines

10.15 Report and isolate unsafe conditions for self and others (e.g., frayed cords, spillages, puddles on floor, and bed rails down)	● Unsafe conditions for self and others
	  ○ Frayed cords
	  ○ Spillages
	  ○ Puddles on floor
	  ○ Bed rails down

10.16 Demonstrate proper body mechanics and lifting techniques	● Proper body mechanics and lifting techniques per OSHA guidelines
	  ○ Patient positioning
	  ○ Proper patient lifting

10.17 Demonstrate imaging safety	● Imaging safety
	  ○ Radiology badge
	  ○ Room safety

10.18 Practice National Patient Safety Goals (NPSG) (i.e., falls, patient medications, clinical alarm systems, etc.)	● NPSG (National Patient Safety Goals)
	  ○ Two forms of ID (patient name and DOB)
	  ○ Fall prevention

10.19 Define and utilize Safety Data Sheets (SDSs)	● SDSs (Safety Data Sheets)
	  ○ Location
	  ○ Components
	  ○ Comprehension

10.20 Perform autoclaving following American National Standards Institute/Association for the Advancement of Medical Instrumentation (ANSI/AAMI) guidelines	• Spore testing per manufacturer requirements • Manufacturer maintenance requirements

STANDARD 12.0 PERFORM CLINICAL SKILLS	

12.1 Perform venipuncture	• Venipuncture per OSHA/CLSI (Clinical Laboratory Standard Institute) guidelines
	  ○ Order of draw
	  ○ Supplies and equipment
	  ○ Safety (universal precautions)
	  ○ Needle length and gauge
	  ○ Winged collection method
	  ○ Eclipse collection method
	  ○ Patient communication/education
	  ○ PHI
	  ○ Collection, process, and transport specimen
	  ○ Lock box
	  ○ Patient education
	  ○ Venipuncture dos and don'ts
	  ○ Collection sites (acceptable veins)
	  ○ Tourniquet placement
	  ○ Palpating
	  ○ Bevel
	  ○ Inversion of tubes
	  ○ Centrifuge procedure

12.2 Perform electrocardiograms	• EKG
	  ○ EKG controls and settings
	  ○ EKG paper
	  ○ Heart rate calculations
	  ○ Artifacts
	  ○ Cardiac cycle
	  ○ PQRST waves
	  ○ Arrhythmias
	  ○ Lead placement
	  ○ Einthoven's triangle
	  ○ Patient preparation

	○ Precordial leads ○ Bipolar leads ○ Augmented leads ● Holter testing ● Stress testing ● Echocardiography
12.3 Perform visual acuity and color vision testing	● Snellen ● Ishihara ● Jaeger ● Tumbling-E
12.4 Perform audiometry	● Documentation (left ear, right ear, both ears); (Joint Commission- do not use list) ● Check for obstruction
12.5 Perform basic spirometry and peak flow testing	● 3x for accuracy
12.6 Administer small volume nebulizer (SVN) treatment	● Preparation and administration of SVN ● Mask types (non-rebreather)
12.7 Perform pulse oximetry	● SPO2 ● Resting and exercise ● Normal values
12.8 Perform ear lavage	● Adult and child ear canal position ● H20 temperature ● Equipment
12.9 Perform capillary puncture	● Capillary puncture per OSHA/CLSI (clinical laboratory standard institute) guidelines ○ Safety (universal precautions) ○ Supplies and equipment ○ Collection and process

Domain 2: Administrative Skills
Instructional Time: 25-35%

STANDARD 2.0 MANAGE FINANCIAL AND INSURANCE TRANSACTIONS

2.1 Review insurance claim forms for content (e.g., appropriate terminology, insurance plans, current ICD/CPT codes, and HIPAA regulations).	- Appropriate terminology - Insurance plans - Current ICD/CPT codes - HIPAA regulations
2.2 Differentiate among payer types and patient responsibilities [i.e., copay, co-insurance, deductible, self-pay, Advance Beneficiary Notice (ABN), etc.]	- Copay - HMO, PPO, EPO, Medicare, Medicaid - CHAMP VA, Tri-Care - Workman's Comp (ICA) - Deductibles - Co-insurance - Primary vs. secondary Insurance - Self-pay - ABN form (Advance Beneficiary Notice)
2.3 Explain Explanation of Benefits (EOB) to the patient	Components of an EOB
2.4 Identify and enter diagnosis/procedure codes and charges accurately	- Current ICD/CPT codes - Super bill - Fee slip - Encounter form
2.5 Perform bookkeeping procedure (e.g., post charges and reconcile daily receivables)	- EMR - Charge posting - Reconcile - Daily deposits/receivables

STANDARD 4.0 DEMONSTRATE COMMUNICATION SKILLS

4.1 Demonstrate appropriate written, verbal, and nonverbal	- Written communication - Appropriate grammar context and format

communication skills	• Verbal communication
	  ○ Appropriate tone and professionalism
	• Nonverbal communication
	  ○ Professional/Open body language

4.2 Describe and explain coping skills (e.g., trauma, dying, and death)	• Trauma, dying, death
	  ○ Types of trauma
	  ○ 5 stages of grief

4.3 Apply coping skills (e.g., trauma, dying, and death)	• Trauma, dying, death ○ Communication skills

4.4 Utilize screening tools (i.e., depression, abuse, pain, etc.), document, and report patient status	• Depression, abuse, pain
	  ○ Forms
	  ○ Questionnaires
	  ○ Pain scales

4.5 Describe and explain cultural diversity in the healthcare setting	• Language and cultural beliefs

4.6 Demonstrate telephone communication skills (e.g., answering, screening, and documenting)	• Answering
	  ○ Promptly
	  ○ Prioritizing
	  ○ Telephone etiquette
	• Screening
	• Documenting
	  ○ Confidentiality
	  ○ Security

STANDARD 5.0 PERFORM SCHEDULING, CHARTING, AND OTHER OFFICE FUNCTIONS	
5.1 Prepare, obtain, and verify patient information for scheduling, registration, and check-in using two forms of patient identification (i.e., state-issued driver's license, insurance card, photo ID, etc.)	• Obtain and verify patient information for scheduling registration and check-in • ID patient via two forms of identification (i.e., state-issued driver's license, insurance card, photo ID, etc.)

5.2 Practice confidentiality of patient data following HIPAA regulations	- HIPAA Compliance - Electronic transactions and code sets standards requirements - Privacy requirements - Security requirements - National identifier requirements
5.3 Identify and use the correct chart forms (paper and electronic)	- Correct chart forms (paper and electronic) - Informed consent - Medical records release - HIPAA forms - Office policy forms - Consent to treat forms - ABN forms (advance beneficiary notice)
5.4 Follow paper charting documentation procedures (e.g., note date, time, and reason for visit)	- Note date, time, and reason for visit - Five "Cs" of documentation - HPIP - SOAP - CHEDDAR - POMR - SOMR - HIPAA
5.5 Utilize data collection formats for record keeping [e.g., Subjective, Objective, Assessment, and Plan (SOAP); chief complaint, history, examination, details of complaints, drugs and dosage, assessment, and return visit (CHEDDAR); History, Physical, Impression, Plan (HPIP); Health Practitioners' Intervention Program (HPIP); problem-oriented medical record (POMR); and Situation-Background-Assessment-Recommendation (SBAR)]	- Five "Cs" of documentation - SOAP - CHEDDAR - POMR - SOMR - HPIP - SBAR - HIPAA
5.6 Sort and prioritize mail, email, and FAXES (paper and electronic)	Sort and prioritize mail, email, and FAXES (paper and electronic)

5.7 Explain the use of patient portal	- EHR - PHI
5.8 Prioritize and process telephone calls	- Telephone etiquette - Communication skills - Triage
5.9 Obtain prior authorization from insurance companies	- Prior authorization protocols - Communication skills
5.10 Obtain eligibility benefits and process referrals	- Insurance verification - Online/Telephone
5.11 Process patient for checkout and provide any additional instructions, and plan of care	- Patient education - Discharge paperwork - Future appointments - Referrals - Diagnostic orders
5.12 Perform basic computer applications (i.e., word processing, email, spreadsheet, electronic health records, practice management software, etc.)	- Basic computer applications - Letter formatting - Word processing vs. practice management software
STANDARD 9.0 MANAGE MEDICAL RECORDS	
9.1 Identify components of the medical records	- Components - Medical History/allergies (History and Physical) - Patient demographics - Chief complaint - History of Present Illness (HPI) - Past Medical History (PMH) - Family History (FH) - Social History (SH) - Allergies - Medication History - Review of Systems (ROS)

	o Physical Examination (PE)
	● Laboratory test results
	● Diagnostic test results
	● Problem list
	● Clinical notes
	  o Progress Notes (PNs)
	  o Consultation Notes
	  o Discharge Summaries (D/C)
	● Treatment notes
	  o Medication orders
	  o Surgical procedures
	  o Ancillary practitioner notes

9.2 Ensure accuracy and completeness of the medical record	● Completeness of the medical record (Five "Cs")
	  o Clear
	  o Concise
	  o Complete
	  o Concurrent
	  o Confidential

9.3 Maintain integrity and security of the medical record	● HIPAA ● Accuracy ● Safeguarding

9.4 Identify medical filing systems (e.g., numeric and alphabetic)	● Medical filing systems
	  o Numeric
	  o Alphabetical
	  o Indexing

9.5 Explain records retention practices	● 7-year retention ● 3-year from last visit stays in office o New vs. established patients ● Pediatrics retention 7 years after the age of maturity (18-year-old vs. 21-year-old per state)
9.6 Explain release of medical records and HIPAA requirements	● Consent forms o Records release

	o Privacy practice (HIPAA acknowledgement form)

Domain 3: Anatomy, Physiology, and Medical Terminology
Instructional Time: 15-25%

STANDARD 3.0 UTILIZE MEDICAL TERMINOLOGY

3.1 Identify and define medical terminology (e.g., root words, prefixes, suffixes)	• Medical terminology
	  o Root words
	  o Prefixes
	  o Suffixes
	  o Combining form
	  o Body planes and directions
	  o Patient positioning

3.2 Identify and use approved medical abbreviations	• Approved medical abbreviations o Medical abbreviations (joint commission approved and not approved list)

STANDARD 13.0 REVIEW BODY SYSTEMS

13.1 Identify structure, function, and disorders related to the Integumentary system	• Integumentary system o Structure, function, and disorders
13.2 Identify structure, function, and disorders related to the Musculoskeletal system	• Musculoskeletal system o Structure, function, and disorders
13.3 Identify structure, function, and disorders related to the Circulatory system	• Circulatory system o Structure, function, and disorders
13.4 Identify structure, function, and disorders related to the Respiratory system	• Respiratory system o Structure, function, and disorders

13.5 Identify structure, function, and disorders related to the Gastrointestinal system	- Gastrointestinal system - Structure, function, and disorders
13.6 Identify structure, function, and disorders related to the Urinary system	- Urinary system - Structure, function, and disorders
13.7 Identify structure, function, and disorders related to the Nervous system	- Nervous system - Structure, function, and disorders
13.8 Identify structure, function, and disorders related to the Endocrine system	- Endocrine system - Structure, function, and disorders
13.9 Identify structure, function, and disorders related to the Reproductive system	- Reproductive system - Structure, function, and disorders
13.10 Identify structure, function, and disorders related to the Sensory system	- Sensory system - Structure, function, and disorders
13.11 Identify structure, function, and disorders related to the Lymphatic system	- Lymphatic system - Structure, function, and disorders

Domain 4: Law and Ethics
Instructional Time: 10-15%

STANDARD 11.0 APPLY LEGAL AND ETHICAL PRACTICES

11.1 Follow local, state, and federal laws, rules, and regulations for Medical Assistants	Scope of practice
11.2 Explain HIPAA regulations and requirements (i.e., disclosure of information to a spouse, employer request for records, creation of NPI number, etc.)	HIPAA regulations and requirements

11.3 Adhere to organizational policy and procedures for Medical Assistants	● Chain of command
11.4 Maintain positive professional relationships in the workplace	● Professional verbal communication ● Professional nonverbal communication ● Professional written communication ● Professional boundaries ● Congeniality
11.5 Perform professional responsibilities with honesty, reliability, and integrity	● Discretion ● Thoroughness ● Honesty ● Accuracy ● Reliability ● Promptness ● Integrity
11.6 Perform only those tasks within the Medical Assisting scope of practice	● Competency ● Scope of practice