



# Commission on Accreditation of Allied Health Education Programs

## Standards and Guidelines

### *for the Accreditation of Educational Programs in Medical Assisting*

*Standards* (formerly "Essentials") and *Guidelines* for an Accredited Educational Program for the Medical Assistant Standards initially adopted in 1969; revised in 1971, 1977, 1984, 1991, 1999 adopted by the American Association of Medical Assistants' Endowment and the Commission on Accreditation of Allied Health Education Programs.

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) grants accreditation to programs in Medical Assisting upon the recommendation of the Curriculum Review Board (CRB) of The American Association of Medical Assistants' Endowment (AAMAE).

These are the minimum *Standards* of quality used in accrediting programs that prepare individuals to enter the medical assisting profession. The extent to which a program complies with these *Standards* determines its accreditation status; the *Standards*, therefore, constitute the minimum requirements to which an accredited program is to be held accountable. *Standards* are printed in regular typeface in outline form.

*Guidelines* provide examples intended to assist in interpreting the *Standards*. *Guidelines* are printed in italic typeface in narrative form.

Sections I and III of these *Standards* are common to all educational programs accredited by CAAHEP. Section II contains the specific requirements for preparing Medical Assistants.

### **Preamble Objective**

The American Association of Medical Assistants' Endowment establishes, maintains and promotes appropriate continuous quality standards for educational programs in Medical Assisting and provides recognition for educational programs which meet the minimum *Standards*. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies and the public.

These *Standards* are to be used for the development, evaluation and self-analysis of Medical Assisting programs. On-site review teams perform a fundamental function in the on-site evaluation of a program's relative compliance with the *Standards*.

### **Section I: General Requirements for Accreditation**

#### **A. Sponsorship**

1. Educational programs in medical assisting must be established in public or private postsecondary institution(s) as defined and accredited by agencies recognized by the U.S. Department of Education

or in an institutional consortium. A consortium must consist of two or more institutions, one of which must be an accredited postsecondary educational institution as defined above. A consortium must have a written agreement for the purpose of sponsoring an educational program in medical assisting.

In programs in which instruction and externship are provided by two or more institutions and/or sites, responsibilities for program administration, instruction, supervision and other functions of the sponsoring institutions and of each affiliate must be clearly documented as a formal affiliation agreement or memorandum of understanding.

*In cooperation with committees on accreditation, CAAHEP accredits individual educational programs sponsored by the institutions. As a programmatic accreditor, CAAHEP looks to institutional accrediting agencies to ensure that institutions meet the established minimum institutional standards.*

*Affiliation agreements or memoranda of understanding are documents that state the nature of the commitments between two or more institutions. They should be documented, reviewed periodically and formalized to ensure the availability of resources for the provision of effective education.*

2. Accredited educational programs must be established in:

- a. Community, technical and junior colleges, senior colleges and universities
- b. Postsecondary vocational/technical schools and institutions
- c. Postsecondary proprietary schools
- d. Other postsecondary institutions or consortia which meet comparable standards for education in medical assisting. A consortium cannot include a K through 12 institution.

3. The sponsoring institution assumes primary responsibility for:

- a. Student admission;
- b. Curriculum planning;
- c. Selection of course content;
- d. Coordination of classroom teaching and laboratory practice;
- e. Supervised clinical practice;
- f. Appointment of faculty;
- g. Receiving and processing applications for admission;
- h. Granting the certificate, diploma or degree documenting satisfactory completion of the educational program;
- i. Providing assurance that the activities assigned to students in an externship setting are appropriate to the program.

## **B. Resources**

1. **Personnel:** The program must have leadership and management. Program personnel must possess the necessary qualifications to perform the functions identified in documented institutional job descriptions. The program must have a designated program director, medical advisor, advisory committee, faculty and adequate clerical and support staff. In accordance with institutional policy and practices, these officials must possess the qualifications and assume the responsibilities in the following descriptions:

### **a. Program Director**

(1) Responsibilities: The director of the educational program must be responsible for the:

- a. organization;
- b. administration;
- c. continuous review;
- d. planning;
- e. development;
- f. effectiveness;  
of the program.
- g. The program director's teaching assignment, if any, must allow time for administrative responsibilities.

*The program director should have time to fulfill administrative and instructional responsibilities. Administrative duties may include program management and record keeping; curriculum development and evaluation; faculty selection; student selection and advising; participation in the budgetary process; participation in the development of printed materials related to the program; and clinical coordination.*

(2) Qualifications: The director must demonstrate academic background and relevant work experience. This must include:

- a. formal education with a minimum of an associate degree;
- b. educational theory or practice;
- c. post-secondary and/or vocational/technical teaching experience;
- d. work experience relevant to medical assisting in an ambulatory health care setting (defined as a minimum of 40 hours performing or observing the administrative and clinical routines relevant to medical assisting.)

*Academic background should include formal education in the area of any teaching assignments. Academic preparation in educational methods should ensure that the program is educationally effective. Type and amount of background may vary depending upon the specific job description; however, the institution must be able to justify this as conducive to program effectiveness. The work experience should document performance of those skills relevant to medical assisting. Program outcomes may be used in the evaluation of the program director's qualifications and understanding of the medical assisting profession. Any teaching assignment should be in the same area of the program director's work experience.*

*It is desirable that the program director be a Certified Medical Assistant (CMA) holding current status.*

#### **b. Medical Advisor**

(1) Responsibilities: The medical advisor of the program must provide competent direction and/or guidance to ensure that the medical components of the curriculum, both instruction and externship, meet current acceptable performance standards.

*The role of the medical advisor should be defined in writing by the program. Examples of defined roles may include guest lecturer; Advisory Committee member; liaison between the physician community and the program; provider of externship experiences; and participant, as appropriate, in other activities to promote on-going program evaluation.*

(2) Qualifications: The medical advisor must be a physician (MD or DO), physician assistant or nurse practitioner currently licensed to practice.

*The medical advisor should be a practitioner from the community who understands the important role and function of the medical assistant in the health care system.  
The medical advisor should be licensed by any U.S. or Canadian jurisdiction.*

#### **c. Advisory Committee**

(1) Responsibilities:

- a. The committee must meet at least annually for program review.
- b. Advisory Committee meetings must be documented and include matters of program evaluation and review.

*The Advisory Committee should be composed of representatives of the community and keep minutes of activities. These activities should include, but not be limited to, program review, monitoring of placement and graduation statistics, curriculum changes, and review and interpretation of survey data.*

#### **d. Faculty and/or Instructional Staff**

(1) Responsibilities: Faculty must:

- a. develop instructional plans;
- b. direct and assess students' progress in achieving requirements in theory and practice;
- c. manage the daily routines of competency-based education.

*Faculty and/or instructional staff should be familiar with the goals of the program, responsible for monitoring student achievement of the objectives and responsible for student evaluation.*

(2) Qualifications: Faculty must be:

- a. knowledgeable in course content;
- b. qualified through work experience;
- c. effective in directing and evaluating student learning and laboratory practices;
- d. prepared in educational methods.

*The most important criteria are knowledge of the subject to be taught and the ability to organize and effectively present the subject to the students. Instructors for medical assisting course content should be selected according to their knowledge and ability as well as their academic credentials. Experience in a physician's office is desirable and should be in the area of the assigned instruction. Preparation in educational methods may include formal education, continuing education, and in-service activities.*

*It is desirable that the medical assisting faculty be Certified Medical Assistants (CMAs) holding current status.*

(3) Number: There must be sufficient faculty to provide students with instruction and supervised practice to acquire knowledge and competence needed for entry into the profession.

*The instructor:student ratio should be adequate to achieve the stated objectives of the curriculum. Class sizes may differ widely depending upon the instructional method used; however, the program should be able to justify class size as conducive to effective student learning. The student should be able to obtain personal contact with instructors when needed.*

**e. Clerical and Support Staff:** Clerical and other support staff must be available to meet the needs of the program director and faculty.

*Staff support duties may include duplicating, word processing, filing, mailings, assisting in the preparation of instructional materials, and other duties as requested.*

## 2. Professional Development

**a.** The administration must encourage and provide the opportunity for the program director and faculty to pursue continuing professional growth.

*The institution should have a written policy that ensures the opportunity for professional growth in maintaining and upgrading the staff's professional and instructional abilities. Budgetary allocations should provide release time, class coverage, travel, and tuition.*

**b.** The program director and full-time medical assisting faculty must each acquire and document at least sixty contact hours of continuing professional education every five years.

*Programs should have a policy that encourages continuing education in each individual's specialized content area. This should include ongoing instruction in curriculum design and teaching techniques. It is the faculty members' responsibility to maintain competence in their area.*

*Documentation of professional development may be provided by listing programs attended or presented, giving the title, sponsor, and dates for each program; continuing education credits earned*

*including in-service programs or academic course work pursued; activities and requirements necessary for maintaining credentials or licenses; papers published; and research conducted.*

### **3. Financial Resources**

The institution must ensure that there are sufficient financial resources to operate the program and fulfill obligations to matriculating and enrolled students.

*The sponsor should provide reasonable assurance that financial resources will meet the program's commitment to the students. Annual documentation of the program's financial resources should be maintained. Maintenance of complete records of the program's budget allocations and expenditures is encouraged. The program director should have input into the budgetary process.*

### **4. Physical Resources**

**a. Facilities:** Adequate facilities must be provided for:

- (1) classrooms;
- (2) laboratories;
- (3) storage;
- (4) externship sites;
- (5) program faculty offices.

*The instructional facilities of the program should be compatible with the instructional methods used by the program and aid in the achievement of program goals and curricular objectives.*

*Classrooms and laboratories should be of such size and design to permit all students, assigned at any given time period, to observe and perform all competencies. Storage space should be adequate for equipment and supplies.*

*The primary responsibility for securing and evaluating the externship sites lies with the program personnel. Sites should be identified and approved prior to student placement.*

*Offices for the program faculty should be reasonably accessible, private, and conducive to planning, evaluation and counseling responsibilities. The office(s) should also provide for the security of documents.*

#### **b. Equipment and Supplies**

(1) Equipment must be provided for:

- a. Students to observe and perform all required activities for learning;
- b. Faculty to use for instruction;
- c. Program staff to effectively manage and operate the program.

(2) Supplies must be provided for:

- a. Students to observe and perform all required activities for learning;
- b. Faculty to use for instruction;
- c. Program staff to effectively manage and operate the program.

(3) Electronic transmission devices must be provided for:

- a. Students to observe and perform all required activities for learning;
- b. Faculty to use for instruction;
- c. Program staff to effectively manage and operate the program.

*Equipment and supplies should reflect current practices in the administrative and clinical setting. Examples include autoclave, examination table, electrocardiograph, microscopes, centrifuge and*

*transcribers. All equipment should be in working order, sufficient in number, and available for use by students.*

### **c. Learning Resources**

(1) Library: Students must have ready access in time and location to an adequate number and variety of curriculum-related:

- a. current books;
- b. journals;
- c. periodicals;
- d. other reference materials;
- e. electronic resources.

*The library should contain printed and other media holdings to accommodate required study, promote independent study and research, and aid faculty in delivering and improving the program.*

*The sponsoring institution should provide funds on a continuing basis for electronic access to, or the purchase of periodicals, publications, and resources pertinent to medical assisting. Faculty should provide guidance to the library in the purchase of such books, periodicals and software.*

*Reference materials should include current texts on medical assisting, pharmacology, transcription, insurance, coding, medical law, medical ethics, laboratory techniques, anatomy and physiology, and medical terminology. References on the history of medicine and other background material, including dictionaries and periodicals, should be available.*

(2) Instructional Aids: Instructional aids must be available. The

- a. quantity;
- b. quality;

must enhance students' learning.

*Computer hardware and software, audio and visual resources, demonstration aids (such as anatomical models and charts) and administrative samples (such as records and reference materials) should be provided.*

## **C. Students**

### **1. Admission Policies and Procedures**

**a.** Admission of students must be made in accordance with clearly defined and published practices of the institution.

**b.** Specific academic standards required for admission to the program must also be clearly defined and published, and readily accessible to prospective students and the public.

**c.** Policies regarding:

- (1) any advanced placement;
- (2) transfer of credit;
- (3) credit for experiential learning;

must be readily accessible to prospective students.

**d.** Requirements for previous education must also be published and readily accessible.

*Students should be admitted into the program only after being given assurance that each will have a reasonable chance for success in the program and in the profession and that each has an understanding of the program expectations and the profession.*

*Provisions for advanced standing or acceleration should be considered and formalized when those options exist. The evaluation process should include one or more of the following:*

- (1) course challenge procedures;*
- (2) credit for prior experiential learning;*
- (3) conditions for transfer of course credit;*
- (4) conditions for granting advanced standing.*

## **2. Evaluation of Students**

**a.** A document including the:

- (1) entry-level competencies of the profession;
- (2) criteria for successful completion of each segment of the curriculum;
- (3) graduation requirements;

must be given in advance to each student.

**b.** Evaluations must be employed:

- (1) frequently;
- (2) timely;

to provide students and program officials with indications of the students' progress and academic standing.

*A copy of the course sequencing and requirements for graduation should be distributed upon entering the program. Course outlines/syllabi should include the entry-level competencies and evaluation methods with grading scale, and should be distributed at the beginning of each module or course.*

*Outlines, as well as frequent and timely evaluations, apply to all components of the program, including externship.*

## **3. Health**

**a.** The program officials must establish and document a policy and procedure to determine that the students' health will permit them to meet program requirements.

**b.** Health records must be maintained.

*The program should define, publish, and enforce policies and procedures to determine the student's health status. Health screening should be consistent with institutional policies. These requirements may include a physical examination, health history, screening for selected infectious diseases, or other health screenings consistent with institutional policy state and/or federal requirements.*

## **4. Guidance**

**a.** Students must have ready access to faculty for assistance and advice regarding academic concerns and problems.

**b.** Counseling or referral for problems that may interfere with the students' progress through the program must be provided.

*Students should have a clear understanding of the counseling services available to them. Counseling may take the form of group or individual discussions between students and appropriate staff or professional counselors. Confidentiality and impartiality in dealing with student problems should be maintained.*

*Staff should have adequate time available for student guidance.*

## **D. Operational Policies**

## 1. Fair Practices

**a.** Announcements and advertising must accurately reflect the program offered.

*Any accreditation statement for medical assisting should be in compliance with CAAHEP policy.*

**b.** Policies regarding:

- (1) Student recruitment and admission;
- (2) faculty employment practices must be in compliance with nondiscrimination requirements;

*Published statements should be available to prospective and current students and faculty.*

**c.** Academic credit and costs to the student must be published and distributed.

**d.** Policies and procedures for processing:

- (1) student grievances;
- (2) faculty grievances;

must be published and distributed.

**e.** Policies and procedures for:

- (1) student withdrawal;
- (2) refunds of tuition and fees must be defined and published.

**f.** The program must have a published policy that externship experience must be supervised.

**g.** The program must:

- (1) have a published policy that students will not receive remuneration for their externship experience;
- (2) distribute this policy to the:

- a. students;
- b. externship site.

**h.** The health and safety of:

- (1) patients;
- (2) students;
- (3) faculty;

associated with the educational activities must be adequately safeguarded.

*The program must meet institutional, state and federal requirements: Standard Precautions, Transmission-based Precautions, OSHA Regulations, etc.*

*Note: The CRB, surveyors, and staff will not provide legal opinions regarding interpretation of federal, state, or local laws.*

**2. Student Records.** Records must be maintained for students and graduates:

- a.** Grades and credit for courses must be recorded on the student transcript.
- b.** Transcripts must be permanently maintained by the sponsoring institution.

*The records of each student should include sufficient information to document satisfactory completion of all classroom, laboratory, and externship requirements. The records maintained by the institution*

*should be complete whether or not a student is successful in completing the prescribed course of instruction.*

*Current student records should include a completed application form; a copy of official transcripts; records of program content waived by experiential learning and advanced placement; and completed health forms.*

*The institution should maintain transcripts for a reasonable period of time and should conform to any federal or state laws.*

*NOTE: Federal law requires that these student files be open to the student at the student's request and that release of information is prohibited except with written consent of the student. This prohibition does not apply to program review by accrediting organizations in carrying out their accrediting function (P.L. 90-247, Section 438 [b] [1] [g]).*

## **E. Program Evaluation**

There must be a documented plan for a systematic review of the program effectiveness to aid the faculty, the institution and the accreditation agencies in assessing program qualities and needs.

*A written plan for continuous review should include the goals of the program, types of measurement tools used, time lines for implementation of each, summary of information collected and analysis of this information with its proposed action plan.*

### **1. Outcome Measurement**

**a.** Programs must routinely secure sufficient qualitative information about students and graduates.

(1) Internal Measurements: Information must be recorded for:

- a. Student admission and graduation statistics;
- b. Student evaluation of course/faculty;
- c. Student evaluation of institutional facilities and resources;
- d. Student evaluation of externship experience.

(2) External Measurements: Information must be recorded for:

- a. Graduate placement;
- b. Graduate survey (annual);
- c. Externship evaluations of students;
- d. Employer evaluation of graduates.

**b.** Programs must routinely secure sufficient quantitative information about students and graduates.

Quantitative results must include a minimum of two cycles of graduates/students.

(1) Internal Measurements: Information must be recorded for:

- a. Student admission and graduation statistics;
- b. Student evaluation of course/faculty;
- c. Student evaluation of institutional facilities and resources;
- d. Student evaluation of externship experience.

(2) External Measurements: Information must be recorded for:

- a. Graduate placement;
- b. Graduate survey (annual);
- c. Externship evaluations of students;
- d. Employer evaluation of graduates.

c. A minimum of two cycles of CMA examination results must be reported for all programs undergoing continuing accreditation.

*The program should design and implement its own outcome measurement instruments to assess program effectiveness. An outcome is defined as an educational accomplishment demonstrated by a student's improvement in knowledge and skills between enrollment and graduation.*

*Program evaluation methods should emphasize gathering and analyzing data on the effectiveness of the program. This may be accomplished through a variety of methods: surveys of current and former students, student competence in externship and follow-up studies of graduate employment and credentialing examination performance. All courses should be evaluated on a three-year rotation basis that provides for frequent review of the entire curriculum. In addition, comments from graduates and employers about the adequacy of the program in preparing them for employment should be sought. Program personnel should gather information from as many sources as possible, because a single source of data cannot be expected to provide conclusive findings.*

## 2. Implementation of Outcome Measurement Results

The results of ongoing evaluation must be:

- a. used to evaluate program effectiveness;
- b. reflected in the curriculum;
- c. reflected in other dimensions of the program.

*The program should be prepared to explain how the interpretation of the outcome measures has resulted in changes made within the program's curriculum. Other dimensions of change may include faculty development, teaching methods, facilities, institutional organization, budget, personnel policies and equipment.*

*Confirmed shortcomings should be corrected expeditiously.*

## Section II: Specific Requirements for Accreditation

### **Definition of the Profession:**

Medical assisting is a multi-skilled allied health profession whose practitioners function as members of the healthcare and delivery team and perform administrative and clinical procedures.

### **A. Curriculum**

The basic medical assisting curriculum must address:

1. **Length:** The program must be of sufficient length to address content and competencies necessary to prepare an entry-level Medical Assistant.

*Program length, which includes instruction and externship, should consist of a minimum program length of 24 semester or trimester credit hours or 36 quarter credit hours in an educational program whose length is measured in credit hours or 900 clock hours in an educational program whose length is measured in clock hours. Actual program length may vary, depending on institutional policy or state laws or regulations. It shall be the program's responsibility to justify the length as conducive to the program's effectiveness.*

2. **Content:** To provide for student attainment of the Entry-Level Competencies for the Medical Assistant, the curriculum must include, but not necessarily be limited to:

**a. Anatomy and Physiology**

- (1) Anatomy and physiology of all the body systems
- (2) Common pathology/diseases
- (3) Diagnostic/treatment modalities

**b. Medical Terminology**

- (1) Basic structure of medical words
- (2) Word building and definitions
- (3) Applications of medical terminology

**c. Medical Law and Ethics**

- (1) Legal guidelines/requirements for health care
- (2) Medical ethics and related issues
- (3) Risk management

**d. Psychology**

- (1) Basic principles
- (2) Developmental stages of the life cycle
- (3) Hereditary, cultural and environmental influences on behavior
- (4) Mental health and applied psychology

**e. Communication**

- (1). Principles of verbal and nonverbal communication
- (2). Recognition and response to verbal and nonverbal communication
- (3). Adaptations for individualized needs
- (4) Applications of electronic technology
- (5) Fundamental writing skills

**f. Medical Assisting Administrative Procedures**

- (1) Basic medical office functions
- (2) Bookkeeping and basic accounting
- (3) Insurance and coding
- (4) Facility management

**g. Medical Assisting Clinical Procedures**

- (1) Asepsis and infection control
- (2) Specimen collection and processing
- (3) Diagnostic testing
- (4) Patient care
- (5) Pharmacology
- (6) Medical emergencies
- (7) Principles of radiology

**h. Professional Components**

- (1) Personal attributes
- (2) Job readiness
- (3) Workplace dynamics
- (4) Allied health professions and credentialing

**i. Externship**

- (1) A minimum of 160 contact hours
- (2) Placement in an ambulatory health care setting

*Content may be integrated throughout the curriculum or included as a separate course/module*

**3. Structure**

**a.** Sequence: Course sequencing must be designed and documented to ensure student learning.

**b.** Syllabi: Course syllabi must include

- (1) a complete description of the course,
- (2) learning objectives,
- (3) topic outline,
- (4) applicable methods of evaluation.

*Course sequencing should be such that it promotes a logical progression of learning. The learning objectives should define expected course achievement. The methods of evaluation should clearly identify the criteria used in determining the student's final grade for the course.*

#### **4. Competency-Based Format**

**a. Administrative Procedures-Performance Objectives:** The curriculum must be developed in a competency-based format.

Each performance objective must consist of the following three components:

- (1) the specific task to be mastered;
- (2) the conditions under which the student is expected to perform the task;
- (3) the standard of performance for the task.

**b. Clinical Procedures-Performance Objectives:** The curriculum must be developed in a competency-based format.

Each performance objective must consist of the following three components:

- (1) the specific task to be mastered;
- (2) the conditions under which the student is expected to perform the task;
- (3) the standard of performance for the task.

**c. Instructional Strategies:** Instructional strategies must promote achievement of performance objectives of administrative and clinical procedures.

*Instructional strategies may include classroom lecture presentations, demonstrations, research, discussions, role-playing, simulations, and supervised classroom practice.*

**d. Learning Experiences:** Classroom activities must provide an opportunity for student application of the performance objectives for administrative and clinical procedures.

*Classroom activities should be appropriate to the instructional plan and to the learning needs of the students.*

**5. Evaluation Methods of Entry-Level Competencies for the Medical Assistant:** The evaluation method must ensure and document achievement of the competencies of the entry-level Medical Assistant.

Competency content in all three areas (administrative, clinical and transdisciplinary) should be presented utilizing manual and state-of-the art methods.

**a. Administrative Competencies:**

(1) Perform Clerical Functions

- a. Schedule and manage appointments
- b. Schedule inpatient and outpatient admissions and procedures
- c. Perform medical transcription
- d. Organize a patient's medical record
- e. File medical records

(2) Perform Bookkeeping Procedures

- a. Prepare a bank deposit
- b. Reconcile a bank statement

- c. Post entries on a daysheet
- d. Perform accounts receivable procedures
- e. Perform accounts payable procedures
- f. Perform billing and collection procedures
- g. Prepare a check
- h. Establish and maintain a petty cash fund

(3) Prepare Special Accounting Entries

- a. Post adjustments
- b. Process credit balance
- c. Process refunds
- d. Post NSF checks
- e. Post collection agency payments

(4) Process Insurance Claims

- a. Apply managed care policies and procedures
- b. Apply third party guidelines
- c. Obtain managed care referrals and pre-certifications
- d. Perform procedural coding
- e. Perform diagnostic coding
- f. Complete insurance claim forms
- g. Use a physician's fee schedule

**b. Clinical Competencies:**  
(Invasive procedures must be taught to clinical competency.)

(1) Fundamental Principles

- a. Perform handwashing
- b. Wrap items for autoclaving
- c. Perform sterilization techniques
- d. Dispose of biohazardous materials
- e. Practice Standard Precautions

(2) Specimen Collection

- a. Perform venipuncture
- b. Perform capillary puncture
- c. Obtain throat specimen for microbiological testing
- d. Perform wound collection procedure for microbiological testing
- e. Instruct patients in the collection of a clean-catch mid-stream urine specimen
- f. Instruct patients in the collection of fecal specimens

Invasive procedures must be taught to clinical competency.

(3) Diagnostic Testing

- a. Use methods of quality control
- b. Perform urinalysis
- c. Perform hematology testing
- d. Perform chemistry testing
- e. Perform immunology testing
- f. Perform microbiology testing
- g. Screen and follow-up test results

- h. Perform electrocardiograms
- i. Perform respiratory testing

#### (4) Patient Care

- a. Perform telephone and in-person screening
- b. Obtain vital signs
- c. Obtain and record patient history
- d. Prepare and maintain examination and treatment areas
- e. Prepare patient for and assist with routine and specialty examinations
- f. Prepare patient for and assist with procedures, treatments, and minor office surgery
- g. Apply pharmacology principles to prepare and administer oral and parenteral medications
- h. Maintain medication and immunization records
- i. Obtain CPR certification and first aid training

*Patient care instruction should encompass all phases of the life cycle: pediatric, adult and geriatric. Adaptations for special needs patients should be addressed.*

#### c. Transdisciplinary Competencies

Transdisciplinary Competencies may be addressed in clinical, administrative or both areas.

##### (1) Communicate

- a. Respond to and initiate written communications
- b. Recognize and respond to verbal communications
- c. Recognize and respond to nonverbal communications
- d. Demonstrate telephone techniques

##### (2) Legal Concepts

- a. Identify and respond to issues of confidentiality
- b. Perform within legal and ethical boundaries
- c. Establish and maintain the medical record
- d. Document appropriately
- e. Perform risk management procedures

##### (3) Patient Instruction

- a. Explain general office policies
- b. Instruct individuals according to their needs
- c. Instruct and demonstrate the use and care of patient equipment
- d. Provide instruction for health maintenance and disease prevention
- e. Identify community resources

##### (4) Operational Functions

- a. Perform an inventory of supplies and equipment
- b. Perform routine maintenance of administrative and clinical equipment
- c. Utilize computer software to maintain office systems

*Methods of assessment should measure stated performance objectives.*

6. Evaluation Methods of Content : Evaluation methods must ensure and document student achievement of knowledge required of the entry-level medical assistant for:

- a. Anatomy and Physiology
- b. Medical Terminology
- c. Medical Law and Ethics
- d. Psychology
- e. Communications
- f. Medical Assisting Administrative Procedures
- g. Medical Assisting Clinical Procedures
- h. Professional Components
- i. Externship

*Faculty should demonstrate that the evaluation methods chosen are consistent with the learning and performance objectives being tested. Methods of assessment should be carefully designed and constructed to measure stated learning and performance objectives at the appropriate level of difficulty. Methods used to evaluate skills and behaviors should be consistent with stated externship performance expectations and designed to assess competency attainment.*

7. Externship must be:

- a. completed prior to graduation;
- b. structured so that experience is obtained in:
  - (1) Applying knowledge, developing professional attitudes and interacting with other health care professionals and patients;  
with other health care professionals, and patients
  - (2) Performing administrative procedures;
  - (3) Performing clinical procedures.

*The program should ensure that the externship experience and instruction of students is meaningful and parallel in content and concept with the material presented in lecture and laboratory sessions. These sites should be selected so that each student is afforded a variety of experiences, while at the same time all students are provided consistent learning opportunities.*

## **Section III. Maintaining and Administering Accreditation**

### **A. Program and Sponsoring Institution Responsibilities**

#### **1. Applying for Accreditation**

The accreditation review process conducted by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by requesting an application form and returning it to:

American Association of Medical Assistants' Endowment  
Department of Accreditation  
20 North Wacker Drive, Suite 1575  
Chicago, Illinois 60606-2903

The CRB of The AAMA Endowment may require additional application documents. The applicant will then be contacted to ensure an expeditious processing of program application and review.

At any time before the final accreditation action is made by CAAHEP, a program or sponsoring institution may withdraw its request for initial or continuing accreditation.

## **2. Administrative Requirements for Maintaining Accreditation**

To maintain accreditation, the following actions are required:

- a.** The program must submit a Self-Study Report and any required progress reports within a time period determined by the CRB.
- b.** The program must agree to a site visit date before the end of the period for which accreditation was awarded.
- c.** The program must inform the CRB within six months, of changes in institutional accreditation, program personnel, substantial changes in program length or curriculum, and/or changes in certificate/diploma/degree offerings.
- d.** The sponsoring institution must inform CAAHEP and the CRB of the transfer of program sponsorship, in accordance with CAAHEP policy.
- e.** The program and the sponsoring institution must submit fees to AAMA Endowment and CAAHEP according to their established deadlines.
- f.** The program must complete and return the CAAHEP Annual Report by the established deadline to ensure an accurate listing of the program and its sponsoring institution in the annual publications of the national directory of CAAHEP-accredited programs.
- g.** The program must complete and return the AAMA Endowment Annual Report form by the established deadline.

Failure to meet these administrative requirements for maintaining accreditation may lead to being placed on Administrative Probation and ultimately to having accreditation withdrawn.

## **B. CAAHEP and CRB Responsibilities**

### **1. Administering the Accreditation Review Process**

At the written request of the sponsoring institution's chief executive officer or designated representative, CAAHEP and the CRB will assess an applicant's relative compliance with the Standards.

The accreditation review process includes a Self-Study Report and an on-site evaluation of the program. The sponsoring institution may request a second site visit if the performance of a site visit team is determined to be unacceptable by the CRB or CAAHEP.

Before the CRB formulates its accreditation recommendation to CAAHEP, the sponsoring institution is given an opportunity to comment in writing on the report of the site visit team and to correct factual errors by the established deadline.

Before recommending Probationary Accreditation of an accredited program to CAAHEP, the CRB provides the sponsoring institution with an opportunity to respond in writing to the cited deficiencies. The CRB's reconsideration of a recommendation for Probationary Accreditation is made on the basis of conditions existing when the CRB arrived at its recommendation to CAAHEP and on subsequent documented evidence of corrected deficiencies provided by the applicant.

CAAHEP assignments of Probationary Accreditation, including those following CRB reconsideration, are final and are not eligible for further appeal.

### **2. Withholding or Withdrawing Accreditation**

Before recommending Accreditation Withheld or Accreditation Withdrawn to CAAHEP, the CRB provides the sponsoring institution an opportunity to request reconsideration. The CRB's reconsideration of a recommendation for Accreditation Withheld or Accreditation Withdrawn is made on the basis of conditions existing when the CRB arrived at its recommendation to CAAHEP and on subsequent documented evidence of corrected deficiencies provided by the applicant. Decisions to withhold or withdraw accreditation may be appealed. A copy of the CAAHEP appeals procedures for

Accreditation Withheld or Withdrawn accompanies the letter notifying the sponsoring institution of one of these actions. When accreditation is withdrawn, the sponsoring institution's chief executive officer is provided with a clear statement of each deficiency in the program's relative compliance with the Standards and is informed that application for accreditation as a new applicant may be made whenever the program considers itself to be in compliance with the Standards.

All students successfully completing a program which holds accreditation at any point during their enrollment are regarded as graduates of a CAAHEP accredited program.

### **3. Inactive Program**

A sponsoring institution that requests inactive status for the program must comply with CAAHEP policy and procedure that is in place at the time of the request.

Note: These *Standards* were accurate as of the time of publication. The *Standards* are frequently reviewed and revised; for the most recent version, contact the applicable accrediting agency.