



# IRAP Quick Start Guide

## Medical Assistant

*Administrative and/or Clinical Emphasis*

Industry-Recognized Apprenticeship Program



# Medical Assistant

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**Industry-Recognized Apprenticeship Program**

## Overview

### IRAP Definition:

IRAPs are high-quality, competency-based apprenticeship programs that provide individuals with opportunities to obtain workplace-relevant knowledge and progressively advancing skills.

### IRAP Legal Requirements:

1. Paid Work
2. Written Training Plan
3. Written Apprenticeship Agreement
4. Specialized Knowledge and Experience
5. Safety and Supervision
6. Equal Employment Opportunity (EEO)
7. Credit for Prior Knowledge & Skills
8. Mentorship (Preceptors)
9. Industry-Recognized Credential
10. Disclosure of Costs and Fees

### Significant Employer Benefits:

- Retention
- Recruitment
- Increased productivity
- Community benefit
- Partial coverage of costs, when available
- Formal employee training and support

### Significant Apprentice Benefits:

- Get paid for a full-time job while you learn
- Receive credit for prior learning and experience
- Launch yourself on a sustainable career pathway
- Employer is investing in you
- Earn an industry-recognized credential that you can take anywhere in your career
- Earn pay increases and promotions
- Most expenses for the program are funded by grant dollars and your employer

### Description:

This apprenticeship is an occupational training program in the profession of Medical Assistant (MA) that combines on-the-job (OJT) work experience with technical/classroom study. This program is designed to enhance useful job skills for individuals entering the profession as well as incumbent workers seeking upskilling opportunities.

### Purpose:

To provide entry-to-mid-level training and upskilling opportunities in medical assisting, including but not limited to hospitals, clinics, and long-term care organizations that have a demand for MA workforce needs.

### Typical Apprentice Attributes & Experience:

Through the IRAP, apprentices will achieve a validated, industry-recognized certification based on education, experience, and successful completion of the IRAP and written exam, while receiving credit for prior learning and prior experience. This IRAP provides a pathway via stackable, industry-recognized credentials: Certified Medical Administrative Assistant (CMAA®) and/or Certified Clinical Medical Assistant (CCMA®) offered by the National Healthcareer Association (NHA).

Competencies are identified for each certification within the IRAP, creating a transparent pathway common among all workers. As such, the IRAP focuses on the underlying knowledge, attitudes, personal attributes, and interpersonal skills that are important to the Medical Assisting occupation. These competencies may also be used to design pre-apprenticeship programs and/or design effective screening tools when recruiting apprentices to the program. Successful apprentices will generally perform administrative and certain clinical duties under the direction of a physician.

CMAA (administrative) apprentices will gain competencies in these domains: healthcare systems and settings, medical terminology, basic anatomy and physiology, communication and professionalism, medical law/ethics/compliance, scheduling, patient encounters, the billing and revenue cycle, and medical practice administrative procedures/logistics.

CCMA (clinical) apprentices will gain competencies in these domains: healthcare systems and settings, medical terminology, basic pharmacology, nutrition, psychology, anatomy and physiology, clinical patient care, patient care coordination/education, administrative assisting, communication and customer service, and medical law/ethics.

In addition to the technical content, employability skills will be emphasized that provide the successful elements of a successful worker. Generic skills such as oral and written communication, work ethic, working appropriately with others to accomplish tasks, creating effective teams, problem-solving when general procedures do not work, self-directed life-long learning, critical thinking to seek the right solution, and interpersonal skills will be embedded into the work-based learning model at employer discretion. These are the behaviors that will be reinforced daily and will provide the "teachable moment" as apprentices work through the job tasks and participate in activities such as recording vital statistics or other health information, cleaning medical equipment, administering medications or immunizations, and assisting practitioners to perform medical procedures.



### **Preceptors:**

During the IRAP, apprentices receive structured mentorship by trained Preceptors, who provide job mentoring, structured learning activities to facilitate learning, and conduct performance evaluations and competency skills gains assessments.

### **Industry-Recognized Credentials:**

Apprentices can earn nationally recognized credentials, Certified Medical Administrative Assistant (CMAA®) and/or Certified Clinical Medical Assistant (CCMA®) offered through the National Healthcareer Association (NHA), allowing for a buildable career pathway in medical assisting. The MA IRAP includes OJT in a healthcare facility guided by a preceptor. Related instructional components occur via online courses through NHA.

#### ***National Healthcareer Association (NHA)***

*Choose one or both credentials*

##### *Certified Medical Administrative Assistant (CMAA®)*

*Through NHA's CMAA credential, apprentices gain knowledge to establish a basic foundation in administrative medical assisting principles. Medical administrative assistants (also called medical office assistants or medical secretaries) are critical in keeping healthcare offices running smoothly, and also play an important role in the patient experience.*

##### *Certified Clinical Medical Assistant (CCMA®)*

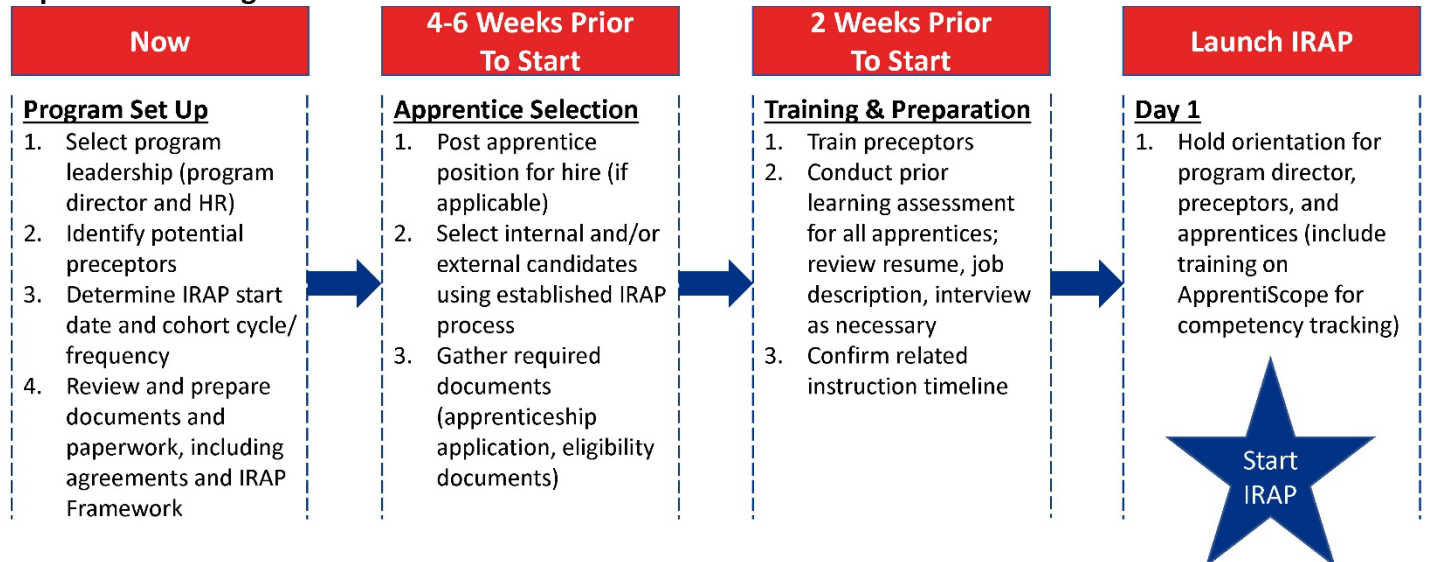
*Through NHA's CCMA credential, apprentices gain knowledge to establish a thorough foundation in clinical medical assisting principles. MAs are critical members of healthcare teams in a variety of medical settings. MAs are often the first and last person a patient interacts with, making a lasting impact on the patient experience.*

For more information on eligibility, please refer to the candidate handbook on the NHA website and/or the IRAP Occupational Framework & Written Training Plan. Sitting for the exam is dependent upon completion of competencies for the IRAP and the approved coursework.

### **Credit for Prior Learning and Experience:**

Apprentices will be granted credit toward the apprenticeship for prior learning and experience (Prior Learning Assessment, PLA). Documentation includes collecting evidence of an apprentice's skills and experience through review of resume, prior job descriptions, self-assessment, and any other applicable evidence. Two or more qualified persons (Preceptor + 1) will review the self-assessment information along with all other evidence collected to determine an appropriate recommendation of credit for prior learning and proper placement within the IRAP.

## Steps for Launching the IRAP:



## Program Completion Requirements:

Because IRAPs are a competency-based training model, they focus more on the apprentice's ability to demonstrate competencies in an observable and measurable manner. Therefore, an apprenticeship is complete when the required competencies, delivered and assessed by the Preceptor, are confirmed in the workplace.

- Competency-based completion through assessment of the apprentice's level of skill
- Required related instruction with assessments
- Required on-the-job training
- Required practice exams and final exam to achieve credential

## Program Evaluation and Reporting:

Training program evaluation ensures training activities serve the purpose for which they were intended and make the best use of available resources. Further, training program evaluation provides comprehensive feedback on the value and effectiveness of the program. Program evaluation measures the quality, effectiveness, and value of the IRAP compared to stated training program objectives of apprentices, Preceptors, and employer-partners. Procedures for gathering and synthesizing apprentice, Preceptor, and employer-partner feedback include obtaining program and experiential data via specific survey design and distribution. Program feedback is provided through evaluation methods such as:

- Apprentice evaluations
- Preceptor evaluations
- Employer evaluations
- Preceptor training evaluations

Data collected for the program is reported to the Department of Labor and the ANSI National Accreditation Board.

## Competencies

The core competencies are the behaviors to be learned and performed by an apprentice in order to be successful on the job. The competencies for this IRAP were developed through collaboration with subject matter experts in learning theory, credentialing, and healthcare. By achieving the core competencies, apprentices will be able to perform the responsibilities for entry- to mid-level medical assisting roles. *A list of competencies for the apprenticeship follows these pages.* Competency domain examples include:

- Foundational knowledge (healthcare systems & settings, medical terminology, basic anatomy & physiology, basic pharmacology, nutrition, psychology)
- Communication and professionalism; customer service
- Medical law, ethics, and compliance
- Scheduling
- Patient encounters
- Clinical patient care
- Patient care coordination and education
- Administrative assisting
- Billing and revenue cycle
- Medical practice administrative procedures and logistics

## IRAP On-the-Job Training

OJT is a type of structured work experience that prepares the apprentice to learn the skills needed to be successful in their chosen occupation. This includes assessing the apprentice for proper placement into the apprenticeship – teaching only the skills necessary to accelerate through the program. OJT should be designed to allow the apprentice to feel confident in the experience – to ask questions, to learn, and to grow.

Components of a successful apprenticeship job training experience include:

- Frequent meetings between the apprentice and preceptor focused on things such as...
  - Custom timeline for each apprentice
  - Competencies broken down into parts and achievable goals
  - Tracking of competency development
  - Identify clear performance objectives – how to complete each task and related competency
  - Demonstrate, explain, and repeat tasks/competencies
  - Use the designated performance rubric to assess learning
  - Track final achievement of competencies within the Dallas College online tracking system – ApprentiScope
- Apprentice shadowing the preceptor/supervisor guided by the competency list
- Apprentice will practice tasks until performance level of 3 or 4 is achieved for every competency (see below)
- Sample performance levels:
  - 1 – Cannot perform this skill and requires considerable assistance and/or supervision
  - 2 – Can perform this skill but requires some assistance and/or supervision
  - 3 – Can perform this skill satisfactorily without assistance or supervision
  - 4 – Can perform this skill without supervision and with initiative and adaptability to problems

PATIENT CARE COORDINATION & EDUCATION	1	2	3	4
<i>Use the tasks below to determine if the employee has achieved competency; must be 3 or 4.</i>				
Competencies				
Review patient records prior to visit to ensure the appropriate information is provided to provider				✓
Collaborate with healthcare providers and community-based organizations to ensure seamless and comprehensive healthcare for designated patients		✓		
Given a specific scenario, provide providers with accurate information regarding educational and community resources for patients			✓	

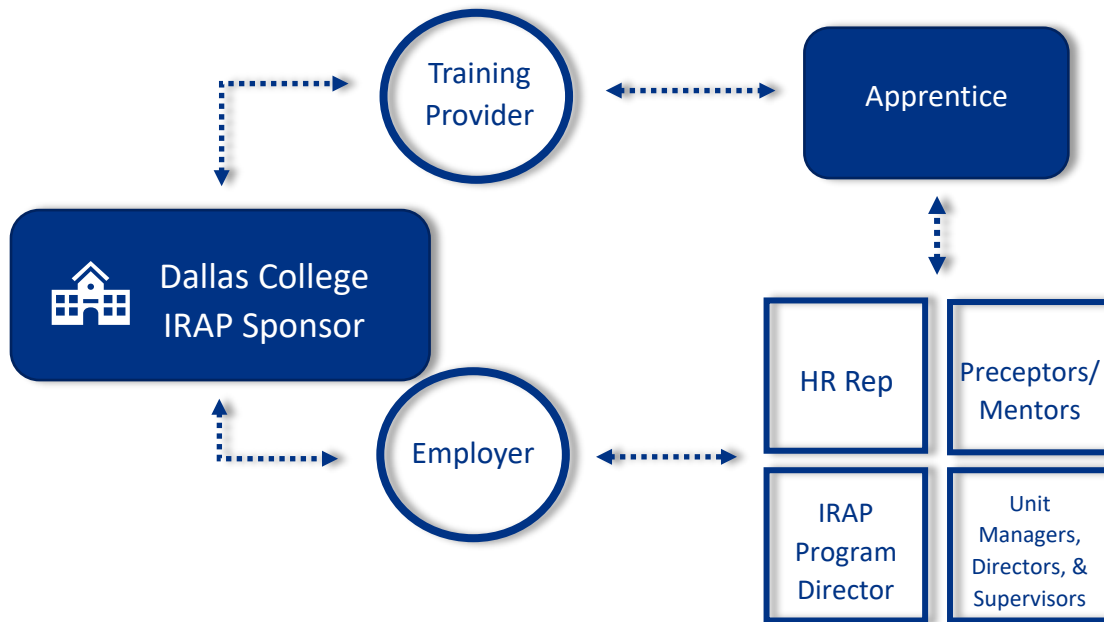
## Related Instruction (Coursework)

Coursework teaches foundational knowledge, skills, abilities, and competencies in a setting outside traditional on-the-job training (OJT). Related instruction reinforces competencies obtained while working on the job, and supplement with theoretical/technical knowledge not easily conveyed in an OJT setting. The IRAP is aligned to the NHA learning system which includes several self-paced tools designed to equip people who are seeking the credential(s).



## Roles & Responsibilities

A program set up for success will include a highly coordinated effort to support the apprentice to get the most out of the apprenticeship experience and corresponding career pathway. Several roles are required for the IRAP. For a more detailed description of roles, please see the IRAP Occupational Framework & Written Training Plan.



### Apprentice:

- Participate in apprenticeship orientation.
- Performs tasks to learn competencies through observation, under supervision, and independently.
- Maintains work log on each competency/task attempted/achieved.
- Meets with program director and Preceptors on a regular basis to discuss/reaffirm expectations.
- Participate in required assessments before, during, and after the apprenticeship.
- Uses apprenticeship tracking software program provided by IRAP Sponsor to evaluate progress.
- Attend and successfully pass related instruction courses as assigned.
- Use constructive feedback to improve performance and meet required competencies.

### Preceptor:

- Responsible for guiding the OJT learning experience, using measurable competency-based criteria to assess skill and knowledge gains, including relevant attitudes, attributes, and behaviors. Use relevant knowledge, skills, abilities, and experience to provide supervision and mentorship. Apply adult learning theories and learning assessments (trained by IRAP Sponsor staff).
- Preceptors must have at least three (3) years of working experience in medical assisting. Preceptors should have previous experience coaching/leading/instructing others.
- Preceptors are required to attend Preceptor Training and Apprentice Orientation.
- Provide structured mentorship in the form of job guidance and supervision to facilitate and evaluate learning.
- Hold 1:1 meetings with apprentices to determine existing knowledge and skills, and identify program goals, objectives, and expectations.

### Employer-Based Program Director:

- Responsible for oversight of the program to ensure integration of the HR/business, day-to-day program operations. Should maintain frequent communication and reporting to the IRAP Sponsor.
- Should understand the Medical Assistant occupation and be capable of executing the required apprenticeship administrative components and deliverables. A typical Program Director may be in a role such as Practice Manager, Clinical Manager, or an Organizational Leader with responsibilities supervising clinical and/or medical office responsibilities.
- The Program Director is required to attend Preceptor Training and Apprentice Orientation.



### **Training Provider/Instructor:**

- Provide related instruction to fill competency gaps and reinforce concepts learned during on-the-job training.

### **IRAP Sponsor:**

- Where applicable, pre-screen applicants to verify funding eligibility requirements.
- Manage apprenticeship application process.
- Manage apprenticeship tracking and reporting systems.
- Authorize/approve qualified Preceptors.
- Train Preceptors on the basics of mentoring and the nuts and bolts of an IRAP.
- Facilitate the coordination of assessment of prior learning.
- Register and enroll apprentices in RTI classes as required.
- Interact with apprentices to provide guidance, answer questions, and offer support services.
- Hear and resolve complaints of violations of apprenticeship agreements/standards in collaboration with the employer.
- Maintain records and report required data elements to the recognition body.
- Evaluate the program regularly, ensuring recognition body compliance, industry standards, and continuous quality improvement.



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### **Specialized Knowledge**

- Apprentices will learn and master principles and competencies through on-the-job learning and related instruction as well as coaching, supervision, and evaluation by qualified professionals.
- Apprentices will master foundational knowledge, including healthcare systems/settings, medical terminology, and basic anatomy and physiology.
- Apprentices will comprehend medical law, ethics, and compliance issues related to daily responsibilities.
- Apprentices may assist physicians with medical procedures and exams.
- Apprentices will be proficient at phone screening and patient triage.
- Apprentices will learn how to do medical scribing effectively and accurately.
- Apprentices may learn how to coach others in making decisions about their health.
- Apprentices will become super users of the electronic health record.
- Apprentices will be experts at helping patients navigate the health system.
- Apprentices will accurately maintain written documentation regarding patients.
- Apprentices will demonstrate professionalism, dependability, and verbal communication skills.

# Medical Assistant IRAP Performance Rubric

## Certified Medical Administrative Assistant (CMAA) Credential

Apprentice Name	
Date of Assessment	

### Performance Rubric Level Descriptions

- 1 – Cannot perform this skill and requires considerable assistance and/or supervision
- 2 – Can perform this skill but requires some assistance and/or supervision
- 3 – Can perform this skill satisfactorily without assistance or supervision
- 4 – Can perform this skill without supervision and with initiative and adaptability to problems

Competency No.	Competencies	Performance Rubric			
		1	2	3	4
<b>1</b>	<b>Foundational Knowledge</b>				
<b>1.1</b>	<b>Health Care Systems &amp; Settings</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.1.1	Identify common types of healthcare organizations and their delivery models (e.g., outpatient/inpatient, patient centered medical home, collaborative care, accountable care organization, hospice, home health care, mobile health unit)				
1.1.2	Given a specific healthcare organization, describe the relationship between administrative/front office and clinical processes and procedures				
1.1.3 <b>Critical</b>	List and describe the common types of health records and implications for use (e.g., paper or electronic, including app-based/mobile, computer-based, web-based, or cloud-based/online)				
1.1.4	Describe the components of Electronic Health Record (EHR) and Electronic Medical Record (EMR) components (e.g., demographic information, clinical records, medication administration record, diagnoses, laboratory reports, orders, billing information)				
<b>1.2</b>	<b>Medical Terminology</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.2.1 <b>Critical</b>	Given a common medical term(s), define, pronounce and correctly spell the medical term				
1.2.2	Given a common medical term(s), identify and define the prefix, root, and suffix (e.g., an-, hyper-, hypo-, cardi/o, -osis, -pathy, -ist)				
1.2.3	Identify, describe, and provide examples of common professional abbreviations and acronyms (e.g., CNS (central nervous system), OP (outpatient), PE (physical exam), EEG (electroencephalogram), etc.)				
1.2.4	Given a specific term or abbreviation, determine if it is on The Joint Commission's (TJC) "Do Not Use" list				
<b>1.3</b>	<b>Basic Anatomy &amp; Physiology</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.3.1 <b>Critical</b>	List and describe signs and symptoms of common diseases, conditions, and injuries				
1.3.2	List and describe major anatomical structures, locations, and positions (e.g., gastrointestinal system, urinary tract system, skeletal system, etc.)				
1.3.3 <b>Critical</b>	List and describe functions of major body systems (e.g., cardiovascular system, gastrointestinal system, etc.)				
<b>2</b>	<b>Communication &amp; Professionalism</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
2.1 <b>Critical</b>	Appropriately communicate with patients, caregivers, providers, other personnel, and third-party payers, according to organizational guidelines				
2.2	Given a challenge/difficult customer service occurrence and/or patient interaction, manage it according to organizational guidelines				
2.3	Given a specific scenario, adapt verbal and nonverbal communications to diverse audiences (e.g., patients and caregivers, medical and non-medical personnel, external entities)				



2.4	Given a specific scenario, adapt verbal and nonverbal communications with patients and caregivers based on special considerations (e.g., language barriers, pediatric, geriatric, hearing impaired, vision impaired, persons with disabilities, health literacy level)				
2.5	Given a specific situation, clarify and relay communications between appropriate parties				
2.6	Define facilitation techniques to promote teamwork and team engagement				
2.7	Select the appropriate provider instructions, both written and verbal, for pre/post tests and/or procedures				
2.8	Given a specific scenario, provide patients with information regarding educational and community resources				
2.9	Describe examples of professionalism to include appropriate appearance, hygiene, demeanor, maintaining professional boundaries, language, and tone				
<b>3 Medical Law, Ethics, &amp; Compliance</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
3.1	Describe and ensure compliance with laws, regulations, and guidelines (e.g., Occupational Safety and Health Administration [OSHA], The Joint Commission's National Patient Safety Goals, Centers for Medicare & Medicaid Services [CMS], the Office of the Inspector General [OIG], Americans with Disabilities Act Amendments Act [ADAAA])				
3.2	Demonstrate compliance with standards and guidelines such as HIPAA Privacy and Security Rules, as well as organization and facility policy				
3.3	Define HIPAA Privacy Rule and organization/facility policies to release Protected Health Information (PHI)				
3.4	Demonstrate adherence to the Patient's Bill of Rights (also known as The Patient Care Partnership) including rules regarding consent, the right to go to a medical specialist, the right to keep the same physician or be seen by another physician, the right to a second opinion, medical record ownership, right to refuse treatment, and ADA compliance				
3.5	Demonstrate adherence to requirements regarding reportable violations or incidents according to Federal & State laws, regulations, and guidelines, as well as organization and facility policy (e.g., fraud, security breach, errors in patient care, accidents in the workplace)				
3.6	Perform duties within legal scope of practice as defined by the CMAA certification body				
3.7	Adhere to professional code of ethics as defined by the CMAA certification body				
<b>4 Scheduling</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
4.1	Given the purpose for appointment, type of service, appointment intervals, provider's preferences, availability, needs, and schedule matrix, determine the optimal scheduling				
4.2	Given a specific scenario or provider, determine the appropriateness for a telehealth appointment and, if applicable, provide patient with specific instructions for connection and schedule as telehealth appointment				
4.3	Describe and demonstrate the process of patient registration, including the collection and verification of patient information (e.g., name, date of birth, insurance, billing address, best method of contact, and accurate contact information)				
4.4	Describe and demonstrate the process of scheduling appointment in a specified electronic health record (EHR) and/or manual paperwork requirements				
4.5	Confirm appointments, monitor patient portal notifications, and provide patient with instructions, according to organizational policies and guidelines (e.g., bring identification and proof of insurance, copayment requirements, arrival time, etc.)				
4.6	Describe protocols for no-show, missed, cancelled, or rescheduled appointments, according to organizational policies and guidelines				
4.7	Schedule diagnostic testing and procedures including preauthorization, referrals, scheduling preadmission testing, and schedule follow-up appointments, according to organizational policies and guidelines				

4.8	Conduct pre-appointment screening and confirmation according to organizational policies and guidelines (e.g., symptom screening questionnaires, vaccination questions, insurance or health status changes, technology capability, and assistance checks for telehealth)				
<b>5 Patient Encounter</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
5.1	Accurately check-in patients and make changes as needed (e.g., check identification, address, phone number, date of birth, etc.)				
5.2	<b>Critical</b> Verify insurance information, including reviewing insurance card and coverage benefits, co-payment/coinsurance, secondary or tertiary insurance, or changes in coverage				
5.3	Based on insurance coverage, accurately discuss patient's financial responsibilities and appropriately respond to common insurance inquiries (e.g., copayments, coinsurance, deductibles, allowed amounts, etc.)				
5.4	Ensure accurate completion of required patient intake forms (e.g., assignment of benefits, notice of privacy practices, advance directives, release forms, financial responsibility, etc.)				
5.5	Accurately document initial patient encounter and completion of required information				
5.6	Ensure all pertinent information has been entered into the electronic health record (EHR), including information from intake forms and test results from previous visits				
5.7	Accurately identify and flag duplicate patient electronic health records that may require merging.				
5.8	Accurately conduct patient check-out procedures (e.g., provide post-visit summary documents, discuss required follow-up, address patient questions, etc.)				
<b>6 Billing &amp; Revenue Cycle</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
6.1	Accurately prepare documentation for billing				
6.2	Accurately perform charge reconciliation (e.g., correct use of electronic health record software, entering charges, posting adjustments, accounts receivable procedures, etc.)				
6.3	Accurately bill patients, insurers, and third-party payers for services performed				
6.4	Accurately perform payment collection and create statements				
6.5	Manage resolution of billing issues with insurers and third-party payers, including appeals and denials				
<b>7 Medical Practice Administrative Procedures &amp; Logistics</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
7.1	<b>Critical</b> Manage and review medical records to ensure records are secure, complete, up-to-date, and sign-off has occurred				
7.2	Accurately perform financial procedures (e.g., management of petty cash, end-of-day financial reconciliation, etc.)				
7.3	Accurately perform opening and closing procedures (e.g., enabling/disabling answering service, checking messages, allowing time for system updates, preparing medical records for the day, planning for daily activities, turning equipment on/off, cleaning reception area, stocking supplies, etc.).				
7.4	Accurately verify contents of deliveries and sort and distribute to appropriate recipients				
7.5	Manage inventory of administrative supplies and complete required documentation				
7.6	Demonstrate basic computer skills including use of email, word processing, spreadsheets, internet, and hardware (e.g., copiers, fax machines, scanners, etc.)				

# Medical Assistant IRAP Performance Rubric

## Certified Clinical Medical Assistant (CCMA) Credential

<b>Apprentice Name</b>	
<b>Date of Assessment</b>	

### Performance Rubric Level Descriptions

- 1 – Cannot perform this skill and requires considerable assistance and/or supervision
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Competency No.	Competencies	Performance Rubric			
		1	2	3	4
<b>1</b>	<b>Foundational Knowledge</b>				
<b>1.1</b>	<b>Health Care Systems &amp; Settings</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.1.1	Describe the role and various responsibilities of the Medical Assistant and its relationship to other healthcare providers and allied health personnel				
1.1.2 <b>Critical</b>	Perform duties within legal scope of practice as defined by the CCMA certification body				
1.1.3	Describe potential career pathways for the CCMA				
1.1.4	Determine the conditions in which licensing or certification would be required				
1.1.5	Identify common types of healthcare organizations and their delivery models (e.g., outpatient/inpatient, patient centered medical home, collaborative care, accountable care organization, hospice, home health care, mobile health unit)				
1.1.6	Describe the differences between a general medical practitioner (e.g., general practitioner) and a specialty provider (e.g. cardiologists)				
1.1.7	Describe types of ancillary services to include urgent cares, laboratory services, diagnostic imaging, occupational therapy, and physical therapy				
1.1.8	Describe types of alternative therapies to include acupuncture, chiropractic, energy therapy, and dietary supplements				
1.1.9	Describe the fundamentals of a health insurance plan				
<b>1.2</b>	<b>Medical Terminology</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.2.1	Identify, describe, and provide examples of common professional abbreviations and acronyms (e.g., CNS (central nervous system), OP (outpatient), PE (physical exam), EEG (electroencephalogram), etc.)				
1.2.2	Describe the major terms for conditions, instruments, and procedures				
1.2.3	Given a common medical term(s), identify and define the prefix, root, and suffix (e.g., an-, hyper-, hypo-, cardi/o, -osis, -pathy, -ist)				
1.2.4	List and describe major positional and directional terminology (e.g., posterior, anterior, lateral, medial, flexion, extension, abduction, adduction, etc.)				
<b>1.3</b>	<b>Basic Pharmacology</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.3.1	Given a commonly approved prescribed medication, describe its classification and purpose (e.g., albuterol, amoxicillin, cephalexin, insulin, etc.)				
1.3.2	Given a commonly approved prescribed medication, accurately use the proper pharmacological abbreviation in written or electronic communications				
1.3.3	Describe medication classifications and their various uses (e.g. antibiotics, antidepressants, antivirals)				
1.3.4	Recognize and describe the different medication schedules and the types of medications in each schedule				
1.3.5	Given a specific medication, describe potential side effects, adverse effects, indications, and contra-indications				
1.3.6	Describe the characteristics of the imperial measurement system (household) and the metric system				

1.3.7	Given a metric measurement, accurately convert a medication dosage to imperial measurements				
1.3.8	Given an imperial measurement, accurately convert a medication dosage to metric measurements				
1.3.9	Accurately calculate the appropriate medication dosage in either the metric or imperial measurement system				
1.3.10	List forms of medication and their specific routes (e.g., aerosols: inhalation, capsules: oral, powders: topical, etc.)				
1.3.11	List common medications that tend to sound and look alike (e.g., hydroxyzine v hydralazine, and hydrocodone v hydromorphone, etc.)				
1.3.12	List and describe routes of medication administration (e.g., parenteral, enteral, other)				
1.3.13	List and describe the four types of pharmacokinetics: absorption, distribution, metabolism, and excretion				
1.3.14	List and describe the twelve (12) rights of medication administration: the right patient, medication, dose, route, time, assessment, refusal, technique, documentation, reason, know, and evaluation				
1.3.15	Describe the content available in the Physicians' Desk Reference and other online resources available for referencing medications				
1.3.16	Describe the principles of proper storage and disposal of medications				
<b>1.4</b>	<b>Nutrition</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.4.1	Describe general dietary needs of an individual with no condition or disease				
1.4.2	Describe dietary needs of an individual with common diseases and conditions				
1.4.3	List major vitamins, their functions, and food sources				
1.4.4	List the three types of eating disorders and describe their warning signs and symptoms				
1.4.5	Given a food label, accurately describe the listed elements				
<b>1.5</b>	<b>Psychology</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.5.1	List and describe Erik Erickson's stages of psychosocial development				
1.5.2	Apply Erik Erickson's stages of psychosocial development in a clinical setting				
1.5.3	List and describe Benjamin Maslow's Hierarchy of Needs				
1.5.4	Apply Benjamin Maslow's Hierarchy of Needs in a clinical setting				
1.5.5	List and describe Kubler-Ross's end of life stages of grief				
1.5.6	Apply Kubler-Ross's end of life stages of grief in a clinical setting				
1.5.7	Describe psychological and social aspects affecting patients who have physical disabilities and common types of diseases				
1.5.8	Describe psychological and social aspects affecting patients who are developmentally delayed				
1.5.9	Describe environmental and socioeconomic stressors that can lead to depression and other psychological impairments				
1.5.10	Describe what a mental-health screening includes and the specific tasks the medical assistant will be responsible for completing				
1.5.11	List common defense mechanisms that shield the mind from unpleasant thoughts or painful memories (e.g., apathy, dissociation, physical avoidance, suppression, etc.)				
<b>2</b>	<b>Anatomy &amp; Physiology</b>				
<b>2.1</b>	<b>Body Structures &amp; Organ Systems</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
2.1.1	List and describe major anatomical structures, locations, and positions (e.g., gastrointestinal system, urinary tract system, skeletal system, etc.)				

2.1.2 <b>Critical</b>	List and describe functions of major body systems				
2.1.3	List and describe how functions of major body systems interact				
<b>2.2</b>	<b>Pathophysiology &amp; Disease Processes</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
2.2.1 <b>Critical</b>	List signs, symptoms, and etiology of common diseases, conditions, and injuries				
2.2.2	List common diagnostic measures and treatment modalities				
2.2.3	Discuss the incidence, prevalence, and risk factors of common diseases				
2.2.4	List common risk factors that lead to high mortality and morbidity				
2.2.5	Define epidemic and pandemics, and describe past methods utilized to lessen severity				
<b>2.3</b>	<b>Microbiology</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
2.3.1	List and describe the functions of a cell's organelles (e.g., nucleus, cell wall, cell membrane, cytoplasm, mitochondria, lysosomes, nucleolus)				
2.3.2	List and describe major categories of micro-organisms and give examples of diseases each causes				
2.3.3	Differentiate between pathogens and nonpathogens				
2.3.4	List and describe infectious agents that cause disease and describe the chain of infection and conditions of growth				
<b>3</b>	<b>Clinical Patient Care</b>				
<b>3.1</b>	<b>General Patient Care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
3.1.1	Explain and demonstrate the medical assistant's role and responsibilities in preparing the examination and procedure room				
3.1.2	Given an environment, identify patient safety issues within the clinical setting and make appropriate adjustments related to the patient's specific needs				
3.1.3	Complete a comprehensive clinical intake process, including the purpose of the visit				
3.1.4 <b>Critical</b>	List and demonstrate methods and techniques for measuring vital signs				
3.1.5	Explain and demonstrate methods for obtaining anthropometric measurements				
3.1.6	Identify, document, and report abnormal vital signs to the appropriate provider				
3.1.7	Assist the provider with general physical examinations				
3.1.8	Assist the provider with specialty examinations				
3.1.9	Given a specific procedure, correctly prepare patients for the given procedure				
3.1.10	Given a particular procedure, list the appropriate steps for preparing and administering medications and/or injectables using nonparenteral and parenteral routes (excluding IV) (e.g., oral, buccal, sublingual, intramuscular, intradermal, subcutaneous, topical, transdermal, and inhalation)				
3.1.11	Given a particular medication and/or injectable, instruct patients how to appropriately administer medication				
3.1.12	Describe and demonstrate the appropriate steps for removing staples and sutures				
3.1.13	Describe and demonstrate safe techniques for administering optic, otic, and topical medications				
3.1.14	Describe and demonstrate appropriate methods for ear and eye irrigation				
3.1.15	Given a particular situation, demonstrate appropriate procedures for administering first aid and basic wound care				
3.1.16	Given a specific situation, determine if it is an emergency or priority situation				
3.1.17	Given an emergency situation, respond and take immediate appropriate action				
3.1.18	Correctly perform CPR procedures				
3.1.19	Given a minor or traumatic injury, assist provider as directed or within the scope of your practice in a clinical setting				
3.1.20	Assist with surgical interventions as directed by the provider (e.g., sebaceous cyst removal, toe nail removal, colposcopy, cryosurgery)				
3.1.21	Accurately review provider's discharge instructions and plan of care				
3.1.22	Accurately communicate provider's discharge instructions and plan of care to patient orally and/or in writing				

3.1.23	Given specific federal, state, local, and credentialing requirements, follow guidelines for sending orders for prescriptions and refills by telephone, fax, and/or email				
3.1.24	Accurately document aspects of patient care in patient's written and/or electronic record				
3.1.25	Compare and contrast an EHR (electronic health record) vs an EMR (electronic medical record) system(s)				
3.1.26	Accurately operate the basic functions of an EHR and/or an EMR system				
3.1.27	Properly enter physician or provider orders and administrative documentation/information into an EMR utilizing a CPOE system (Computerized Physician Order Entry)				
<b>3.2</b>	<b>Infection Control</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
3.2.1	Recognize agents that cause disease, and identify measures, strategies, and techniques used to prevent the disease				
<b>Critical</b> 3.2.2	Describe and adhere to regulations and guidelines related to infection control				
3.2.3	Adhere to guidelines regarding hand hygiene recommendations, and follow proper hand-washing techniques				
3.2.4	Define and describe the differences between sanitization and disinfection				
3.2.5	Given a specific procedure, determine if sanitation or disinfection is appropriate				
3.2.6	Properly perform sterilization procedures of supplies and equipment, in a clinical setting, according to manufacturer's guidelines				
3.2.7	Perform appropriate aseptic techniques for various clinical situations				
3.2.8	Dispose of biohazardous materials as dictated by OSHA (e.g., sharp's containers, red bags, etc.)				
<b>3.3</b>	<b>Testing &amp; Laboratory Procedures</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
3.3.1	Accurately collect nonblood specimens including urine, stool, sputum, and cultures				
3.3.2	Accurately perform point-of-care testing following CLIA (clinical laboratory improvement amendments) regulations				
3.3.3	Accurately perform procedures for testing vision and hearing				
3.3.4	Accurately perform procedures for a scratch test and intradermal allergy testing				
3.3.5	Accurately perform spirometry/pulmonary testing and educate patients on how to use a peak flow meter				
3.3.6	Accurately recognize normal and abnormal values for common laboratory tests and describe common protocol for handling lab values that are abnormal or at critical levels				
3.3.7	Accurately identify requirements for matching and labeling laboratory specimens				
3.3.8	Accurately identify requirements for handling, processing, storing, transporting, and disposing of laboratory specimens				
<b>3.4</b>	<b>Phlebotomy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
3.4.1	Accurately verify phlebotomy order details to include patient identification and determine whether or not the patient followed testing preparation instructions				
3.4.2	Accurately select appropriate phlebotomy supplies for the laboratory test(s) ordered				
3.4.3	Determine the venipuncture method to be used (evacuated tube method, syringe method, butterfly method)				
3.4.4	Accurately position and prepare the arm for venipuncture				
<b>Critical</b> 3.4.5	Accurately perform venipuncture				
3.4.6	Properly perform a capillary puncture and determine the proper order to draw when using microcapillary tubes				



3.4.7	Properly perform post-procedural care including bandaging procedures and providing discharge instructions				
3.4.8	Accurately handle blood samples as required for diagnostic purposes				
3.4.9	Accurately process blood specimens for laboratory (e.g., time management, etc.)				
3.4.10	Accurately match and label specimen to patient and completed requisition				
3.4.11	Properly prepare samples for transportation to a reference (outside) laboratory				
3.4.12	Follow guidelines in distributing laboratory results to ordering providers after matching patient to provider				
<b>3.5</b>	<b>EKG &amp; Cardiovascular Testing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
3.5.1	Prepare patients for EKG (electrocardiogram) and cardiovascular testing procedures				
3.5.2	Accurately perform cardiac monitoring tests				
3.5.3	Identify when EKG equipment is not functioning properly				
3.5.4	Assist the provider with noninvasive cardiovascular profiling				
3.5.5	As directed, transmit results or report to a patient's EMR or paper chart, and to the provider				
<b>4</b>	<b>Patient Care Coordination &amp; Education</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
4.1	Review patient records prior to visit to ensure the appropriate information is provided to provider				
4.2	Collaborate with healthcare providers and community-based organizations to ensure seamless and comprehensive healthcare for designated patients				
4.3	Given a specific scenario, provide providers with accurate information regarding educational and community resources for patients				
4.4	Facilitate patient compliance (e.g., continuity of care, follow up, medication compliance) to optimize health outcomes				
4.5	Provide accurate information and participate in arranging seamless transition of care for patients				
4.6	Participate in and provide accurate information in team-based patient care partnerships				
<b>5</b>	<b>Administrative Assisting</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
5.1	Describe and demonstrate the process of scheduling appointments in a specified electronic health record (EHR) and/or manual paperwork requirements				
5.2	Verify insurance information, including reviewing insurance card and coverage benefits, co-payment/coinsurance, secondary or tertiary insurance, or changes in coverage				
5.3	Accurately check-in patients and make changes as needed (e.g., check identification, address, phone number, date of birth, etc.)				
5.4	Accurately conduct patient check-out procedures (e.g., provide post-visit summary documents, discuss required follow-up, address patient questions, etc.)				
5.5	Using ICD-10-CM, ICD-10-PCS, HCPCS, and CPT codes and modifiers, accurately verify <b>Critical</b> diagnostic and procedural codes				
5.6	Obtain and verify prior authorizations and pre-certifications				
5.7	Prepare documentation and billing requests using current coding guidelines				
5.8	Ensure that documentation complies with government and insurance requirements				
5.9	Accurately perform charge reconciliation (e.g., correct use of electronic health record software, entering charges, posting adjustments, accounts receivable procedures, etc.)				
5.10	Accurately bill patients, insurers, and third-party payers for services performed				
5.11	Manage resolution of billing issues with insurers and third-party payers, including appeals and denials				
5.12	Manage and review medical records to ensure records are secure, complete, up-to-date, and sign-off has occurred				

5.13	Accurately facilitate/generate referrals to other healthcare providers and allied healthcare professionals				
5.14	Describe and ensure compliance with laws, regulations, and guidelines (e.g., Occupational Safety and Health Administration [OSHA], The Joint Commission's National Patient Safety Goals, Centers for Medicare & Medicaid Services [CMS], the Office of the Inspector General [OIG], Americans with Disabilities Act Amendments Act [ADAAA])				
5.15	Manage inventory of clinical and administrative supplies and complete required documentation				
<b>6 Communication &amp; Customer Service</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
6.1 <b>Critical</b>	Given a specific scenario, adapt verbal and nonverbal communications to diverse audiences (e.g., patients and caregivers, medical and non-medical personnel, external entities)				
6.2	Given a specific scenario, adapt verbal and nonverbal communications with patients and caregivers based on special considerations (e.g., language barriers, pediatric, geriatric, hearing impaired, vision impaired, persons with disabilities, health literacy level)				
6.3	Given a specific situation, accurately clarify and relay communications between appropriate parties				
6.4	Given a challenge/difficult customer service occurrence and/or patient interaction, manage it according to organizational guidelines				
6.5	Appropriately communicate with patients, caregivers, providers, other personnel, and third-party payers, according to organizational guidelines				
6.6	Describe and execute facilitation techniques to promote teamwork and team engagement				
<b>7 Medical Law &amp; Ethics</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
7.1 <b>Critical</b>	Comply with appropriate legal and regulatory requirements for patient care				
7.2	Adhere to professional code of ethics as defined by the CCMA certification body				
7.3	Obtain, review, and comply with legal medical directives of the patient				
7.4	Obtain and document healthcare proxies and agents				
7.5	Provide, collect, and store MOLST forms (medical order for life sustaining treatment)				
7.6	Define HIPAA Privacy Rule and organization/facility policies to release Protected Health Information (PHI)				
7.7 <b>Critical</b>	Demonstrate compliance with standards and guidelines such as HIPAA Privacy and Security Rules, as well as organization and facility policy				
7.8	Demonstrate adherence to requirements regarding reportable violations or incidents according to Federal & State laws, regulations, and guidelines, as well as organization and facility policy (e.g., fraud, security breach, errors in patient care, accidents in the workplace)				
7.9	Demonstrate understanding of cultural differences and personal or religious preferences to provide unbiased care				

**Amy Mackenroth**

Senior Director, National Partnerships  
[amy.mackenroth@dallascollege.edu](mailto:amy.mackenroth@dallascollege.edu)

**Krista Watkins**

Project Manager, Global Programming & Relations  
[krista.watkins@dallascollege.edu](mailto:krista.watkins@dallascollege.edu)

**Cynthia Brink**

Project Lead  
[cbrink@dallascollege.edu](mailto:cbrink@dallascollege.edu)

**Dallas College – Bill J. Priest Institute**

1402 Corinth Street  
Dallas, TX 75215

[solutionsdevelopment@dcccd.edu](mailto:solutionsdevelopment@dcccd.edu)  
[workforce.dcccd.edu](http://workforce.dcccd.edu)

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