

CMA^{CM}Today

a PREGNANT PAUSE

Advise Patients to Stop
Substance Use during
Pregnancies



A Year in Review



It is hard to believe that it has been 11 months since I took the position of AAMA president in Myrtle Beach. This year has been nothing less than amazing. It has been a pleasure to have served in this capacity while watching so many great leaders step up and execute new ideas to promote and market our organization, profession, and credential.

This year, the Membership Development Strategy Team has increased the tangible benefits of membership, including a membership discount and a free CEU course with online early bird renewals. The Leadership Development Strategy Team provided an excellent virtual session with a professional speaker to help all state leaders grow and understand leadership roles, overcome obstacles, and strategize for success.

The Leadership Development Strategy Team has also put together a great State Leaders session that will take place at the upcoming AAMA Annual Conference in Lake Buena Vista, Florida. Please make plans to attend if you are registered for the conference and are a current state or chapter leader or if you are inspired to be a leader in the future, as all are welcome to attend. Our Annual Conference Committee, Awards Committee, and Continuing Education Board have made sure that the upcoming conference will have something special for every attendee.

The Marketing Strategy Team and the AAMA Marketing and Communications Department have continued to create ways to enhance our public and employer recognition. Our Social Media Committee has helped us update our online communications. The Partnership Task Force, Advisory Task Force, Editorial Advisory Committee, and AAMA staff continue to create opportunities to showcase the value of the CMA (AAMA)® and the medical assisting profession. AAMA members can view details about the accomplishments of all committees, officers, trustees, education boards, and the CEO in the 2023 House of Delegates Packet, available on the "Member Downloads" page on the AAMA website. Just remember to sign in for access.

This year has been very rewarding for me as president, and I am very proud and grateful for all the hard work and volunteer hours that each member of the Board of Trustees and the education boards has contributed. I am also very appreciative of the AAMA staff for their continued dedication and support. I also want to thank our Society of Past Presidents, state and chapter leaders, and members. Our team is unstoppable with strong people like you. Thank you for the great work you do every day at work, in your communities, and with the AAMA.

Lastly, thank you for your confidence and support in me during this nearly 10-year Board of Trustees journey. I look forward to working with President-Elect Monica Case, CMA (AAMA), in the 2023–2024 year. Monica will be a great leader and representative for the AAMA and its members.

Deborah Novak, CMA (AAMA)
2022–2023 AAMA President



AAMA® Mission

The mission of the American Association of Medical Assistants® is to provide the medical assistant professional with education, certification, credential acknowledgment, networking opportunities, scope-of-practice protection, and advocacy for quality patient-centered health care.



CMA (AAMA)® Certification

The CMA (AAMA) is awarded to candidates who pass the CMA (AAMA) Certification Exam. PSI Services LLC constructs and administers the exam. The CMA (AAMA) credential must be recertified every 60 months by the continuing education or exam method.

Board of Trustees

President

Deborah Novak, CMA (AAMA)

Vice President

Monica Case, CMA (AAMA)

Secretary-Treasurer

Virginia Thomas, CMA (AAMA)

Immediate Past President

Patty Licurs, CMA (AAMA), CPC

Speaker of the House

Aimee Wicker, CMA (AAMA)

Vice Speaker of the House

Sherry Bogar, CMA (AAMA), CN-BC

Trustees

Natasha Geno, ATS, CMA (AAMA)

Shelley Gingrich, CMA (AAMA)

Claire Houghton, CMA (AAMA)

Candace Miller, CMA (AAMA)

Pamela Neu, MBA, CMA (AAMA)

Jane Seelig, CMA-A (AAMA)

Sandra Williams, CMA (AAMA)

Executive Office

CEO and Legal Counsel

Donald A. Balasa, JD, MBA

Certification Director

Katie Gottwaldt

Communications Director

Miranda Sanks-Korenchan

Continuing Education and Membership Director

Nick Mickowski

Board Services Manager

Sharon Flynn

Customer Service Manager

Erika Mercado

Marketing Director

Gina Mokijewski



CMA^{CM}Today

4 aama update

AAMA Membership Dues Deals; Proactive Prevention; Earn Free AAMA CEUs While Learning About FASDs

6 public affairs

A Department of Education Proposed Rule Could Impact Career and Technical (Including Allied Health) Education

By Donald A. Balasa, JD, MBA

8 quick clinic

Wake-Up Call

Rising Uterine Cancer Rates Demand Awareness and Prevention

By Brian Justice

10 news you can use

New COVID-19 Booster Coming Soon; Vegetarian Dietary Patterns Linked to Reduced Cardiovascular Risk

24 for your health

Worth Writing Home About; Go With Your Gut!; Recycling the Right Way

26 practice manager

Friend or Faux Pas

Walk the Line between a Boss-Friend and the Manager

By Pamela Schumacher, MS, CCMF

28 educators forum

Refresh My Memory

How Educators Can Spruce Up Students' Memorization Strategies

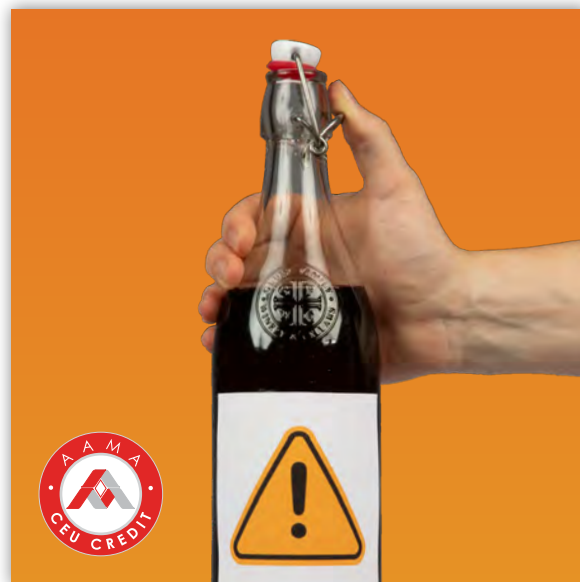
By Cathy Cassata

30 spotlight

Breaking Barriers

CMA (AAMA) Makes Accessibility a Priority for Patients with HIV

By Cathy Cassata



12^a PREGNANT PAUSE

Advise Patients to Stop Substance Use during Pregnancies

By Sandra Gonzalez, PhD, LCSW

22

Providers and Patients Highlight the Brilliance of These Valuable Health Care Professionals

By Cathy Cassata



Special Feature

Editorial Director Donald A. Balasa, JD, MBA

Marketing Director Gina Mokijewski

Managing Editor Miranda Sanks-Korenchan

Senior Editor Laura Niebrugge

Associate Editor Kelli Smith

Layout & Design Connor Satterlee

Editorial Advisory Committee

Chair: Shelley Gingrich, CMA (AAMA)

Natasha Ferrette, CMA (AAMA)

Doreen Hoch, CMA (AAMA)

Joshua Lehrer, MN, RN, CMA (AAMA)

Tonya Milam, BS, CMA (AAMA)

Diana Rogers, CMA (AAMA)

Paula Schubert, CMA (AAMA), CPT

Unless otherwise noted, articles are authored by professional writers who specialize in health-related topics. News blurbs are compiled by AAMA staff.

CMA Today (ISSN 1543-2998) is published bimonthly by the American Association of Medical Assistants, 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606. Periodicals postage paid at Chicago, Illinois, and at additional mailing offices.

Subscriptions for members are included as part of annual association dues. Nonmember subscriptions are \$60 per year.

The opinions and information contained in *CMA Today* do not necessarily represent AAMA official policies or recommendations. Authors are solely responsible for their accuracy.

Publication of advertisements does not constitute an endorsement or guarantee by the AAMA of the quality or value of the advertised services or products.

Contact us at CMAToday@aama-ntl.org or 800/228-2262.

Postmaster: Send address changes to AAMA Membership Department, 20 N. Wacker Dr., Ste. 1575, Chicago, IL 60606.

© 2023 American Association of Medical Assistants. All rights reserved.

AAMA Membership Dues Deals

To show its support of medical assistants, the AAMA Board of Trustees is offering the following early bird specials to new and renewing members who sign up for AAMA membership between **July 1, 2023, and Oct. 31, 2023 (before midnight)**:

- **New! Complimentary Online Continuing Education (CE) Course for Online Sign-Ups.** Receive access to a **free online CE course** via the AAMA e-Learning Center. Soon after you sign up, you'll get an email from the AAMA notifying you that you've been granted access to the free course in the e-Learning Center. When you're ready to take the course, sign in to the e-Learning Center and go to "My Courses," which is visible in the left-side bar. Once you click "My Courses," you'll see the course.
- **Discounted Dues for Online Sign-Ups.** Receive an \$8 discount! (*Discount does not apply to student members.*)
- **More Months of Membership.** More bang for your buck! The 2024 membership term has been extended to July 1, 2023, through Dec. 31, 2024, for all membership types. (*Read the "Join" webpage for details.*)

Be on top of your dues—if you are hoping to serve as a delegate or alternate for your state society to the 2024 AAMA House of Delegates, be sure to pay your dues well ahead of the Dec. 31 deadline so that the AAMA is able to report your active status to your state.

All Eyes on Legal Eye

Health care law changes quickly, but AAMA CEO and Legal Counsel Donald A. Balasa, JD, MBA, keeps his eye on matters affecting the medical assisting profession and the CMA (AAMA) credential. If you haven't checked in on *Legal Eye* lately, here's what you've been missing:

- **"Licensing Requirement for CCM Billing?"** Learn whether the services of unlicensed medical assistants can be considered CCM services that can be billed incident to the services of an overseeing/delegating licensed provider.
- **"Why the Certifying Board of the AAMA and the Medical Assisting Education Review Board Are Accountable to Third Parties."** Learn why the Certifying Board of the AAMA and the Medical Assisting Education Review Board must have autonomy in policy decision-making to remain accredited and recognized by third parties.
- **"Varying Scope of Practice Under Physicians and Nurse Practitioners."** Learn how medical assistants' scope of practice is determined and how it can vary under the supervision of different health care professionals.

Keep checking back, and remember to subscribe!

On the Web

Digital Badges

Under CMA (AAMA) Exam

Get answers to frequently asked questions about your CMA (AAMA)* digital badge and how to get one.

Request a Rep

Under Volunteers/Guidelines and Forms

State presidents, see instructions for submitting your request for a member of the Representatives Bureau to attend your 2024 meeting.

BOT Highlights

Under News and Events

Sign in and find all the decisions made by the AAMA Board of Trustees at the July 2023 meeting. (*Must be a member for access.*)

Support the Profession

In the Store

Help deserving medical assisting students and safeguard the quality of medical assisting education. Donate to the Maxine Williams Scholarship and Ivy Reade Relkin Surveyor Training Fund. ♦



Get ready to shed some light on the brilliance of medical assistants for Medical Assistants Recognition Week (MARWeek)! This year—and every year—we glow with pride as medical assistants shine bright in health care.

That is why we celebrate MARWeek during the third full week in October:

MARWeek: Oct. 16–20, 2023

MARDay: Oct. 18, 2023

The AAMA provides tools (i.e., promotional MARWeek packets, products, and downloads) to help you celebrate the professionals who are true partners in health care. Visit the AAMA online store to order* complimentary MARWeek packets—which this year will include thank-you cards that you can fill out to show gratitude for another medical assistant on your team. You can also order individual posters and magnets.

**Orders of complimentary items will be sent out through early October while supplies last. You may also download the MARWeek logo and materials, such as sample messaging, from the “MARWeek” webpage, which is found within the “News & Events” tab. ♦*

Have a Look at CMA (AAMA) In Sight

CMA (AAMA) certification is a complex and necessary topic for CMAs (AAMA) to keep up with amidst their busy schedules. Whether you’re a first-time, longtime, or hopeful CMA (AAMA), the *CMA (AAMA) In Sight* blog has certification information for you. If you haven’t read *CMA (AAMA) In Sight* lately, here are some of the latest posts:

- **“Set the Record Straight: Learn How to Obtain Your Transcript from a Closed Program.”** Find out how to obtain your transcript to sit for the CMA (AAMA) Certification Exam when your medical assisting program has closed.
- **“First Time’s the Charm: Explore a New Policy for First-Time Recertificants.”** Discover the ins and outs of using a helpful policy for CMAs (AAMA) recertifying for the first time.
- **“Put to the Test: The CMA (AAMA) Practice Exam Prepares You for Excellence.”** Learn more about the CMA (AAMA) Certification Practice Exam, which can be used to simulate the experience of taking the CMA (AAMA) Certification Exam. ♦

Proactive Prevention

The Medical Assistant Partnership for Healthy Pregnancies and Families (MAP) strives to reduce and prevent FASD by introducing and sustaining medical assistants’ knowledge and practice behaviors.

September is FASDs Awareness Month, so it’s time to explore the MAP website and its resources, including the Walk and Talk products, which medical assistants can use—even during brief moments with patients—while walking from the waiting room to the examination room. Choose from scripts, posters, index cards, and more to help you and fellow medical assistants improve your interactions with patients. Visit the MAP website (FASDMAP.org) for resources on these topics and more:

- Alcohol and Suicide
- Things to Avoid During Pregnancy
- Summer Safety
- Healthy Pregnancies

The partnership between the AAMA and MAP acknowledges the unique role medical assistants have in forming communication links between patients and providers and motivating patients to avoid or stop dangerous alcohol consumption. Take action this FASDs Awareness Month and learn more about promoting alcohol-free pregnancies through these great products! ♦

Earn Free AAMA CEUs While Learning about FASDs

A free 1.5-CEU course is now available in the AAMA e-Learning Center: *Introduction to Fetal Alcohol Spectrum Disorders: The Medical Assistant’s Role*.

This webinar, now an online course, is taught by Sandra Gonzalez, PhD, LCSW, and sponsored by the Medical Assistant Partnership for Healthy Pregnancies and Families (MAP), a partner of the AAMA. Join Dr. Gonzalez in a discussion about fetal alcohol spectrum disorders (FASDs), focusing on substance misuse during pregnancy and medical assistants’ role in prevention.

Want to further expand your knowledge of addressing substance misuse in clinical settings in honor of FASDs Awareness Month? Check out two other free CEU courses provided by MAP in the e-Learning Center:

- *Promoting Substance-Free Pregnancy: What Medical Assistants Need for Effective Practice* (1 gen/clin CEU)
- *Cannabis Phenomenology, Therapeutics, Misuse—An Evolving Landscape* (1 gen/clin CEU) ♦

A Department of Education Proposed Rule Could Impact Career and Technical (Including Allied Health) Education



Donald A. Balasa, JD, MBA
AAMA CEO and Legal Counsel

On May 19, 2023, the United States Department of Education (USDE) issued a Notice of Proposed Rulemaking (NPRM) that would impose new requirements on academic programs that “prepare students for gainful employment in a recognized occupation”¹—including allied health professions such as medical assisting. (Note: In this article the word *occupation* will encompass *profession* as well as *occupation*.) Programs that do not meet the requirements of the proposed rule would be in jeopardy of losing their eligibility to participate in programs under Title IV of the Higher Education Act (HEA). This would mean that students in these programs would not be eligible for federal financial assistance, including scholarships. Needless to say, losing Title IV financial aid eligibility for students would be a serious blow to most programs.

Three elements of the proposed rule are of particular significance to allied health education programs: gainful employment, state licensing/certification requirements, and limitations on the length of programs.

Gainful Employment: Earnings Premium Test

The USDE proposed rule would establish two gainful employment tests: (1) the debt-to-earnings (D/E) test and (2) the earnings premium (EP) test. This article will address the EP test.

In simple terms, the EP test consists of a comparison of (1) the median earnings of graduates of an occupational program at a school with (2) the median earnings of high school graduates with no college education from the same cohort. The median earnings of high school graduates are labeled as the “earnings threshold.” Because of differences in earnings from state to state and within different areas of a state, the comparison is based on earnings of program graduates and high school-only individuals in the

same region of a state. The NPRM offers the following explanation:

§ 668.404 Calculating earnings premium measure.

(a) *General.* ... For each award year, the Secretary [of Education] calculates the earnings premium measure for a program by determining whether the median annual earnings of the title IV, HEA recipients who completed the program exceed the earnings threshold.

(b) *Median annual earnings; earnings threshold.* (1) The Secretary obtains from a federal agency with earnings data, under §668.405, the most currently available median annual earnings of the students who completed the program during the cohort period; ... and

(2) The Secretary uses the median annual earnings of students with a high school diploma or GED using data from the Census Bureau to calculate the earnings threshold.¹

To pass the EP test, the median annual earnings of program graduates must exceed the earnings threshold. The Notice of Proposed Rulemaking states the following:

§ 668.402 Financial value transparency framework.

...

(e) *Outcomes of the earnings premium measure.* (1) A program passes the earnings premium measure if the median annual earnings of the students who completed the program exceed the earnings threshold.

(2) A program fails the earnings premium measure if the median annual earnings of the students who completed the program are equal to or less than the earnings threshold.¹

A program that fails the EP test (and the D/E test or both) is in jeopardy of being declared ineligible for participation in Title IV programs. Note the following from the NPRM:

§ 668.603 Ineligible GE programs.

(a) *Ineligible programs.* If a GE program is a failing program under the D/E rates measure in § 668.402 in two out of any three consecutive award years for which the program’s D/E rates are calculated, or the earnings premium measure in § 668.402 in two out of any three consecutive award years for which the program’s earnings premium measure is calculated, the program becomes ineligible and its participation in the title IV, HEA programs ends.¹

State Licensing and Certification Requirements

Some gainful employment occupations are regulated by the states. State laws require entrants into certain occupations to fulfill education and testing prerequisites to be employed. The USDE expressed grave concerns in this NPRM about gainful employment programs that fall short of the mandated state education. If a gainful employment program does not meet state minimum requirements, graduates are not eligible to become licensed or certified and must repeat the program at a different school that meets the state requirements if they want to work in their chosen occupation.

Obviously, the hardship on students who must retake a program can be significant. And, from a governmental perspective, the USDE does not want to use taxpayers’ dollars to subsidize gainful employment programs that do not provide a direct path to employment!

The USDE proposed rule would cut off Title IV scholarship funding for programs in schools that do not qualify students for state licensing or certification exams. The following excerpt from the NPRM alerts schools to the obligations they must meet to continue to have their students be eligible for Title IV financial assistance:

§ 668.14 Program participation agreement.

For more reading, visit the AAMA Legal Counsel's blog:

Legal Eye

On Medical Assisting



...

(32) In each State in which the institution is located or in which students enrolled by the institution are located, as determined at the time of initial enrollment ... the institution must determine that each program eligible for title IV, HEA program funds—

(i) Is programmatically accredited if the State or a Federal agency requires such accreditation, including as a condition for employment in the occupation for which the program prepares the student, or is programmatically pre-accredited when programmatic pre-accreditation is sufficient according to the State or Federal agency;

(ii) Satisfies the applicable educational prerequisites for professional licensure or certification requirements in the State so that a student who completes the program and seeks employment in that State qualifies to take any licensure or certification exam that is needed for the student to practice or find employment in an occupation that the program prepares students to enter.¹

Limitations on the Length of Programs

Thus, gainful employment programs that do not teach everything required by state law would be ineligible for Title IV financial assistance for their students. However, some occupational programs are longer than necessary and include courses not required by state law for individuals to meet licensing or certification requirements. The NPRM would prohibit Title IV funds from being used to pay for courses not needed for entry into the occupation. Note the following:

§ 668.14 Program participation agreement.

...

(26) If an educational program offered by the institution is required to prepare a student for gainful employment in a recognized occupation, the institution must—

(i) Establish the need for the training for the student to obtain employment in the recognized occupation for which the program prepares the student; and

(ii) Demonstrate a reasonable relationship between the length of the program and entry level requirements for the recognized occupation for which the program prepares the student by limiting the number of hours in the program to the greater of—

(A) The required minimum number of clock hours, credit hours, or the equivalent required for training in the recognized occupation for which the program prepares the student, as established by the State in which the institution is located, if the State has established such a requirement, or as established by any Federal agency or the institution's accrediting agency; or

(B) Another State's required minimum number of clock hours, credit hours, or the equivalent required for training in the recognized occupation for which the program prepares the student, if certain criteria is [*sic*] met.¹

New USDE Website

Section 668.43(d) of the NPRM would provide for a USDE website for the posting of information about gainful employment programs in each school. This website would create a central repository of information about occupational programs for prospective and current students. The specifics of this proposed website are not contained in this NPRM. However, the proposed rule lists information that could be mandated for posting in this website:

(1) The primary occupations that the program prepares students to enter, along with links to occupational profiles on O*NET (www.onetonline.org) or its successor site;

(2) The program's or institution's completion rates and withdrawal rates for full-time and less-than-full-time students, as reported to or calculated by the Department [of Education];

(3) The length of the program in calendar time;

(4) The total number of individuals enrolled in the program during the most recently completed award year;

...

(8) The total cost of tuition and fees, and the total cost of books, supplies, and equipment that a student would incur for completing the program within the length of the program;

...

(11) The median earnings, as provided by the Department [of Education], of students who completed the program or of all students who completed or withdrew from the program;

(12) Whether the program is programmatically accredited and the name of the accrediting agency.¹

Future of the NPRM

After reviewing the many public comments submitted in response to this NPRM, the USDE is planning to promulgate a final rule by Nov. 1, 2023. The final rule may be different from the proposed rule. As has been the case with previous USDE rules on gainful employment, it is likely that the rule will be challenged in court. Perhaps most importantly, the outcome of the 2024 national elections could determine the future of this proposed rule and the regulatory ideology and practice it embodies. ♦

Questions? Contact Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org or 800/228-2262.

References

1. Financial Value Transparency and Gainful Employment (GE), Financial Responsibility, Administrative Capability, Certification Procedures, Ability to Benefit (ATB). *Fed Regist.* 2023;88(97):32300-32511. 34 CFR §600 and 668.

WAKE-UP CALL



Rising Uterine Cancer Rates Demand Awareness and Prevention

By Brian Justice

Uterine cancer is the most common type of gynecologic cancer¹ and the fourth most common cancer for women in the United States.² The number of people diagnosed with uterine cancer in the United States is rising by nearly 2% annually in women ages 49 and younger and 1% in women ages 50 and older.² Estimates suggest 66,200 new cases will be diagnosed in 2023,² and that number is predicted to rise to 122,000 by 2030.¹

Additionally, death rates increased by nearly 1% each year between 2016 and 2020.² Approximately 13,030 people in the United States are estimated to die from the disease in 2023.² Uterine cancer cases are increasing so rapidly that it is expected to become the third most common cancer among women by 2040 and the fourth-leading cause of

women's cancer deaths.³ These concerning statistics make awareness a crucial step in the prevention and treatment of uterine cancer.

WHO'S CALLING?

Every person with a uterus is at risk, and most occurrences are in individuals who are going through or have completed menopause.⁴

Several factors may increase a person's risk of developing uterine cancer⁵:

- Being older than 50
- Having obesity
- Taking drugs such as progesterone-free estrogen during menopause or tamoxifen, which is used for breast cancer prevention and treatment
- Having a history of difficulty becoming pregnant
- Having a history of fewer than five periods in the year prior to starting menopause
- Having close relatives with uterine, colon, or ovarian cancer
- Having a genetic mutation that may make some people more susceptible to the disease or one associated with Lynch syndrome

Individuals with any number of these risk factors should consult with their provider to see if they should receive more frequent examinations as a preventive measure.⁵

Symptoms of uterine cancer may include vaginal discharge or bleeding that is abnormal for the individual (e.g., excessively

heavy, between periods, or after menopause). The individual may also experience pelvic pressure or pain.⁶

DIAL IN

Uterine cancer treatment typically requires a complete hysterectomy. Depending on the stage of the disease, treatment may require radiation and medication therapies.³ However, promising new alternatives are on the horizon.

“This is an exciting time for uterine cancer treatments, because we now recognize distinct subtypes of endometrial cancer based on molecular testing,” says Tilley Jenkins Vogel, MD, a gynecologic oncologist and assistant professor in the gynecologic oncology division at NorthShore University HealthSystem in Evanston, Illinois. “This testing is being performed at most centers in the U.S. and worldwide. And based on the results, we are better able to target therapy, and this more targeted approach translates into improved survival rates. I also hope that ongoing trials will confirm that chemotherapy is not indicated for some patients.”

PHONE A FRIEND

Whatever the level of treatment, medical assistants are often the first people patients see in the physician’s practice.

When that visit involves irregular or postmenopausal bleeding, pelvic pain, or bloating, Kellie Rath, MD, a gynecologic oncologist with the OhioHealth Physician Group in Columbus, Ohio, has advice. “Remind patients that you are asking about *any* irregular bleeding, even if it only happened once,” she says. “Patients can be hesitant to be honest about some symptoms, so encourage them to be open with their [physician]. You should also let the provider know so they can ask the patient about [the symptoms] directly.”

A level of understanding is required for medical assistants, says Kristin Stovern, APRN-C, MSN, WHNP, CNM, FACNM, a women’s health expert and host of *Why Am I Just Finding This Out?*, a podcast about inadequacies in women’s health care.

“[Medical assistants] are first-line people talking to a woman who is saying, pos-

SPREAD THE WORD

Overall survival rates are high when uterine cancer is detected early,³ and there are over 600,000 uterine cancer survivors in the United States today.² However, new studies have shown that uterine cancer is more likely to affect Black women and to be more deadly.³

“Twice as many Black patients as white patients never undergo an endometrial biopsy, transvaginal or pelvic ultrasound, or hysteroscopy,” says Samyukta Mullangi, MD, MBA, medical director of Thyme Care in Nashville, Tennessee. “And, when they do, they often experience delays in diagnostic procedures compared to white patients.”

As a result, Black women die of uterine cancer at twice the rate of white women.⁷ Black women represented less than 10% of the more than 200,000 uterine cancer cases diagnosed between 2000 and 2017, but they comprised nearly 18% of the almost 17,000 uterine cancer deaths during that same period.⁸ That makes uterine cancer an outlier, as progress has been made in narrowing existing racial gaps associated with other cancer-related deaths over the past 20 years.

Kemi Doll, MD, MCSR, a gynecologic oncologist at the University of Washington School of Medicine in Seattle, has been researching the racial disparity and reports it is largely due to the lack of public awareness. People know they should have mammograms and Papanicolaou tests (i.e., Pap smears), but Dr. Doll notes that “if someone found a lump in her breast, would she put off doing something? Everybody would tell her, ‘No, no, no—go right now.’” Despite that uterine cancer is more common than cervical cancer, “we have not had any national dialogue about it,” says Dr. Doll.³

“It is imperative that medical assistants, who may be the first person in a clinical setting to speak to ... the patient reporting these symptoms, keep the diagnosis in mind in order to expedite the diagnostic workup process,” says Dr. Mullangi.

sibly embarrassed, ‘I started bleeding again but didn’t want to tell anyone.’ Handle that with dignity and grace so that person feels that they can trust where they are and can be comfortable continuing that care,” she says. “Many of the patients I’ve seen delayed care because of feeling embarrassed, ashamed, and uncomfortable. The way we approach and treat each person must show that they’re valuable, worthy, and heard.”

Only those who have experienced cancer can truly know that treatment has a much larger meaning.

“I understand [what] hearing the word *cancer* ... can do to you,” says Chrissi McCallister, CMA (AAMA), a medical assistant with Associated Urologists of North Carolina in Raleigh. A former cancer patient herself, she endured a long hospital stay and debilitating chemotherapy but has been cancer free since 2018. “The best advice I can give to family members is to be as supportive as they can. When the patient is tired, let them sleep. If they aren’t hungry, don’t feed them. Be their supporter,” she says. “And I tell every patient to remember that ‘You have cancer, but don’t let it have you.’” ♦

References

1. Saenz J. Uterine cancer rates are increasing: what can you do to protect yourself? Mayo Clinic Comprehensive Cancer Center Blog. September 29, 2022. Accessed August 15, 2023. <https://cancerblog.mayoclinic.org/2022/09/29/uterine-cancer-rates-are-increasing-what-can-you-do-to-protect-yourself/>
2. Uterine cancer: statistics. Cancer.Net. Reviewed March 2023. Accessed August 15, 2023. <https://www.cancer.net/cancer-types/uterine-cancer/statistics>
3. Rabin RC. Uterine cancer is on the rise, especially among Black women. *New York Times*. June 17, 2022. Accessed August 15, 2023. <https://www.nytimes.com/2022/06/17/health/uterine-cancer-black-women.html>
4. Basic information about uterine cancer. Centers for Disease Control and Prevention. Reviewed June 14, 2023. Accessed August 15, 2023. https://www.cdc.gov/cancer/uterine/basic_info/
5. What are the risk factors? Centers for Disease Control and Prevention. Reviewed June 14, 2023. Accessed August 15, 2023. https://www.cdc.gov/cancer/uterine/basic_info/risk_factors.htm
6. What are the symptoms? Centers for Disease Control and Prevention. Reviewed June 14, 2023. Accessed August 15, 2023. https://www.cdc.gov/cancer/uterine/basic_info/symptoms.htm
7. Whetstone S, Burke W, Sheth SS, et al. Health disparities in uterine cancer. *Obstet Gynecol*. 2022;139(4):645-659. doi:10.1097/AOG.0000000000004710
8. Clarke MA, Devesa SS, Hammer A, Wentzensen N. Racial and ethnic differences in hysterectomy-corrected uterine corpus cancer mortality by stage and histologic subtype. *JAMA Oncol*. 2022;8(6):895-903. doi:10.1001/jamaoncol.2022.0009

American Cancer Society, NCCRT, and USPSTF Oppose Increasing the CRC Screening Age to 50

In August, the American College of Physicians updated their colorectal cancer (CRC) screening guidance, suggesting asymptomatic adults with an average risk of colorectal cancer wait to start screening until age 50 with a choice of limited CRC screening tests. However, these new guidelines, published in the *Annals of Internal Medicine*, directly contradict the American Cancer Society (ACS), the National Colorectal Cancer Roundtable (NCCRT), and the U.S. Preventive Services Task Force (USPSTF) recommendation to initiate CRC screening in average-risk adults at age 45.

The NCCRT, established by the ACS and the Centers for Disease Control and Prevention, is a national coalition dedicated to reducing the incidence of and mortality from CRC in the United States. The NCCRT partners with the AAMA to bring awareness of CRC and develop initiatives to achieve CRC screening rates of 80% or higher.

Nearly 37 per 100,000 people are diagnosed with CRC each year, and about 13 per 100,000 will die from the cancer, according to the National Cancer Institute. In 2023, CRC is estimated to be the fourth most common cancer in the United States.

Evidence continually indicates incidence trends are shifting to a younger patient population—20% of CRC cases in 2019 were in people 54 years or younger, up from 11% in 1995, according to the NCCRT. These rising rates of CRC in younger patients further solidify the near-unanimous support for screenings for average-risk patients to start promptly at 45.

Screening at age 45 is now nearly universally covered by public and private insurers in the United States, reducing cost barriers for screenings for some patients. The NCCRT and AAMA will continue to support CRC screenings for average-risk patients at the age of 45 and help break down barriers to screening and early detection, hoping for an impactful reduction in the incidence and mortality of CRC.



New COVID-19 Booster Coming Soon

While the majority (70%) of the United States population has completed a primary series of the COVID-19 vaccine, only about 17% have received a dose of the updated Bivalent booster shot rolled out last fall, according to the CDC.

The U.S. Food and Drug Administration (FDA) recommended in June that COVID-19 vaccine manufacturers create single-strain boosters for this fall and winter, specifically targeting the currently circulating Omicron subvariant XBB.1.5. The updated boosters are expected to become available in September, as long as they are authorized by the FDA and recommended by the CDC.

These boosters will be the first COVID-19 vaccines made directly available from the manufacturers as part of the commercial market rather than through the U.S. government, according to CNN Health.

So far, Pfizer, Moderna, and Novavax have made progress in updating versions of the vaccines and manufacturing them in advance. Moderna and Pfizer, along with its partner BioNTech, make mRNA COVID-19 vaccines, while Novavax makes a protein-based COVID-19 vaccine, which can take longer to manufacture.

Pfizer estimates about a quarter of the U.S. population will get vaccinated this year against the coronavirus that causes COVID-19. The upcoming boosters are crucial to avoiding infection this fall and winter, as the United States has seen an uptick in cases this past summer.



Home Blood Pressure Monitoring Offers Health and Cost Benefits

Expanding home blood pressure monitoring among adults in the United States with hypertension could reduce the burden of cardiovascular disease and reduce long-term health care costs, according to the *American Journal of Preventive Medicine*. Increased home monitoring would reduce cardiovascular events in U.S. adults, which would help address health disparities for racial and ethnic minorities and rural residents.

Based on data from the 2019 Behavioral Risk Factor Surveillance System, researchers predicted that home blood pressure monitoring could reduce myocardial infarction cases by about 5% and stroke cases by nearly 4% over 20 years. Further, the benefits of home blood pressure monitoring could result in average savings of more than 4% per person over a span of 20 years.

Fewer cardiovascular events and greater cost savings were seen for non-Hispanic Black individuals, women, and rural residents who adopted home blood pressure monitoring compared to non-Hispanic white individuals, men, and urban residents. Rural residents often have higher rates of hypertension than urban residents and face additional barriers in access to primary care services, according to *Science Daily*.

Traditional clinic monitoring, the common method for blood pressure monitoring, has several drawbacks—patients may not have enough physician appointments to detect a problem, or their blood pressure may run higher or lower during appointments.

Monitoring blood pressure at home eliminates these confounding variables and enables more comprehensive and accurate data over time. While the practice has yet to be widely accepted in the U.S. due to inadequate insurance coverage and a lack of preventive services, the emergence of COVID-19 brought increasing attention to home blood pressure monitoring.

Advocating for the availability of preventive and cost-saving measures is crucial. Home blood pressure monitoring can empower patients to more actively monitor and manage their health conditions.



Vegetarian Dietary Patterns Linked to Reduced Cardiovascular Risk

Nearly 18 million people had a form of cardiovascular disease (CVD) at the time of death in 2019, making up 32% of deaths globally, according to *Medical News Today*. Heart attacks or strokes caused the vast majority (85%) of these deaths.

Various lifestyle factors contribute to CVD development, including diet, exercise, and smoking. However, research has increasingly shown that vegetarian diets can help prevent the development of CVD. A recent meta-analysis in *JAMA Network Open* looked at randomized clinical trials to explore the effects of a vegetarian diet on those with or at high risk of CVD.

Researchers analyzed data from 20 different studies—each about six months long—involving 1,878 participants. They ultimately concluded that vegetarian diets were linked to small but significant decreases in cholesterol and blood glucose levels and that the diet could be used alongside drug-based therapies to prevent and treat various heart conditions.

Vegetarian diets may offer benefits due to higher amounts of anti-inflammatory fiber and antioxidants. This is because of a higher intake of fruits, vegetables, grains, nuts, seeds, beans, and legumes, as well as a lack of animal-based foods that contain inflammatory saturated fats.

The study's findings are limited by the lack of comparison to other diets known to benefit heart health, like the Mediterranean diet. Further, not all vegetarian diets resemble one another or offer the same nutrients.

Vegetarian diets may reduce cholesterol, blood sugar, and body weight, but whether or not individuals choose to adhere to a vegetarian diet, consuming a more plant-based diet and varying food composition could greatly benefit those with a risk of CVD or preexisting CVD.

a PREGNANT PAUSE

Advise Patients to Stop Substance Use during Pregnancies

By Sandra Gonzalez, PhD, LCSW

September is Fetal Alcohol Spectrum Disorders (FASD) Awareness Month. FASD Awareness Month raises awareness about the dangers of alcohol consumption during pregnancy and promotes prevention efforts. Prevention includes educating people of reproductive age about the risk of alcohol consumption during pregnancy and encouraging them to seek support if they need help to quit drinking. Prevention also involves providing support and resources to families and individuals affected by FASDs, including access to early intervention and treatment services.

FASD encompasses a range of conditions that can occur in a person who was exposed to alcohol before birth. Conditions range from

mild impairments to profound disabilities and death. These disorders can cause lifelong problems, including developmental delays, learning difficulties, and behavioral issues. Alcohol use during pregnancy is the leading preventable cause of congenital and developmental disabilities.

People who are pregnant or who may be pregnant should be advised that during pregnancy, no known safe amount, time, and type of alcohol use exists. Any alcohol consumed can negatively affect the development of the fetus. Since roughly 45% of pregnancies are unintended,¹ health care providers should include messages about alcohol use during preconception counseling.

Alcohol and FASDs

Alcohol is a teratogen. Teratogens are substances that can cause malformation in the fetus. Alcohol can easily pass through the placenta, disrupting brain development and other organs. The effects of alcohol on fetal development are well-documented and can manifest in various ways depending on the time, type, and amount of exposure.

Fetal alcohol syndrome (FAS) is the most common FASD condition. Three diagnostic criteria characterize the condition²:

- Three dysmorphic facial features (short palpebral fissures, a smooth philtrum, and a thin vermilion border)

- Growth deficits
- Central nervous system abnormalities

Growth deficits may occur prenatally or postnatally and may affect weight, height, or head circumference.³ Central nervous system abnormalities refer to structural, functional, and neurological issues.²

Diagnosis by a qualified health care professional requires documentation of all three criteria, with or without confirmed fetal exposure to alcohol.³ However, FAS is only one of the many conditions under the FASD umbrella. The majority of individuals affected by FASDs do not have FAS. Recent



Impacts of FASDs

The effects of FASDs are permanent and have no known cure. Challenges associated with FASDs include the following:

- **Cognitive and behavioral challenges.** Children with FASDs may struggle with attention and memory, making learning and retaining new information difficult. They may also have difficulty with language and communication, affecting their ability to form relationships and interact with others. Children with FASDs may also be impulsive, have poor judgment, and struggle with social skills. These challenges can lead to academic difficulties, social isolation, and behavioral problems.
- **Physical symptoms.** These include various health problems, including hearing and vision impairments, dental problems, and heart defects. Children with FASDs may have poor muscle tone and coordination, impacting their ability to perform basic daily tasks.
- **Lack of understanding and support.** Because the effects of FASDs are not always visible, children with FASDs may be misunderstood or misdiagnosed.
- **Stigma.** Stigma can lead to discrimination and social isolation.

Despite the challenges, children with FASDs can learn, grow, and achieve their full potential with early intervention and support.

conservative estimates indicate that up to 1 in 20 U.S. schoolchildren may have FASDs.⁴ Other conditions along the FASD continuum include partial fetal alcohol syndrome (pFAS), alcohol-related neurodevelopmental disorder (ARND), alcohol-related birth defects (ARBD), and neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE). These condi-

cognitive, and behavioral symptoms and information about the parent's alcohol consumption during pregnancy determines the diagnosis. This process can make diagnosis difficult, particularly in cases in which the parent has not disclosed their alcohol use. Treatment for FASDs focuses primarily on managing symptoms and supporting

other areas of life.

Prevention is the most effective way to address FASDs, which involves educating individuals about the risks of drinking alcohol during pregnancy and providing support to help them avoid alcohol during this critical period. Prevention may include providing resources for individuals who struggle with addiction, promoting healthy behaviors during pregnancy, and increasing awareness about the risk of FASDs in the general population.

Behavioral Interventions

Children with FASDs often exhibit challenging behaviors, including impulsivity, hyperactivity, aggression, and noncompliance. These behavioral interventions aim to reduce these behaviors and promote positive social interactions:

- **Positive reinforcement**, such as praise and rewards, can encourage positive behaviors and discourage negative behaviors.
- **A token economy system** rewards children with tokens for positive behaviors, which they can exchange



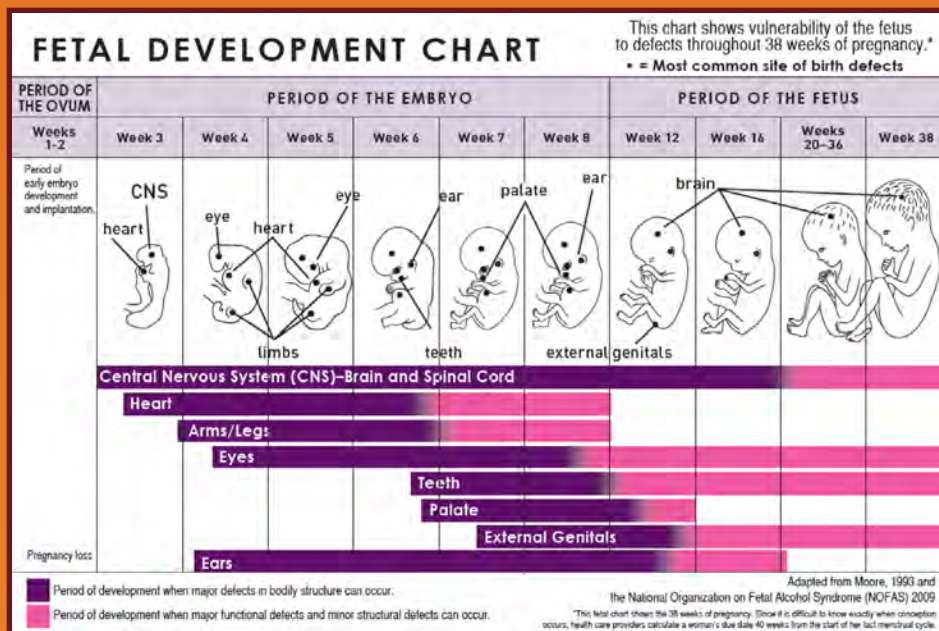
tions can vary widely in severity.

One of the most significant challenges in diagnosing and treating FASDs is the lack of a single diagnostic test; instead, a combination of physical,

affected individuals and their families. Treatment may include therapy to address cognitive and behavioral issues, medication to manage comorbid conditions like attention-deficit/hyperactivity disorder or depression, and educational support to help affected individuals succeed in school and

for rewards.

- **Parent training programs** can help parents learn how to manage their child's behavior and develop effective communication skills.



Communication Interventions

Children with FASDs often have communication difficulties, including language delays, poor social skills, and difficulty understanding nonverbal cues. These communication interventions aim to improve their communication skills and enhance socialization:

- **Speech therapy** can help children with FASDs improve their language and communication skills.
- **Social skills training programs** can help children with FASDs develop social skills such as taking turns, sharing, and making eye contact.
- **Cognitive behavioral therapy** can help children with FASDs develop problem-solving skills, improve communication, and manage their emotions.

Prevention

FASDs are preventable by following

ing some simple steps:

Educate. Many patients may not be aware that even small

amounts of alcohol can harm a developing fetus; therefore, health care professionals should educate pregnant people and their partners about the dangers of alcohol use during pregnancy and encourage them to abstain from alcohol.

Provide support. Many patients may struggle with alcohol misuse or alcohol use disorders and need support to stop drinking. Health care providers should provide resources such as counseling and treatment options. Those who are pregnant or planning to become pregnant should also be encouraged to seek support from family and friends.

Create a supportive environment. Pregnant people may face social pressure to drink alcohol. "In our world, alcohol is a rite of passage," says Kathy Mitchell, MHS, LCADC, the vice president and interna-

tional spokesperson for FASD United. "It is part of the normal socialization of being an adult and our culture. People [who] drink and don't have issues with it but then find themselves pregnant may continue to drink because they feel like, 'Well, I've checked the research; I know my risk factors. I'm okay.'"

Health care providers can encourage others to support pregnant people abstaining from alcohol.

Offer alternative activities. Health care providers should provide activities such as exercise classes, support groups, and educational classes to help people cope with stress and boredom without alcohol.

Women and Alcohol

Alcohol use is a prevalent issue worldwide and affects both men and women. However, women face unique challenges and consequences regarding alcohol use.

Alcohol affects women differently than men; women with alcohol use disorders are at greater risk of developing medical issues than men.⁵ Although prevalence rates show that women are less likely to drink than men, the gender gap is narrowing. Women are also drinking much younger than in the past, and their drinking patterns and rates of substance use disorders (SUDs) are becoming similar to those of men. Some studies have even shown that women progress from initial use to dependence more rapidly than men, a phenomenon known as *telescoping*.⁵

Women who drink excessively may face stigma and judgment from society and avoid seeking help.

Support for Children with FASD

Interventions often include speech and language, occupational, and behavioral therapy.

Children with FASDs often experience difficulties with learning, memory, attention, and executive functioning; therefore, school interventions and accommodations that promote academic success and foster learning are essential for children with FASDs:

- **Special education programs.** Children with FASDs require individualized education plans tailored to their unique learning needs. Special education programs offer various services, including one-on-one instruction, instruction in small group settings, and specialized curricula.
- **Multisensory learning.** Multisensory learning is a teaching method that engages multiple senses to enhance learning.
- **Memory aids.** Memory aids such as visual reminders, checklists, and calendars can help children with FASDs remember important information and tasks.

Alcohol's Effect on Infants

Once a baby has been affected by alcohol, the effects are irreversible. Alcohol can affect the baby's development throughout pregnancy, so pregnant individuals should cease alcohol consumption as soon as possible. The timing of the exposure to alcohol influences how it affects the fetus. Significant exposures in the first couple of weeks postconception can cause pregnancy loss. Later in the first trimester, exposure is associated with structural congenital disabilities and the abnormal facial features characteristic of FAS. Second- and third-trimester exposures can be related to pregnancy loss, brain anomalies, and impaired growth.⁶

The pattern of drinking also influences the effect. The overall risk increases with the amount of exposure—that is, an increased amount is associated with greater effects. Likewise, the longer the exposure time (i.e., duration), the greater the effects. Generally, binge exposure (i.e., heavy drinking on one occasion) may cause more problems than chronic exposure (i.e., drinking over many days).⁶

Substance Use and Stigma

Substance use is a complex and multifaceted issue that affects individuals from all walks of life. Unfortunately, those dealing with

substance use often experience significant stigma, which negatively affects their health and well-being. Stigma can manifest in various ways, including discrimination, social exclusion, and stereotyping. One of the primary drivers of stigma toward substance use is a lack of understanding about the nature of addiction and its causes. Many believe addiction is a choice or a moral failing rather than a complex disease that impacts brain function and behavior.

"The main reason women are reluctant to disclose that they have been using any substance during pregnancy ... is a fear of being judged," says Mitchell. "They may feel ashamed, and certainly, if they're pregnant, the top fear is that they're going to have their children taken from them." These fears plus the fear of rejection from others can prevent people from seeking help and support.

Further, stigma can lead to social isolation, worsen mental health problems, and increase the risk of overdose. It can also make it difficult for individuals in recovery to rebuild their lives and reintegrate into society, as they may face ongoing discrimination. Fortunately, health care professionals can take steps to reduce the stigma toward substance use. One crucial step is educating and raising awareness, which can help to dispel myths and misconceptions about addiction. Education can include providing

"Maybe people will feel stigmatized if they open up and say, 'I'm having a problem with this.' People are often embarrassed to admit that they have a problem, so they're not going to tell anybody anything, and that's where sometimes we have to hear what isn't being said. ... We just have to be in tune, but we have to be caring as well. People aren't going to tell you anything if they think you don't care, so ... we have to be compassionate, ... and we need to not be judgmental."

—Lisa Lee, CMA (AAMA)

accurate information about the causes and nature of addiction and highlighting the experiences and perspectives of individuals with SUDs.

"Health care providers ought to be educated very well on [SUDs], whether it's alcohol [or] opioid use disorders," says Lisa Lee, CMA (AAMA), 2017–2018 AAMA president. "Once a provider understands the science of why some people [develop SUDs] and others don't, it does put it in the category of 'Oh, this is an actual disease.' You wouldn't be reluctant to talk to somebody with diabetes, cancer, or anything else, so it should be dealt with in a very factual, medically focused conversation."

Another crucial strategy is promoting compassion toward individuals who use substances. Medical assistants can also provide support and resources to individuals struggling with addiction, such as access to treatment and recovery services.


"I think the medical community isn't well educated on [substance use] treatment and what is available," says Mitchell. "So often, I hear there's nowhere to refer women, even if you know they're pregnant. That is not true. There are federally, state-, and locally funded programs, and women typically go to the front of the line if they're pregnant."

Patient-Provider Relationships

The relationship between a health care provider and a patient is a significant aspect of

How to Help Women in Recovery

1. **Provide access to safe housing.** Women in recovery may have difficulty finding safe and stable housing. Access to affordable and safe housing can help them focus on their recovery without worrying about their living situation.
2. **Offer emotional support.** Recovery can be a challenging and emotional journey. Offering emotional support through therapy, support groups, and mentorship programs can help women manage their emotions and stay motivated in recovery.
3. **Provide education and job training.** Many women in recovery may need help finding employment due to gaps in their work history or a lack of education and training. Offering education and job training programs can help them to gain the skills they need to find employment and become financially independent.
4. **Connect them with community resources.** Many resources are available to support women in recovery, including health care services, legal assistance, and financial aid. Connecting them with these resources can help to reduce stress and improve their overall well-being.



quality health care. Health care professionals must understand that patients are more than their medical conditions and deserve respect and empathy. Connecting with patients can help health care professionals better understand patients' needs, build trust, and provide more effective care.

Communication is essential. Health care professionals must effectively communicate with patients to establish trust and rapport. Communication should be clear and concise. Health care professionals should listen actively and allow patients to express their concerns and feelings.

"I'm known to say, 'Never underestimate the power of listening to somebody for even one to two minutes,' ... because that's where the truth comes out," says Mitchell. "If medical assistants were well educated about signs and symptoms of [SUDs], they could get the whole picture, including for people that have risk factors like family histories. A medical assistant is somebody they're more at ease with, and that's the key to getting the information."

Health care professionals should also strive to empathize with their patients and understand their experiences and emotions. Empathy can help patients feel more comfortable and supported, leading to better health outcomes.

Further, patients are more likely to trust health care professionals with whom they have a relationship. Health care professionals should take the time to get to know patients and understand their needs, concerns, and preferences. This familiarity can help health care professionals tailor their care to patients' circumstances and provide more effective treatment.

Addressing Alcohol Use

Several strategies can help address alcohol use. Education and awareness campaigns can help patients understand the risks associated with alcohol use and the importance

of seeking help if they have any concerns. Health care providers should also routinely screen patients for alcohol use and provide support and treatment when necessary. Medical assistants are on the front line of this initiative.

"Oftentimes, [patients] will open up to us about things that they do not open up to the [physician] about," says Lee. "We have to hear what they are saying even when they're not saying things with words. ... After I room a patient, I come in and give [the physician] a brief 'They're here for this or this' and 'Maybe you want to address this issue with them because I picked up on something they said,' and he's always appreciative of that."

These conversations help identify individuals at risk for an alcohol-exposed pregnancy.

"[If a patient does not meet] the criteria for a substance use disorder, it doesn't mean that they weren't struggling with [substance use] early on, ... so I think identifying some of the risk factors very early on, especially for [people with a history of addiction] in their families is important," says Lee.

Family and social support can provide emotional support and encourage people to seek help if they are concerned about substance use. Additionally, support groups and counseling can help address any underlying mental health issues contributing to their alcohol use.

Screening, Brief Intervention, and Referral to Treatment

Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive public health approach used to identify and address SUDs and

"During [the COVID-19 pandemic], all the treatment centers closed, and in March of 2020, I had four women I was working with—two were using opioids, and two were only using alcohol. In 12-step recovery, believe it or not, if a woman is pregnant and goes into treatment in person or on Zoom, they find it very challenging to share their truth about what's going on with them being pregnant and drinking. They're worried about being judged, and again, that's self-stigma, and there is [often] bias and stigma even in 12-step programs."

"So, I could not send them to [alcoholics anonymous (AA) or narcotics anonymous], and it was like, 'Why don't I just start a program for women with that lived experience?' I contacted AA ... and got permission to start my own 12-step program. We call it Recovering Mothers Anonymous (RMA), and I got in touch with women I've known for decades, pulled them together, and said, 'Hey, I need your help.' ... We created it so that they can talk about any substance, alcohol, or drug. They can talk about concerns about how to raise a child with FAS and FASD [and] how to get a diagnosis. They can talk about their use [and] not being able to stop. They could talk about domestic violence. ... There are no rules. It's for women with the lived experience of using any substance during pregnancy."

—Kathy Mitchell, MHS, LCADC

Mitchell is the founder of RMA and served as vice president and spokesperson for FASD United for 24 years. She has lived experience as a birth mother in long-term recovery. For more information about RMA, visit RecoveringMothers.org.

related health problems in primary and specialty care settings. The expert model is designed to be a universal intervention that can be used with individuals regardless of their substance use status and to identify those who may be at risk for developing SUDs.

SBIRT consists of three key steps:

1. **Screening** is a process for identifying individuals who may be at risk for

How to Get Help

If a patient thinks their child might have a FASD, encourage the following actions:

- Share their concerns with their child's physician immediately. If a problem is suspected, ask the physician for a referral to a specialist who knows about FASDs, such as a developmental pediatrician, child psychologist, or clinical geneticist.¹¹
- Visit the Family Navigator resource from FASD United for one-on-one assistance or the National and State Resource Directory to find physicians or clinics in their area.
- Call their state or territory's early intervention program to request a free evaluation to find out if their child can get services to help. They do not need to wait for a physician's referral or a medical diagnosis to make this call.

SUDs. Screening tools can be brief questionnaires or more comprehensive assessments that help determine the presence and severity of SUDs.

2. **Brief interventions** are typically short conversations between a health care provider and a patient that focus on the patient's substance use behavior. Brief interventions aim to increase patient awareness of their substance use behavior and the associated risk and motivate them to change their behavior.
3. **Referral to treatment** involves connecting patients who need additional support to specialized SUD treatment services.

Screening Pregnant People

Screening helps identify and address SUDs in individuals during pregnancy. Substance use during pregnancy can have serious health consequences for the pregnant person and the developing fetus. It can lead to preterm labor, low birth weight, developmental delays, and other complications. Screening

pregnant people for substance use involves asking about their history and current usage. The questions should be nonjudgmental and asked in a supportive and confidential manner. Screening may be done using standardized questionnaires or conversations with their health care provider.

All pregnant people should be screened for substance use at their first prenatal visit and again at subsequent visits if concerns or risk factors arise. Questions presented as routine and asked in a nonjudgmental manner typically produce the most reliable and valid information. For example, ask "How much alcohol did you consume while pregnant?" rather than "You didn't drink while pregnant, did you?" Questions that require "yes" or "no" answers (e.g., "Do you drink alcohol?") may limit or end the conversation and should be avoided.

Risk factors for substance use during pregnancy include a history of SUDs, mental health disorders, trauma, poverty, and lack of social support. Health care providers should refer pregnant people for further assessment and treatment if they screen positive for substance use. Treatment options may include medication-assisted

treatment, counseling, and behavioral therapies. Tailoring treatment to the individual's needs and providing ongoing support and monitoring throughout the pregnancy is vital. Overall, screening pregnant people for substance use is a critical public health practice that can help identify and address SUDs during pregnancy, improve maternal and fetal outcomes, and promote the health and well-being of families.

Validated Instruments for Pregnant People

The TWEAK instrument is a screening tool used to identify individuals who may have an alcohol use disorder or are at risk of developing alcohol-related problems. Each letter in the acronym corresponds to a question that assesses a specific aspect of alcohol use⁷:

- **Tolerance:** assesses the amount of alcohol required to feel the effects of alcohol
- **Worried:** assesses whether the individual's close friends or family have been worried about their drinking
- **Eye-opener:** assesses whether the individual drinks in the morning to relieve a hangover or to steady their nerves
- **Amnesia:** assesses whether the individual has experienced blackouts or memory loss during drinking
- **Kut (i.e., cut) down:** assesses whether the individual has ever felt they should cut down on their drinking



Nearly 14% of pregnant people aged 18 to 49 years report current alcohol use; about 5% report binge drinking.¹²

The T-ACE instrument is a screening tool used to identify individuals with alcohol-related problems or at risk of developing alcohol use disorder. Similar to the TWEAK tool, each letter in the acronym corresponds to a question that assesses a specific aspect of alcohol use: tolerance, annoyed, cut down, and eye-opener.⁷ The annoyance question assesses whether the individual has been annoyed by others criticizing their drinking. The T-ACE instrument is commonly used in health care settings and can be administered by health care professionals or self-administered by patients. The T-ACE is a reliable and valid tool for identifying individuals who need further assessment or intervention for alcohol-related problems.

Polysubstance Use

Polysubstance use during pregnancy is common, especially in combinations including alcohol, cannabis, or tobacco. Approximately 38% of pregnant individuals who reported drinking also reported using at least one other substance, primarily tobacco or cannabis.⁸ Cannabis is a popular drug widely used for medicinal and recreational purposes across the globe. In recent years, interest in the effects of cannabis use during pregnancy has grown. The use of cannabis during pregnancy is a significant public health concern due to the potential risk to the developing fetus. The most common reasons reported for using cannabis during pregnancy are relieving stress or anxiety, nausea or vomiting, and pain.⁹

Effects of Cannabis Use during Pregnancy

Cannabis use during pregnancy has been associated with various adverse effects on maternal and fetal health. Research suggests that cannabis use during pregnancy

can increase the risk of preterm birth, low birth weight, and fetal growth restriction. Additionally, cannabis use during pregnancy has been linked to developmental delays, cognitive impairment, and behavioral problems in children.¹⁰ Studies have also shown that cannabis use during pregnancy can increase the risk of stillbirth and sudden infant death syndrome. The active ingredient in cannabis, tetrahydrocannabinol (THC), can pass through the placenta and enter the fetal bloodstream. THC can interfere with the normal development of the fetus, potentially leading to long-term health effects. The endocannabinoid system plays a crucial role in the development of the nervous system, and THC can disrupt this system, leading to impaired brain development and altered behavior. Prenatal exposure to cannabis is associated with increased cortisol, anxiety, aggression, and hyperactivity in children. Although some people use cannabis to reduce anxiety, in utero exposure to cannabis has the opposite effect on children.¹⁰

Several factors can influence the severity of the effects of cannabis use during pregnancy, including the frequency and duration of use, the potency of the cannabis, and the mode of consumption. Smoking cannabis during pregnancy can expose the fetus to harmful chemicals, leading to respiratory problems and other health issues. Because of the significant maternal and fetal health implications, health care providers should educate pregnant people about the potential risk of cannabis use and encourage them to avoid using cannabis during pregnancy. Individuals who use cannabis during pregnancy should be encouraged to seek support to quit using cannabis and offered alternative treatments for symptoms such as nausea and vomiting. Further research is needed to determine the long-term effects of cannabis use during pregnancy and to develop effective interventions to reduce cannabis use during pregnancy. ♦

References

1. Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011. *N Engl J Med*. 2016;374(9):843–852. <https://doi.org/10.1056/nejmsa1506575>
2. Williams JF, Smith VC; Committee on Substance Abuse. Fetal alcohol spectrum disorders. *Pediatrics*. 2015;136(5):e1395–e1406. doi:10.1542/peds.2015–3113
3. Riley EP, Infante MA, Warren KR. Fetal alcohol spectrum disorders: an overview. *Neuropsychol Rev*. 2011;21(2):73–80. doi:10.1007/s11065-011-9166-x
4. May PA, Chambers CD, Kalberg WO, et al. Prevalence of fetal alcohol spectrum disorders in 4 US communities. *JAMA*. 2018;319(5):474–482. doi:10.1001/jama.2017.21896
5. Keyes KM, Martins SS, Blanco C, Hasin DS. Telescoping and gender differences in alcohol dependence: new evidence from two national surveys. *Am J Psychiatry*. 2010;167(8):969–976. doi:10.1176/appi.ajp.2009.09081161
6. Medical Assistant Partnership for Health Pregnancies and Families. *Fetal Alcohol Spectrum Disorders Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice*. Accessed August 15, 2023. https://fasdmap.org/wp-content/uploads/2016/12/Competency-Based-Curriculum-Guide_July2015-508.pdf
7. Sarkar M, Einarson T, Koren G. Comparing the effectiveness of TWEAK and T-ACE in determining problem drinkers in pregnancy. *Alcohol Alcoholism*. 2010;45(4):356–360. <https://doi.org/10.1093/alcalc/agq022>
8. England LJ, Bennett C, Denny CH, et al. Alcohol use and co-use of other substances among pregnant females aged 12–44 years — United States, 2015–2018. *MMWR*. 2020;69(31):1009–1014. <http://dx.doi.org/10.15585/mmwr.mm6931a1>
9. Ko JY, Coy KC, Haight SC, et al. Characteristics of marijuana use during pregnancy — eight states, pregnancy risk assessment monitoring system, 2017. *MMWR*. 2020;69(32):1058–1063. <http://dx.doi.org/10.15585/mmwr.mm6932a2>
10. Rompala G, Nomura Y, Hurd YL. Maternal cannabis use is associated with suppression of immune gene networks in placenta and increased anxiety phenotypes in offspring. *Proc Natl Acad Sci*. 2021;118(47). <https://doi.org/10.1073/pnas.2106115118>
11. Alcohol and pregnancy questions and answers. Centers for Disease Control and Prevention. Reviewed April 19, 2023. Accessed August 15, 2023. <http://www.cdc.gov/ncbddd/fasd/faqs.html>
12. Gosdin LK, Deputy NP, Kim SY, Dang EP, Denny CH. Alcohol consumption and binge drinking during pregnancy among adults aged 18–49 Years — United States, 2018–2020. *MMWR*. 2022;71(1):10–13. <https://doi.org/10.15585/mmwr.mm7101a2>



Substance Use during Pregnancies

Deadline: Postmarked no later than **November 1, 2023**

Credit: 2 AAMA CEUs (gen/clin) **Code:** 142009

Directions: Determine the correct answer to each of the following, based on information derived from the article.

Electronic bonus! This test is available on the e-Learning Center at learning.aama-ntl.org. Miss the postmark deadline? Take the test online instead!

T F

- ☐ ☐ 1. Health care professionals can help more people with substance use disorders (SUDs) by showing compassion instead of judgment and hostility.
- ☐ ☐ 2. Immediate treatment can reverse the effects of alcohol on a fetus.
- ☐ ☐ 3. No medical evidence suggests that women progress from initial alcohol use to alcohol dependence more quickly than men.
- ☐ ☐ 4. Confirmation that a fetus was exposed to alcohol is required to diagnose fetal alcohol syndrome.
- ☐ ☐ 5. The screening, brief intervention, and referral to treatment (SBIRT) approach can be used to effectively identify and address an array of current and potential SUDs.
- ☐ ☐ 6. Prevention is the most effective strategy for increasing alcohol-free pregnancies and combatting fetal alcohol spectrum disorders (FASDs).
- ☐ ☐ 7. Drinking red wine in moderation during pregnancy does not cause FASDs.
- ☐ ☐ 8. Evidence suggests that cannabis use during pregnancy has negative effects on the health of the fetus and the mother.
- ☐ ☐ 9. The timing of alcohol consumption during pregnancy does not influence how the fetus is affected.
- ☐ ☐ 10. No single definitive diagnostic test can determine the presence or severity of FASDs.
- ☐ ☐ 11. Pregnancy counseling *and* preconception counseling should address the dangers of alcohol consumption on a fetus.

T F

- ☐ ☐ 12. Stigma toward substance use often results from a lack of understanding of addiction and its causes.
- ☐ ☐ 13. FASDs include only the physiological effects of an alcohol-exposed pregnancy, not psychological or behavioral effects.
- ☐ ☐ 14. Perceptive medical assistants can obtain key information about a patients' signs and symptoms of substance use that the patient may not share with physicians.
- ☐ ☐ 15. Consuming alcohol for a longer duration generally has more negative effects on a fetus than heavy drinking on one or a few occasions.

Take your learning online!

Earn CEUs on the e-LC



Take this course and more on the AAMA e-Learning Center and realize the benefits:

- Secure online payment
- Immediate test results via email
- Instant updates to your AAMA CEU transcript

Visit the e-LC at learning.aama-ntl.org

Donate online and **SUPPORT EDUCATION!**



Donate through the AAMA Store online, and help foster the growth of the next generation of medical assistants.

The Maxine Williams Scholarship Fund

provides educational assistance for deserving medical assisting students.

The Ivy Reade Relkin Surveyor Training Fund

helps ensure the quality of accredited medical assisting programs by training skilled surveyors.

For more information, visit the "About" section of the AAMA website.

www.aama-ntl.org

Continuing Education Application



AAMA CEU Credit: You have two options for testing.

Option 1: Go to www.aama-ntl.org and click on e-Learning Center under Continuing Education. Pay for and take the test online.

Option 2: Complete the test and application on this page, and mail it to the address below. Enclose a check or money order payable to the AAMA.

The nonrefundable testing fee is \$20 (members) or \$30 (nonmembers). Credit will be awarded to those who achieve a score of at least 80%.

Last Name

First Name & Middle Initial

Street Address

City/State/ZIP

AAMA Membership Status: ☐ Member (\$20) ☐ Nonmember (\$30)

Members—AAMA ID Number (Required)

Nonmembers—Last Four Digits of Social Security Number (Required)

Date Completed

Day Phone

Fax

Email

Retain a photocopy of your payment and test for your files.

The AAMA does not keep copies on file after grading.

Send completed test application and fee to:



AAMA CMA Today CE Test
20 N. Wacker Dr., Ste. 1575
Chicago, IL 60606

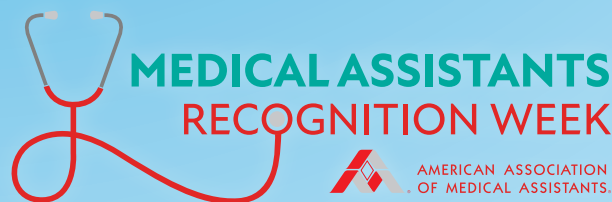
Continuing education units (CEUs) are awarded based upon content, depth of article, learning outcomes, and length of time for completion per IACET (International Association for Continuing Education and Training) guidelines and criteria. IACET created the CEU for the purpose of providing a standard unit of measure to quantify continuing adult education. CEU value is awarded based upon the projected contact hours needed to complete the continuing education activity (e.g., 1 CEU equals 1 hour, or 1.5 CEUs equal 1.5 hours). CMA Today articles follow this standard for awarding CEU value. The \$20 or \$30 is a test processing fee. A \$25 administrative fee will be assessed for returned checks.

**Mail-in test deadlines are maintained for administrative purposes. Electronic test deadlines on the e-Learning Center will vary. The AAMA reserves the right to remove any course at any time.*

MEDICAL ASSISTANTS SHINE BRIGHT!



Providers and Patients Highlight the Brilliance of These Valuable Health Care Professionals



By Cathy Cassata

When providers and patients think of medical assistants, the words *versatility*, *adaptability*, and *compassion* all come to mind. The varied skills of medical assistants set them apart from other health care professionals, giving them the tools to effectively assist physicians and care for patients. They are often the first people patients see and the last they interact with in a practice. For all they do to keep health care facilities running smoothly and in celebration of Medical Assistants Recognition Week, providers and patients give thanks and warm words for a

job well done.

Providers Beam with Pride

Although our entire department works together as a team, each provider and their medical assistant are an individual team and in constant communication with each other. The needs of each incoming patient are discussed between the medical assistant and the provider—what vitals to take, what shots to give, what procedures to perform, and the results of those procedures. I appre-

ciate my medical assistants' aptitude to read my mind and anticipate [the] needs [of] each patient. I am grateful that they keep me on schedule and allow us to perform an accurate and complete job as a health care team. Most of all, their warmth, cheerfulness, and ability to put a patient and family at ease in a potentially stressful medical encounter are invaluable.

Scott Strahlman, MD

Pediatrician in Columbia, Maryland

Medical assistants are the heart and soul of our practice. They perform what needs to be done to take care of the patient. If the patient needs to check in, [medical assistants] make sure they [can]. If the patient needs to be roomed and have their vitals and medications reviewed, [medical assistants] manage it. If the patient needs someone to listen or a shoulder to cry on, they are there for them. Medical assistants step up in every way, every day. Thank you for always doing what is best for the patient and the practice and for taking care of all the big and little tasks needed to keep the [practice] running smoothly.

Stacie Gopsill

*Manager of Practice Operations in
Indianapolis, Indiana*

Responsible, proactive, and engaged come to mind when I think of the medical assistant I work with. She facilitates the whole process for [physicians] and patients, from rooming patients and educating them on treatments to assisting me with procedures when necessary. She has a talent for recognizing what is important for patient care and is always in tune with the physical and emotional needs of patients. Her caring attitude toward patients shines through. Her skills and genuine concern for patients make working with her productive, meaningful, and truly enjoyable.

Roi Weiser, MD

Surgical Oncologist in Houston, Texas

I work remotely for a walk-in clinic, and the medical assistants are on-site, making everything happen. They enter orders, help with registration and insurance issues, and run the visits from beginning to end. I perform on-demand examinations remotely while the medical assistant is in the clinic. We utilize video technology so I can look in the ears and throat and listen to the lungs and heart. The medical assistant is the one performing all of this, making the virtual visit possible. Because I work alone, I often put out an SOS on a team chat, and every time, all the medical assistants are ready and willing to

help. They have a tough job, yet they never fail to show up for me and the patient.

**Jennifer Morema, MSN, APRN-FPA,
FNP-C**

Urgent Care in Huntley, Illinois

Patients' Glowing Reviews

For 12 years, my four children have gone to the same pediatrician. My son Jordan saw 27 different [physicians] as we navigated trying to figure out his illness. He was finally diagnosed with common variable immunodeficiency, hypogammaglobulinemia, and bronchiectasis. During this rough journey, all the medical assistants treated my kids with respect and kindness and made them feel like more than just patients. Plus, they were my shoulder to cry on. Every time I called, they knew who I was, understood all of Jordan's health conditions, and worked their magic to get us in right away. When my son Blake broke out in a rash, I couldn't take him to the emergency room because we feared bringing germs back home to Jordan. I sent the medical assistant a text, and within 20 minutes, she got us in to see the [physician]. Each medical assistant will forever have a special place in our hearts. They are there when we simply need a smile or a hug or to hear the words, "You got this, and we are here for you."

Jessica Switzer

Annapolis, Maryland

When I moved 250 miles away from my network of [physicians] at the University of Utah in Salt Lake City, I still wanted to seek care there. I have a lot of medical issues that require visits with different specialists, so I drive to my daughter's place in Salt Lake City and stay with her for a few days to knock out all my appointments. At first, this wasn't easy. I had a hard time getting the appointments scheduled close enough together. But then, the medical assistant at my cardiologist's [practice] made it happen. She sat down with me and took the time to find three consecutive days when I could visit with my cardiologist, rheumatologist, and pain

management specialist. She scheduled all the necessary tests within that timeframe too. Plus, the last time I was there, she spent 45 minutes explaining a cardiology test I needed. I left feeling comfortable and less afraid because of her compassion and empathy. That is exactly the reason I'm willing to drive 500 miles roundtrip for medical care.

Beckie Merlo

Cedar City, Utah

Pediatrician visits aren't always easy, especially when your child isn't feeling well. I'm grateful for the decade of care my daughter has received from her [physician] and medical assistant. Every time we visit, the medical assistant sets the tone for the visit. She takes extra time to engage in a real conversation, putting us both at ease. Whenever I have a complaint or concern, I feel comfortable going to her for help because I'm confident she'll take care of it. I know she has her own life to keep track of, but somehow, she is on top of everything with my daughter—always making her feel like a priority. For instance, when my daughter had pneumonia, the [practice] was overwhelmed with patients, but the medical assistant made sure to get her on the schedule. Best of all, I know she communicates clearly and works well with the [physician] because he is always thoroughly informed about my daughter.

B. Thomas

Columbia, Maryland

My son was born with several heart defects and underwent four surgeries during his life. When he was 15 years old, he had a valve replacement. I will always remember the medical assistant who worked with the heart surgeon. We ended up getting an unexpected \$5,000 bill six months after his surgery. After calling our insurance and the hospital billing department and getting nowhere, I finally reached out to the medical assistant. She figured out that the problem was a billing coding error and got it fixed right away.

Anne Peters

Arlington Heights, Illinois

Worth Writing Home About

When people think of journaling, they may picture a teenager or student, but journaling can be a wellness tool for *anyone*. In fact, it offers an array of benefits, according to Healthline:

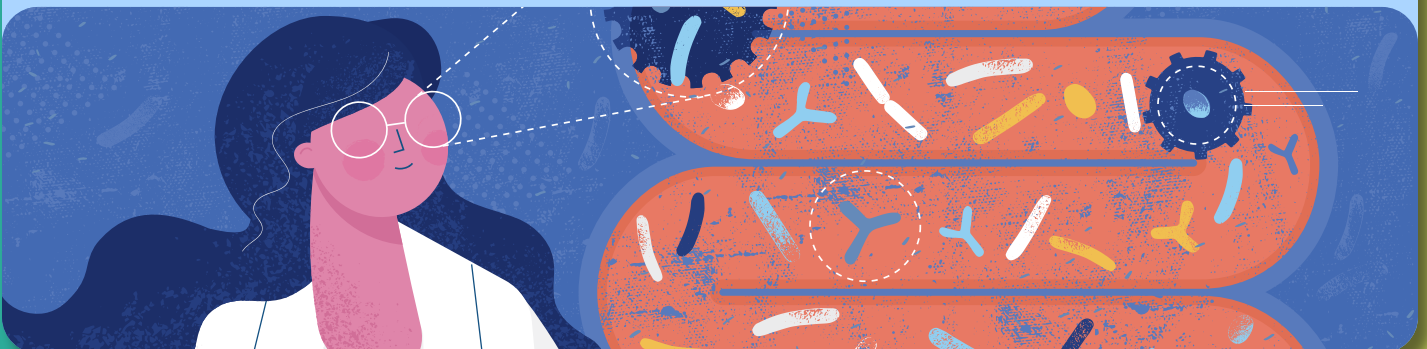
- **Reducing Stress:** Writing in a journal can relieve pressure when you feel overwhelmed. One study showed that participants reported reduced stress levels after completing a writing exercise.
- **Boosting Health and Well-Being:** Research has shown that writing about your deepest thoughts and feelings could contribute to fewer stress-related physician visits, lower blood pressure, and improved mood. Writing about positive experiences can even reduce depression and anxiety symptoms.
- **Separating from Negative Thoughts:** Writing down thoughts can help you examine your life more objectively by creating space and distance (i.e., *cognitive diffusion*). A journal can help you see your thoughts as separate from you and recontextualize them.
- **Processing Emotions:** Journaling provides an outlet for processing emotions in a safe and contained way. Naming emotions can even reduce their strength and make them more manageable.
- **Making Decisions:** Writing about a situation can help you understand how to move forward. Seeing your thoughts and emotions on paper can clarify your needs and prompt you to set boundaries or strengthen relationships.
- **Deepening Self-Discovery:** Journaling offers the chance to pause and connect with yourself to learn more about who you are. You can discover your fears, desires, and the origins of emotions, helping you better understand yourself.

Go With Your Gut!

The gut is a complex system that works in response to lifestyle factors, such as diet, stress, and medication use. Since your gut affects your body, mood, sleep quality, and more, good gut health is essential.

An unhealthy gut can cause numerous digestive problems such as bloating and diarrhea, according to Health. Thankfully, several actions can help you care for and improve your gut health:

- **Increase your fiber intake.** High-fiber diets promote the health of beneficial bacteria in the gut and reduce the risk of conditions like colorectal cancer and diverticular disease. Add more plant-based, high-fiber foods, such as fruits, vegetables, nuts, and beans to your diet to encourage a balanced microbial community.
- **Reduce sugar and ultra-processed foods.** Too much added sugar or ultra-processed foods can harm the gut's barrier function and contribute to a proinflammatory gut environment.
- **Consider medication use.** Overusing certain medications like antibiotics and proton pump inhibitors (PPIs) can hurt your gut. Antibiotics release chemicals that lead to dysbiosis, an imbalance of microorganisms in the gut. Long-term use of PPIs can also induce dysbiosis by reducing gastric acid secretion.
- **Avoid excessive smoking and alcohol consumption.** Smoking cigarettes and heavily consuming alcohol can alter gut bacteria and contribute to dysbiosis. Smoking elevates intestinal pH levels, which reduces the number of beneficial microorganisms. Chronic alcohol use is associated with dysbiosis and increased gut permeability.



Friendship: Just What the Doctor Ordered

People often chalk up their health to diet, exercise, and sleep. However, there is more to the equation: friendship is a crucial aspect of our health and yields long-term physical and emotional health benefits, according to Everyday Health:

- **A sense of belonging** can decrease depression and hopelessness and fulfill an essential emotional health need.
- Research shows that having good conversations with friends can protect brain health by bolstering **cognitive resilience**, helping protect against brain aging and dementia.
- Confiding in friends about difficult aspects of life can **relieve stress**. Conversely, loneliness can negatively impact your physical health and stress response.
- Friends can aid your **self-confidence** and **self-worth**. Research shows that self-esteem and positive social relationships are intertwined.
- Friendships can make it easier to recover from grief by offering someone to lean on. **Social support during difficult times** can even reduce the severity of depression and posttraumatic stress disorder symptoms.
- Friends with healthy habits can encourage you to pursue **healthier habits** and hold you accountable. Friends may also speak up if they notice you partaking in unhealthy behaviors.
- Social isolation and loneliness may be linked with inflammation, leading to Alzheimer disease, arthritis, heart disease, and stroke. Social ties have also been linked to a **lower risk of depression** and **healthier blood pressure**.



Recycling the Right Way

Learning to properly recycle is crucial if you want to make an environmental impact. Depending on your state, ignoring local recycling guidelines can compromise your entire bin of recycling.

Thankfully, understanding the rules of recycling can make all the difference. Here are ways you can recycle better, according to EARTHDAY.ORG:

- **Life in Plastic, Not Fantastic.** Plastic bags are the No. 1 contaminant in recycling loads. In some facilities, workers must trash the entire bag when they see plastic grocery bags in a batch of recyclables. Opt for canvas grocery bags and reusable containers. If you have plastic grocery bags, bring them to a commercial drop-off area where they are accepted.
- **Small Items, Big Problems.** Avoid recycling anything smaller than a credit card. This may include straws, bottle caps, or plastic cutlery. Small objects are too small to be sorted and jam the recycling equipment. If you want to recycle a bottle cap, screw it back on the bottle first.
- **Recycling Ready.** Clean, empty, and dry items before recycling. Food waste contaminates 25% of recycling loads in the United States, rendering them useless and sending the batch to landfills. If you want to recycle your pizza box, ensure that no grease or scraps are on the cardboard, or tear off the clean parts and only recycle those.
- **Sort It Out.** Recycling is only successful when the same materials are together. Combined materials on items like laminated paper and laminated coffee cups cannot be separated, making them trash.
- **Easy as 1, 2, 3.** The rules of recycling plastics vary depending on the number. The higher numbers are typically less recyclable, but most recycling centers will easily recycle plastics 1 and 2. Check your city's recycling website to see what numbers they accept.

The rules of recycling can be complicated and vary among locations. We accumulate items with separate drop-off locations, which can be inconvenient, but with a commitment to doing what you can to lessen your carbon footprint and learn more about recycling, you can make a difference.

Friend

or

Faux Pas

Walk the Line
between a
Boss-Friend and
the Manager

By Pamela Schumacher, MS, CCMF

Workplace friendships are not uncommon in a medical practice and can reap several benefits. In fact, research shows that having coworkers as friends makes employees more engaged and happier in their careers. Working with friends makes people feel good and can even produce better results.¹

However, practice managers may find it challenging to be friends with subordinates, coworkers, and employers while running an effective practice. One way to successfully manage workplace friendships is by maintaining a high level of professionalism, which can help practice managers navigate personal and personnel challenges. The effort will pay off, as employees who demonstrate professionalism in the workplace are viewed as more competent and valuable.²

Go Pro

To maintain a high level of professionalism, practice managers must constantly learn and look for ways to improve at their jobs and elevate the workplace. Several key actions indicate professionalism in an employee³:

- Exceed expectations
- Foster an inclusive environment

- Communicate effectively with the health care team and patients
- Practice integrity and honesty

“Those who are professional conduct themselves with responsibility, integrity, accountability, and excellence and communicate effectively,” says Tracy Bird, FACMPE, CPC, CPMA, CEMC, CPC-I, president and practice management consultant of Medical Practice Advisors in Spring Hill, Kansas. “One way practice managers can establish a professional relationship is to set clear expectations that apply to everyone, whether clinical or administrative staff. These expectations should include a clear line of communication, job responsibilities, and the scope of work expected for medical assistants.”

“Practice managers can emphasize professionalism by cultivating workplace civility,” notes Nicole Burgess, MBA, CMA (AAMA), HCAB, a provider educator at Health First in Melbourne, Florida. “This is achieved by setting [and] modeling the standards, coaching employees on the standards, and holding them accountable. By doing so, the practice manager shows honesty and integrity when preserving mutual respect

for others within the workplace. This also eliminates concerns of favoritism, stereotypes, or bias towards specific employees.”

Joint Ventures

The average person spends eight and a half hours per day at work (or about one-third of their life working) and as much—or more—time with their boss than with family members.⁴ Additionally, people promoted from within often make friends along the way. Given that employees spend so much time at work, what are the pros and cons of being friends with their bosses?

Research shows the pros of being friends with the boss are that they understand each other's needs and have mutual respect and compassion for each other, and work is more enjoyable. Close friendships increase workplace productivity because friends are more committed, communicate better, and encourage each other. In fact, interpersonal work relationships positively affect job satisfaction.⁵

The cons are that such friendships can make other employees resentful, interpersonal problems can spill over into the work environment, and the employees may see the manager as playing favorites if they handle

the relationship unprofessionally.¹

“There is a difference between being friends and being friendly,” says Bird, an independent Medical Group Management Association consultant. “Being friendly shows that you’re human, just like everyone else. You don’t want to appear unapproachable or remote. Managers that I’ve liked have led in ways that I trust. They let me grow, thrive, and find my own way. I think being friends with a subordinate outside of the workplace crosses a line because it excludes some employees and potentially shows favoritism.”

Burgess believes practice managers can maintain personal friendships with other employees to a degree. “If a friendship previously existed when both individuals were in similar roles, then it should be natural to respect and support one another if a promotion to practice manager occurs,” she explains. “The pros of allowing a friendship to continue are that it leads to better rapport, a closer understanding of an individual’s work ethic and habits, and a vested interest in supporting the employee’s professional development and growth. Some of the best mentors come from individuals who found commonalities and developed a close friendship. The cons of foregoing a friendship would be losing the relationship or bond with the employee-friend. By doing so, the practice manager may feel left out, unaccepted, or unappreciated.”

Happier Hours

Everybody wants to be liked, but if employees view their manager only as the “cool boss,” they may be less able to determine whether certain behaviors are appropriate. Acting with professionalism is a good way to set boundaries. First, be inclusive. A practice manager can organize team-building activities and invite all employees to participate. Though some employees may not participate, the practice manager should invite everyone. Next, maintain open communication. Establish rules that apply to everyone in the practice, and make sure people know they can bring up concerns and that you will listen.

Gossip is a whole other eventuality that practice managers should be prepared

Squad Goals

Use these tips to successfully navigate the boss-friend dynamic¹:

- **Be fair to everyone.** Avoid downplaying your friendships but be sensitive to other staff members’ feelings. Treat everyone fairly so favoritism is not an issue.
- **Get to know all your employees.** Take time to be familiar with all staff.
- **Avoid gossip.** Even if staff gossip, practice managers should avoid participating and know when to step in.
- **Confide in someone outside of work.** Avoid sharing too much information with work friends.
- **Accept that you may not be popular.** Learn to be okay with not being liked by everyone in the practice.
- **Maintain boundaries.** Not every employee wants to be best friends or is comfortable with a closer relationship.

to address if they want to maintain professionalism in the practice. Gossip has several meanings, including malicious or actionable talk about someone who is not in the vicinity, whether true or untrue, or any talk of a person’s or institution’s affairs—whether personal, professional, innocuous, or slanderous.⁶

Negative consequences of workplace gossip include erosion of trust and morale, lost productivity and wasted time, divisiveness among employees, and even attrition if good employees quit.⁶ So, regardless of personal definitions, do not condone gossip. No-gossip policies may be difficult to enforce; however, practice managers can talk to employers about the harms associated with gossiping about coworkers and implement email policies.⁶

“Gossip starts when communication isn’t clear. If there is open communication, gossip shouldn’t be a problem, but unfortunately, that’s not usually the case,” admits Bird. “If you notice people are gossiping, shut it down quickly; otherwise, it can poison office relationships. Don’t call anyone out in public. Instead, set up individual meetings, and say, ‘This is what I’m hearing. Help me understand what the issues are. Let’s work together to get ahead of this.’ Focus on being positive and helping people understand that gossip isn’t good for the practice.”

“Gossip is inevitable in the workplace,” says Burgess. “Practice managers should

listen to and acknowledge the gossip. Agree this behavior is unacceptable, ask questions to determine the underlying issues, discuss the expectations, and review alternative suggestions. By engaging employees in the discussion and allowing them to provide insight or ask questions, the practice manager makes the employees feel heard and their concerns recognized.” ♦

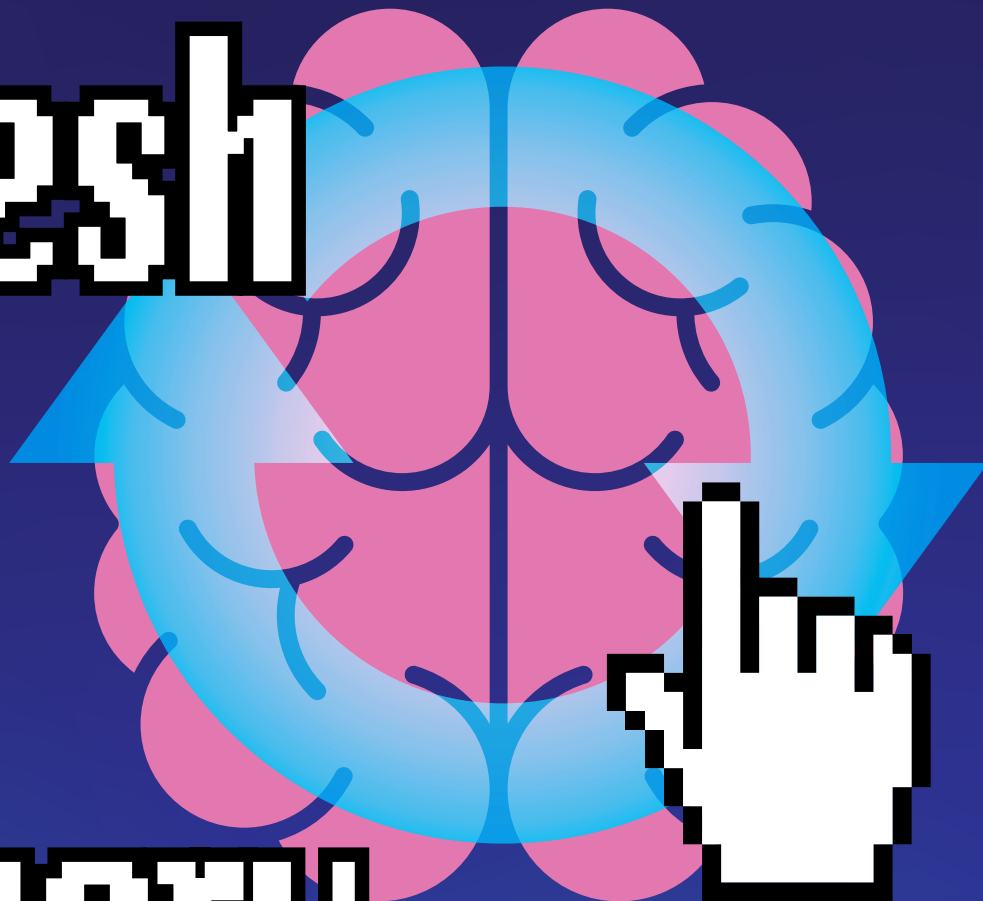
References

1. Laker B. Ten ways to navigate the line between being a boss and a friend. *Forbes*. December 16, 2020. Accessed August 15, 2023. <https://www.forbes.com/sites/benjaminlaker/2020/12/16/ten-ways-to-navigate-the-line-between-being-a-boss-and-a-friend/?sh=23d02fcc6c01>
2. Professionalism in the workplace: a guide for effective workplace etiquette. University of Massachusetts Global blog. Accessed August 15, 2023. <https://www.umassglobal.edu/news-and-events/blog/professionalism-and-workplace-etiquette>
3. Miles M. Redefining professionalism in the workplace. *BetterUp* blog. October 3, 2022. Accessed August 15, 2023. <https://www.betterup.com/blog/professionalism-in-the-workplace>
4. Meade PT. The eternal question: can a manager and an employee be friends? *TLNT*. January 27, 2021. Accessed August 15, 2023. <https://www.tlnt.com/articles/the-eternal-question-can-a-manager-and-an-employee-be-friends>
5. Clifton J. The power of work friends. *Harvard Business Review*. October 7, 2022. Accessed August 15, 2023. <https://hbr.org/2022/10/the-power-of-work-friends>
6. Wilkie D. Workplace gossip: what crosses the line? *SHRM*. Accessed August 15, 2023. <https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/office-gossip-policies.aspx>

Refresh

My

Memory



How Educators Can Spruce Up Students' Memorization Strategies

by Cathy Cassata

Memorizing medical jargon can be difficult for students. In fact, Kelly Penn, CMA (AAMA), compares it to learning a new language.

"We have to remember how difficult it was to learn English and parts of speech when they were brand new [to us]," she says. "When [students are] first getting started with medical terminology, learning procedures, and terms, it's important to remember that the language of medicine will become the language that they speak every day, and with daily practice, they'll master it."

When Penn taught medical assisting at ECPI University for a year, she encouraged students to break down terms into their roots, prefixes, and suffixes rather than view them as whole words. For instance, the word *cardiomyopathy* has two roots and one suffix. To break it into parts, she would

explain the following:

- *Cardio* means heart.
- *Myo* means muscle.
- *Pathy* or pathogenic mean disease.

"So now we have heart, muscle, [and] disease—or disease of the heart muscle," says Penn. "Any medical term, no matter how crazy it looks, can be intimidating, but if you break it down into smaller pieces and build it back up, it makes much more sense."

Repeat After Me

Daniel Willingham, PhD, a psychology professor at the University of Virginia and author of *Outsmart Your Brain*, says the best way to remember things is to understand what they mean rather than memorize them.

However, he says mnemonics can help students retain information as a last-ditch effort. Students can use a variety of mnemonic devices to learn:

- Acronyms and acrostics
- Association
- Chunking
- Method of loci
- Songs and rhymes

"Mnemonic devices are really effective when you're trying to commit something to memory that is not meaningful to you," says Dr. Willingham. "It's the thing you try when you don't have other options."

He notes that students in the health care field typically use mnemonic devices because they have a lot of terms to memorize.

“The problem with mnemonics is that you are accepting this isn’t going to be meaningful to you, but you’ll be able to say back whatever you’re supposed to have committed to memory,” notes Dr. Willingham.

For example, if someone is asked which letter comes first in the alphabet, Dr. Willingham says they will likely find themselves singing the alphabet song because their knowledge of the order is tied to the mnemonic song.

Amanda Buffington, CMA (AAMA), agrees. While she understands why some medical assistants rely on mnemonic devices, she suggests the best tool is submersing yourself in the information.

“Medical assistants are doers and are hands-on with patients all the time, so the biggest way you’ll learn things is being hands-on and learning why things are the way they are,” she says.

Still, Dr. Willingham notes that a mnemonic device is especially useful when an educator thinks students will eventually figure out what the material means but first need basic vocabulary under their belt.

This is the case with remembering the order of tubes for laboratory draws, explains Jessica Blessinger, CMA (AAMA), a medical assisting clinical educator at Hancock Health. She tells students to use “Stop Light Red, Green Light Go,” to remember the order: sterile, light blue, red, green, lavender, and grey.

Because health care providers are supposed to draw laboratories in this order for a reason, Dr. Willingham asserts that if students understand the purpose, they will understand the causality, making it easier to remember. On the other hand, the mnemonic may serve as a checklist, which is helpful in medicine.

“For anything you’ve done hundreds of times, it can be easy to get lost on where you are in the sequence, so mnemonics are good for that and serve as a checklist,” he says.

Blessinger recommends mnemonics for remembering the electrical flow of the heart. “I compare it to electrical things in [a house]. [Atrioventricular] nodes [are] electricity from the house, [sinoatrial] nodes [are] power outlets, bundle branches [are] power strips, and Purkinje fibers are twinkle

Forget-Me-Not

While many students find online learning and studying resources helpful, Daniel Willingham, PhD, recommends using them with caution.

“On some of these [platforms], like Quizlet, other people can make their decks public, and there can be a couple [of] issues with those. Maybe the ones for medical assistants are better, but the ones I find for my class are inaccurate, have errors, or are [outdated],” he says.

lights,” she says.

Some of her students remember which color goes with limb leads on an ECG by thinking of clouds over grass and smoke over fire. The right arm is white, the right leg is green, the left arm is black, and the left leg is red.

“I have found in times of difficulty understanding topics, I encourage myself and students to think outside the box,” she says. “I will ask students about things that interest them or topics they feel they greatly understand or have mastered and find a way to relate it to that topic.”

Connecting an association or story to a word helps Penn. For instance, to remember the meaning of hemoptysis (coughing up blood), she remembers that a “mop” is needed.

The More You Know

While different approaches to learning might resonate with people differently, the following might be worth considering for students.

Play games. Penn found that playing games in class like medical terminology Jeopardy! and building a word kept her students engaged, interested in learning, and better able to understand terms.

“I’d assign teams to make up games on their own, so while they were doing it, they [had] to look at the word and process it and figure out what the questions would be for their classmates,” she says. “I think collaborating with classmates and making it fun helps cement the term better in your mind than simple memorization.”

She added that working with classmates prepares students for lives as medical assistants. “On the job, you’re working with a team, so start now when learning and get used to doing it that way,” she says.

Test yourself. “When we study, we tend to focus on the tasks we can most easily

control—such as highlighting and rereading—but these practices only give the illusion of mastery,” Dr. Willingham writes.¹ He encourages students to study by testing themselves.

“[Students] often test themselves to see whether they *know* the content [instead] of doing it to *learn* the content,” he says. “They tend to have the material in front of them and then look away and test themselves, but the content they are trying to learn is still in working memory.”

He recommends making and using flash cards, because the process of constructing a flash card deck is part of studying and good for memory. “Thinking about what you’re supposed to know, how to phrase things, and what questions you want to pose to yourself are all good for memory,” says Dr. Willingham.

Penn adds that flash cards are a great way to collaborate with classmates and even get family members to help. “I had students who had children, and their kids adored quizzing their parents on medical terms. It was fun when mom or dad was the student instead of them,” she says.

Talk to experts. During her medical assisting program, Buffington learned about 50% of what she needed to know on the job. Because of this, she encourages exposure to people who know more than you.

“Find out why something is named what it is,” she says. “Listen to more physician conversations. If they have surgery, ask what that surgery is. Understanding what is being done and why will help you memorize things in the future.” ♦

References

1. Willingham DT. *Outsmart Your Brain: Why Learning is Hard and How You Can Make It Easy*. Gallery Books; 2023.





CMA (AAMA) Makes Accessibility a Priority for Patients with HIV

By Cathy Cassata

Chadwick Carter, CMA (AAMA), spends his days helping those living with HIV by working as a medical assistant for the AIDS Healthcare Foundation (AHF), a global nonprofit organization that provides HIV care and services.

“About a month after graduation, I got a call from one of my classmates saying that AHF was looking for a medical assistant, and they thought I’d be a great fit,” says Carter. “I’m HIV positive, and my motto has always been ‘What doesn’t kill you makes you stronger.’”

In 2011, he took the job and still works with the foundation’s mobile unit, which travels to areas with limited access to health care in the Florida panhandle, Alabama, and Mississippi.

“We go town to town and meet [patients where] they ask us to—in alleys, store parking lots, the beach, wherever,” says Carter. “Their privacy is important because, in small towns, everybody knows everybody, so we go where they ask us to so they can [preserve their privacy].”

The mobile unit operates like a physician’s practice. Carter assists the providers

by taking patients’ vital signs, drawing blood for laboratory tests, and processing referrals and insurance pre-authorizations. He is also certified as an HIV testing counselor.

“People come in who are scared about having HIV, and I test them and am qualified to give good news and bad news,” says Carter. “It’s a lot to take in, and I’m there for them as I’ve been through exactly what they are going through.”

In 2001, Carter was diagnosed with HIV. At that time, he was also battling addiction, the disease his sister passed away from. “One day, I hit rock bottom and was admitted to the local hospital. My father took everything I owned, sold it, and helped me get my life back on track. I moved in with him, and then he got sick,” says Carter.

While in recovery, he cared for his ill father, who encouraged him to enter the medical field: “He told me I had a talent for taking care of people and persuaded me to pursue it.”

After being awarded the Pell Grant, Carter enrolled full time in the medical assisting program at Pensacola State College while caring for his dad.

“It took the loss of my sister and help from my father to turn my life around,” he says. After graduating in 2011, he passed the CMA (AAMA) Certification Exam.

Carter says his medical assisting training equips him to help the foundation open health care centers focused on patient advocacy and HIV testing. A big part of his role is helping patients access medication and treatment for HIV. “I’m a firm believer that everybody deserves [the] medication they need, and I’m going to make sure they have their medications. If I have to find federal funding for them, I will, or I’ll find another way. I work with the patients to make it happen,” he says.

Carter does not refer to his work as a job but rather his life’s passion.

“Working for a foundation that goes above and beyond to help [patients] overcome barriers and access cutting-edge medicine regardless of ability to pay is beyond rewarding,” says Carter. “My world was rocky, and I was in a low place at one time. Being able to use my skills to help others through their toughest days is the best way to give back.” ♦

Tune In to AAMA Social Media Channels



Like us! Find the AAMA on [Facebook](#) and join a community of passionate and informed medical assistants who share information about the profession.



Follow us! Get fast updates on the AAMA and the health care world by following us on [Twitter](#).



Network! Promote your professionalism and credential to employers, connect with colleagues, and offer guidance to future medical assistants on [LinkedIn](#).



Look us up! Keep an eye on the AAMA and our picture-perfect community by following us on [Instagram](#).



Subscribe! Sign up for [AAMA e-Updates](#) to receive AAMA news—association updates, certification insight, continuing education offerings, and more!



Watch! Access the archive of presentations created with medical assisting professionals in mind via the AAMA [YouTube](#) channel.



Read up! Stay abreast of professional scope-of-practice issues and news regarding federal and state law on [Legal Eye: On Medical Assisting](#) and score snippets of certification and recertification wisdom by reading [CMA \(AAMA\) In Sight: For Medical Assistants with an Eye for Excellence](#).



Watch and respond! Enjoy and react to (via duetting and stitching) fun tips, trends, and topics pertinent to the medical assisting profession on the AAMA's [TikTok](#).

www.aama-ntl.org



AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS.



MEDICAL ASSISTANTS

SHINE BRIGHT!

OCTOBER 16-20, 2023

THANK YOU
for the light you bring
to every medical setting!

