



AAMA 2018–2019

Occupational Analysis of Medical Assistants

Findings shed light on current medical assisting scope of work

To ensure the currency and unsurpassed quality of the CMA (AAMA)® Certification Exam and the CMA (AAMA) credential, the Certifying Board (CB) of the American Association of Medical Assistants® (AAMA) undertakes an occupational analysis of the medical assisting profession approximately every five years. The CB used Prometric, a leading testing and measurement firm, to assist with the 2018–2019 occupational analysis.

The survey instrument, derived from the initial phase of the occupational analysis process, asked a large variety of medical assistants with diverse backgrounds and employment histories to rank task and knowledge statements in order of importance for their current medical assisting positions. A total of 4,054 survey recipients responded. As a result, the data derived from the survey are quite robust and provide the CB with sufficient empirical evidence for the CB to fulfill its mission of testing knowledge currently required of practicing medical assistants and awarding the CMA (AAMA) credential to knowledgeable and competent medical assistants.

The findings of the occupational analysis give the CB direction to update the *Content Outline for the CMA (AAMA) Certification Exam* (available on the AAMA website¹), which enables the Task Force

for Test Construction (TFTC) to write exam items that measure the knowledge, skills, and professional attributes required by employers, delegating professionals, and supervisors of medical assistants. The results also provide data valuable for the Medical Assisting Education Review Board (MAERB) in revising the “Core Curriculum” in appendix B of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*.² In addition, the Continuing Education Board (CEB) of the AAMA uses the information to develop continuing education vehicles that are relevant for medical assistants and other health professionals.

Development of the occupational analysis survey

A task force committee consisting of a diverse and representative group of medical assistants met to develop task and knowledge statements that reflect what medical assistants need to know and be able to do to be considered competent medical assistants. Prometric staff served as facilitators of this meeting.

The task force committee concluded that there are four major domains into

Legal Scope of Practice

This occupational analysis does not delineate the legal scope of medical assisting practice. Legally delegable responsibilities vary from state to state. Scope of practice questions should be directed to AAMA CEO and Legal Counsel Donald A. Balasa, JD, MBA, at dbalasa@aama-ntl.org.

which the task and knowledge statements should be classified:

- Administrative
- Clinical competency
- Communication
- Legal and ethical issues

The task and knowledge statements were incorporated into the occupational analysis survey instrument. Each recipient of the survey was asked to rate each task statement and knowledge statement according to the following scale:

- 0 for no importance
- 1 for little importance
- 2 for moderate importance
- 3 for important
- 4 for very important

Ranking of importance of task statements

The ratings of each task statement by the 4,054 survey participants were compiled and averaged. Because task statements deemed to be *very important* were assigned a numeric value of 4, the statements with the highest average rating were determined to be most important. Table 1 lists the task statements, the major domains into which they were categorized, and their importance values (from most important [4] to least important [0]).

	Task statements	Major domain	Importance
1	Maintain confidentiality and patient privacy (Health Insurance Portability and Accountability Act of 1996 [HIPAA])	Legal and ethical issues	3.97
2	Work within scope of practice	Legal and ethical issues	3.94
3	Respect patient preferences without personal bias (respect for gender, ethnicity, developmental level, sexual orientation, etc.)	Legal and ethical issues	3.93
4	Comply with the organization's policies and procedures	Legal and ethical issues	3.92
5	Maintain appropriate hand hygiene	Clinical competency	3.91
6	Maintain accurate patient records using appropriate medical terminology	Legal and ethical issues	3.91
7	Maintain patients' personal boundaries	Legal and ethical issues	3.91
8	Maintain professionalism (with vendors, patients, colleagues, etc.)	Communication	3.88
9	Review medications and allergies	Clinical competency	3.82
10	Maintain respect for cultural diversity	Communication	3.81
11	Comply with mandatory reporting requirements (federal and state)	Legal and ethical issues	3.81
12	Adhere to standards related to patient safety	Clinical competency	3.81
13	Establish rapport with patients	Communication	3.79
14	Apply universal precautions	Clinical competency	3.79
15	Interact with patients at the level of each patient's understanding	Communication	3.77
16	Stay up to date with facility policies and procedures	Communication	3.77
17	Adhere to federal and state regulations pertaining to minors	Legal and ethical issues	3.76
18	Obtain patient vital signs	Clinical competency	3.76
19	Document details of interaction with patients	Clinical competency	3.76
20	Identify and adapt approach to communication barriers (e.g., language, special needs, age)	Communication	3.76
21	Review and document reason for visit (including chief concern and associated signs and symptoms)	Clinical competency	3.74
22	Maintain current consent, release forms, and contracts	Legal and ethical issues	3.74
23	Recognize how cultural differences impact patient treatment plans and adapt accordingly	Communication	3.73
24	Report findings to the provider	Clinical competency	3.73
25	Appropriate cleaning and sterilization of equipment and rooms	Clinical competency	3.73
26	Appropriate use of medical equipment and quality control checks	Clinical competency	3.72
27	Obtain orders from the provider	Clinical competency	3.71
28	Ensure all parties understand the plan of care	Communication	3.71

	Task statements	Major domain	Importance
29	Identify patient needs or urgency	Clinical competency	3.71
30	Label specimens correctly (including location, patient, date, time, etc.)	Clinical competency	3.71
31	Prepare patients for examinations, procedures, and treatments	Clinical competency	3.70
32	Prepare room and instruments for patient examination	Clinical competency	3.69
33	Determine appropriate cleaning and disposal of biohazard materials	Clinical competency	3.67
34	Report observations and summary of findings to the provider	Clinical competency	3.63
35	Stay up to date with current state regulations	Legal and ethical issues	3.63
36	Use learning resources to maintain knowledge of current medical practices	Communication	3.62
37	Apply institutional policy on safety in the workplace environment	Clinical competency	3.61
38	Participate in educational opportunities to stay up to date	Communication	3.61
39	Determine appropriate personal protective equipment (PPE)	Clinical competency	3.59
40	Review patient history	Clinical competency	3.59
41	Document patient preference (e.g., preferred name and pronouns, cultural and religious preferences)	Communication	3.58
42	Provide follow-up instructions to patients per the provider's recommendation	Clinical competency	3.56
43	Identify safety resources (e.g., material safety data sheets [MSDS], exits, fire extinguishers, crash carts)	Clinical competency	3.54
44	Obtain history of illness or mechanism of injury	Clinical competency	3.54
45	Ensure that the patient verbalizes an understanding of their plan of care	Clinical competency	3.53
46	Identify patient rights for medication administration	Clinical competency	3.52
47	Document history of present illness	Clinical competency	3.49
48	Ask open-ended questions when interviewing patients	Clinical competency	3.49
49	Serve as a patient advocate	Communication	3.48
50	Prepare and maintain a sterile field	Clinical competency	3.47
51	Administer medications and immunizations (e.g., injectable, oral, topical, aerosol)	Clinical competency	3.46
52	Establish transmission-based (airborne, droplet, contact) precautions for patient procedures	Clinical competency	3.46
53	Identify patients' limitations and learning strengths	Communication	3.46
54	Discuss test results with patients as directed by the provider	Communication	3.45
55	Assist the provider with procedure	Clinical competency	3.45
56	Identify problems and formulate a plan of action	Clinical competency	3.45
57	Perform standing orders	Clinical competency	3.42
58	Perform testing (e.g., Clinical Laboratory Improvement Amendments [CLIA]–waived testing, electrocardiogram [ECG/EKG], spirometry, blood collection, phlebotomy, specimen collection)	Clinical competency	3.42
59	Describe procedure and obtain consent	Clinical competency	3.42
60	Provide information and set expectations for visits	Communication	3.40

	Task statements	Major domain	Importance
61	Request medication refills	Clinical competency	3.39
62	Determine appropriate screening per policy	Clinical competency	3.37
63	Provide the posttreatment instructions	Clinical competency	3.36
64	Serve as a communication liaison for the health care team	Communication	3.29
65	Identify risks involved for the patient procedure	Clinical competency	3.26
66	Document the procedure details	Clinical competency	3.26
67	Identify the roles of the health care team members	Communication	3.25
68	Recommend appropriate community resources	Communication	3.25
69	Coordinate schedules among providers for continuity of care	Communication	3.22
70	Manage the provider's schedule to ensure efficient workflow (e.g., making sure the patient has all the necessary studies, such as CT scan, MRI, blood work, and electromyogram [EMG])	Administrative	3.20
71	Perform wound and dressing care	Clinical competency	3.16
72	Draft letters per patient request (e.g., work release, return to work/school)	Clinical competency	3.11
73	Review diagnosis and health status	Communication	3.08
74	Maintain accurate documentation to support coding (Advance Beneficiary Notice [ABN] if applicable)	Administrative	3.08
75	Manage supplies and equipment (including expiration dates and equipment quality control)	Administrative	3.07
76	Schedule follow-up care (e.g., referrals, appointment, testing)	Clinical competency	3.06
77	Obtain a copy of patients' outside/transferred medical record as appropriate	Administrative	3.03
78	Review appropriate office policies with patients (e.g., service animals, cancellation and late arrival policies, weapons)	Communication	3.00
79	Verify patient demographics	Clinical competency	2.99
80	Provide an after-visit summary	Clinical competency	2.98
81	Obtain patient demographics	Clinical competency	2.95
82	Conduct review of systems	Clinical competency	2.94
83	Maintain primary care physician information	Administrative	2.94
84	Obtain the appropriate Current Procedural Terminology (CPT) and diagnosis codes for insurance authorization	Administrative	2.90
85	Record accurate codes for the patient visit (<i>International Classification of Diseases, Tenth Revision [ICD-10]</i> , Current Procedural Terminology [CPT])	Administrative	2.86
86	Initiate authorizations as appropriate	Administrative	2.86
87	Maintain up-to-date emergency contact information	Administrative	2.80
88	Provide training for support staff	Administrative	2.80
89	Collect current patient legal documents (e.g., do not resuscitate [DNR], do not intubate [DNI], living will, power of attorney, health advocacy)	Administrative	2.65
90	Maintain updated patient credentials (e.g., insurance card and eligibility, identification, consent forms)	Administrative	2.63

	Task statements	Major domain	Importance
91	Counsel patients on the process and status of insurance prior authorization/precertification	Administrative	2.61
92	Recommend to patients to stay up to date with their insurance policy (including coverage benefits, out-of-pocket costs, co-pays, deductibles)	Administrative	2.45
93	Draft appeal letters for patient authorizations for provider review and approval (per practice) and submit appeal letters to insurance companies	Administrative	2.38
94	Coordinate provider peer-to-peer review for authorization per practice	Administrative	2.37
95	Manage insurance co-pay and accounts receivable, and reconcile end-of-day financial reports	Administrative	1.80

Ranking of importance of knowledge statements

The ratings of each knowledge statement on the questionnaire were compiled and averaged. As was the case with the task statements, the knowledge statements of greatest importance have the highest average rating. Table 2 lists the knowledge statements and their importance values (from most important [4] to least important [0]).

Table 2. Ranked knowledge statements		
	Knowledge statements	Importance
1	Health Insurance Portability and Accountability Act of 1996 (HIPAA)	3.94
2	Privacy of patient conversations	3.93
3	Protected health information (including appropriate document handling and disposal)	3.92
4	Patient identification (e.g., name, date of birth)	3.89
5	Pertinent medical information	3.86
6	Electronic health record (EHR) and electronic medical record (EMR) systems, including documentation	3.85
7	Telephone etiquette	3.85
8	Vital signs (manual and electronic)	3.84
9	Medical terminology	3.83
10	Grammar (e.g., spelling, punctuation)	3.83
11	Medications and allergies	3.81
12	Disposal of hazardous materials (e.g., sharp objects, medications, biohazards)	3.81
13	Standard precautions and personal protective equipment (PPE)	3.80
14	The “rights” of medication administration (e.g., right client, right route, right dose)	3.79
15	Consent (implied, verbal, written, etc.) and consent forms	3.79
16	Scope of practice for medical assistants (state and federal)	3.78
17	Safety and emergency procedures	3.78
18	Personal boundaries	3.78
19	Signs and symptoms	3.77
20	Patient condition (e.g., mobility, special accommodations)	3.76

	Knowledge statements	Importance
21	Interpersonal relationship skills (e.g., de-escalation, customer service, verbal and nonverbal cues)	3.74
22	Procedures (sterile vs. nonsterile)	3.72
23	Anatomy and physiology	3.71
24	Personal rights of health care team members	3.70
25	Continuity of care	3.70
26	Safety resources (e.g., material safety data sheet [MSDS], exits, fire extinguishers, crash carts)	3.68
27	Tests, laboratory results, specimen collection techniques	3.67
28	Normal and abnormal ranges	3.64
29	Patient identification and demographics	3.61
30	Roles of the health care team members	3.61
31	Body mechanics	3.60
32	Federal and state regulations (e.g., about minors and dependent adults, consumer protection laws)	3.59
33	Pharmaceutical laws regarding opioids, refills, etc.	3.58
34	Equipment (names, types, cleaning, quality control, etc.)	3.56
35	Order processes and instructions (e.g., visit summary, patient education)	3.56
36	Instruments	3.56
37	Resources available to patients (e.g., interpreters, special equipment, case managers, financial aid)	3.52
38	Documentation techniques and formatting techniques	3.45
39	Patient visit type and pre-visit planning	3.42
40	Resources (e.g., immunization schedules, Centers for Disease Control and Prevention [CDC], local health department)	3.40
41	Electronic health record (EHR) schedule management (patient schedule and staff schedule)	3.38
42	Interviewing techniques and reporting formats	3.37
43	Office policy regarding standing orders, expiration dates, equipment quality control, licenses, certifications, credentials, etc.	3.37
44	Referral processes and resources	3.36
45	Pharmacology (administration, interactions, contraindications, etc.)	3.34
46	Required equipment and maintenance	3.33
47	Wound care	3.31
48	Acceptable identifying documentation	3.27
49	Health information management	3.26
50	Required supplies and ordering process per institutional policy	3.21
51	Institutional and state reporting requirements	3.18
52	Training resources (including risk management, orientation, and safety)	3.15
53	Patient immunization eligibility resources	3.03
54	Legal and medical documentation (e.g., do not resuscitate [DNR], do not intubate [DNI], living will, power of attorney, health advocacy)	3.02
55	Codes and supporting documentation (e.g., diagnostic codes, procedure codes)	2.95

	Knowledge statements	Importance
56	Insurance types, authorizations, and resources (insurance contact information, time line, formulary, appeal process)	2.85
57	Institutional insurance policies	2.83
58	Insurance coverage for patient services and waivers (e.g., self-pay, advance beneficiary notice [ABN])	2.78
59	Coding	2.70
60	Basic financial processes	2.59

References

1. Exam content outline. American Association of Medical Assistants. Accessed June 14, 2020. <https://www.aama-ntl.org/cma-aama-exam/study/content-outline>
2. Commission on Accreditation of Allied Health Education Programs. *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*. Revised 2015. Accessed June 14, 2020. <http://www.maerb.org/Portals/0/Documents/MedicalAssistingStandards.pdf>