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# Medical Assisting Today

The Magazine for Professional Medical Assistants


## IN THE DRIVER'S SEAT

Traffic Safety Prevention as a Health Care Issue

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# All Things New

Punxsutawney Phil may have seen his shadow last month, signaling six more weeks of winter, but this season has certainly been unusual—from warmer temperatures in areas that are typically snowy to record-breaking cold and snowfall in the South. Still, spring is coming, bringing with it the promise of all things new—flowers and trees in bloom, baby animals being born, and longer, brighter days ahead.

Change can be exciting but also unsettling. Many of us have found ourselves thinking, "If this one thing could change, things might be better." Yet when change actually arrives, it is not uncommon to feel anxious, frustrated, or even nostalgic for the way things used to be. If we can set those feelings aside, however, we often discover something positive on the other side! For example, maybe you were there when your practice transitioned to an electronic health record system. The change likely felt overwhelming at first. While it may not be perfect even now, it was a change that ultimately benefited our work and patients.

You will see some changes coming in 2026 to things that have remained the same for many years within the AAMA. With change comes growth. The AAMA is evolving, stepping outside of its comfort zone, and gaining new perspectives. Embracing change allows for innovation, breaking old patterns, and positive transformation. Resisting change can keep us stuck and prevent us from taking opportunities to move forward.

Speaking of growth, is this the year you step into a new leadership role within the AAMA, your state society, or your local chapter? States are preparing for their annual conferences, where new leaders will emerge to help guide members on their leadership journeys. Now is an excellent time to volunteer for that committee you have been considering. Members of the Board of Trustees will be attending some state conferences, either in person or virtually, so please feel free to reach out with questions. If you are interested in serving on an AAMA committee, strategy team, task force, or board, I encourage you to review the Volunteer Leadership Application on the AAMA website. Applications are due August 1, and I am always happy to answer questions.

Please also mark your calendar for the 70th AAMA Annual Conference, taking place September 14–17 in Reno, Nevada. Registration will be open soon. Also, keep an eye out for helpful e-blasts highlighting activities and dining options at the Grand Sierra Resort and Casino.

If you have not yet submitted a story for the AAMA's 70th anniversary, we would love to hear from you. Visit the AAMA website's "Annual Conference" webpage for the link to submit a story. Help us celebrate 70 years of the AAMA—and I hope to see you all there!

Virginia Thomas, CMA (AAMA)

Virginia Thomas, CMA (AAMA)
2024–2026 President

### AAMA® Mission

The mission of the AAMA is to empower medical assistants by advancing education, certification, advocacy, and scope-of-practice protection.

### 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.


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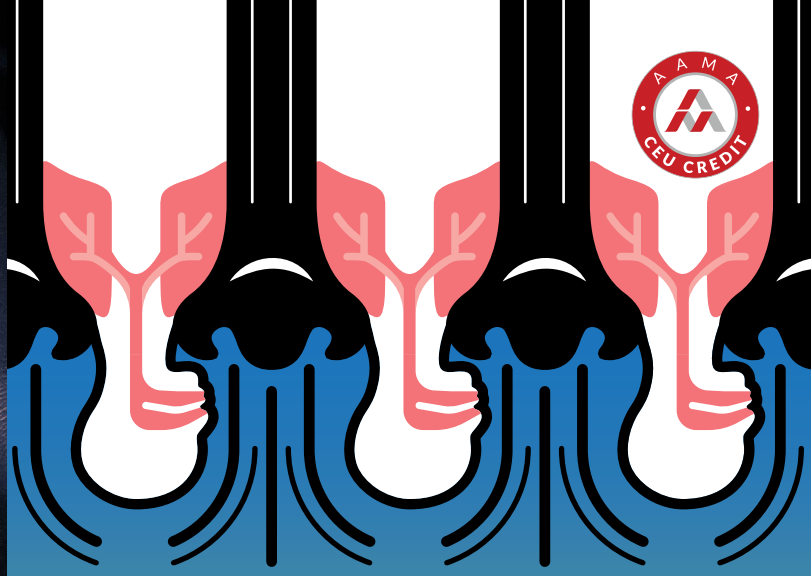
# IN THE DRIVER'S SEAT





# In the Same Breath



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# AAMA update

## Play Your Cards Right in Reno, Nevada

Online registration for the 2026 AAMA Annual Conference is live this month. Visit the Cvent website to access a wealth of resources:

- **Discover winning discounts and details.** Find conference hotel discounts and information about activities and events in the Silver State.
- **Don't leave your professional timeline to chance.** Pore over an abundance of continuing education opportunities to see which best suit your career needs.
- **Up the ante on past and present connections.** Meet and greet your fellow AAMA members from all over the country!

Plan now to attend conference by adding this year's dates to your calendar:

Reno, Nevada—Sept. 14–17, 2026 *(Monday through Thursday)*


## Spring into Action: Recertify Early to Avoid Slow Processing

Is your CMA (AAMA) certification expiring this May or June? You're not alone. In fact, thousands of other CMAs (AAMA) have certifications expiring at the same time. You can beat the rush—and avoid busy processing times—by recertifying early and still maintaining your certification for five years after your original recertification deadline.

And if you still need all your CEUs to recertify, don't fret! The AAMA recently launched the Recert Ready Bundle, which includes four courses and conveniently provides you with all the CEUs you need to recertify. Check it out in the e-Learning Center. ✦

## On the Web

### Who's Who?

***Within the "About" Section/AAMA Staff***

The AAMA has supported medical assistants for seven decades, and in that time, we've had the privilege of knowing some outstanding individuals who have worked hard day in and day out to serve the medical assisting field in myriad ways. In the spirit of strengthening connections, the "AAMA Staff" webpage provides a breakdown of all staff.

### State Scope of Practice Laws

***Under Publications/State Scope of Practice Laws***

Access updated documents detailing key state scope-of-practice laws for medical assistants. Find out everything you need to know about the duties medical assisting staff can legally perform in a given state or jurisdiction.

### Check Certification Expiration

***Under My Account/Scroll Down to "Certification Information"***

Time flies. Make sure it doesn't pass your recertification by! CMAs (AAMA) can double-check their certification expiration dates on the AAMA website. Sign in or create an account to stay ahead of the curve.

### Listen Up

***Under Publications/AAMA Podcast***

Check out the AAMA podcast and be informed on the go. Listen to two of the latest episodes: "Cold and Flu Season Forecast 2025–2026: A Medical Assistant Guide" and "Identifying Human Trafficking in Health Care." ✦

## Official Call for HOD Representation

State societies are entitled to the following representation in the House of Delegates at the 2026 AAMA Annual Conference in Reno, Nevada.

| | | | |
|---|---|---|---|
| AK | 3 | NC | 8 |
| AL | 3 | ND | 2 |
| AR | 2 | NE | 3 |
| CA | 3 | NH | 3 |
| CO | 3 | NJ | 3 |
| CT | 3 | NM | 3 |
| FL | 4 | NV | 2 |
| GA | 4 | NY | 3 |
| HI | 2 | OH | 5 |
| IA | 5 | OK | 2 |
| ID | 3 | OR | 4 |
| IL | 4 | PA | 3 |
| IN | 6 | SC | 4 |
| KY | 3 | SD | 3 |
| KS | 2 | TN | 3 |
| MA | 3 | TX | 3 |
| ME | 3 | UT | 3 |
| MI | 5 | VA | 3 |
| MN | 5 | WA | 5 |
| MO | 3 | WI | 6 |
| MT | 3 | | |

## 2026 State Society Conferences

The AAMA shares available information on state society conferences via the "State Society Conferences" webpage (under the Education and Events tab of the AAMA website) and via the AAMA Facebook page's events section.

**AAMA members and other interested medical assistants**—if your state is not listed, contact your state president for details. You can find your state president on the "State and Chapter Listings" webpage (in the "About" section). *(Updates will be posted to the AAMA website and Facebook page as received.)*

**State society leaders**—Here are two ways to reach potential attendees:

1. Make sure your state conference information is posted on the AAMA website. You can email MarCom@aama-ntl.org with questions and updated information, including links to registration information for your state meeting.
2. If you would like AAMA staff to share your event via the AAMA's Facebook page, broadcast to 52,000+ followers, email MarCom@aama-ntl.org. ✦

## Enter the Excel Awards!

Get ready to submit your entry for the 2026 Excel Awards! Start gathering your submission materials to enter the competition honoring excellence in the field of medical assisting:

- **AAMA members.** Nominate an individual or institution deserving of recognition:
  - A medical institution—big or small—that employs medical assistants and is a strong supporter of professional growth, particularly in the areas of certification and recertification, continuing education, and membership.
  - An exemplary national leader for one of the three Awards of Distinction: Golden Apple, Leadership & Mentoring, and Medical Assistant of the Year.
- **State leaders.** Enter your state publication, website, marketing campaign, or community service effort for recognition.
- **Anyone.** Nominate influential new leaders for the AAMA Rising Star Awards.

Visit the "Excel Awards" webpage to read the details on required submission materials. Entry forms will be available soon. Entries must be submitted by **July 15**. ✦

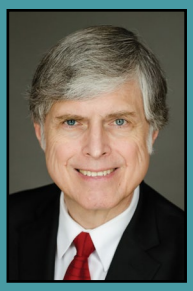
# Your AAMA Story. Our Shared Legacy.

We're inviting medical assistants from every path and practice setting to share their personal AAMA stories—why you chose to be a part of the AAMA.

Share your voice.
Celebrate your journey.
Be part of our legacy.

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS.

# Medical Assistants' Role in Improved Cancer Care



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

In the July/August 2019 issue of *Medical Assisting Today* (then *CMA Today*), I profiled how medical assistants are working to increase colon cancer screening rates. As an update to that article, I reviewed the work of medical assistants in aiding screenings for all types of cancer, not just colon cancer. A search of both peer-reviewed literature and general articles online reveals some interesting and crucial work being done to help improve the lives of patients with cancer and of their families.

## An Array of Examples

### "Interprofessional Education Curriculum for Medical Assistants in Radiation Oncology: A Single Institution Pilot Program"

A pilot education curriculum in radiation oncology was developed and implemented at an academic medical center. Although the sample size was small, the study showed "sustained improvement in clinical knowledge within the scope of the [medical assistant] role and empathy for patients."[1]

### "A Lung Cancer Screening Education Program Impacts Both Referral Rates and Provider and Medical Assistant Knowledge at Two Federally Qualified Health Centers"

To help improve low rates of lung cancer screenings, 29 providers and 28 medical assistants were enrolled in a study at two federally qualified health centers (FQHCs). After targeted education, knowledge of lung cancer and screening rates improved within both groups. This is "associated with an increase in the number of patients referred to [low-dose computed tomography (LDCT)] at FQHCs."[2]

### "Association of an Active Choice Intervention in the Electronic Health Record Directed to Medical Assistants with Clinician Ordering and Patient Completion of Breast and Colorectal Cancer Screening Tests"

This active choice intervention in the electronic health record (EHR) increased the rate of breast and colon cancer screenings performed by medical assistants. The study, comprising three primary care practices at the University of Pennsylvania Health System, found that the electronic nudge in the active choice intervention resulted in "a significant increase in clinician ordering of breast and colorectal cancer screening tests."[3]

And yet, the intervention did not result in "significant change in patient completion of either cancer screening test during a one-year follow-up."[3] The authors conclude that more concerted follow-up efforts would help improve this variable, because "patients in these primary care practices were mostly on their own to complete these steps and were not routinely sent reminders or given assistance to follow through with scheduling the tests and completing them."[3]

### "How Medical Assistants Can Help Breast Cancer Patients"

This article encompasses some of the statistics on the prevalence of breast cancer and resulting anxiety and fear among patients, along with communication tips for how medical assistants can best help patients and their families address those concerns and embark on a course of treatment.[4]

Medical assistants also participate in patients' cancer care by handling paperwork, care coordination, and insurance follow-up; assisting with home health care and palliative care if necessary; and supporting patients' families.[4]

### "Improving Cancer Screening Adherence in a Rural Health Clinic"

This quality improvement project involved developing and implementing a standardized previsit checklist to identify patients who need routine cancer screenings at a rural health clinic. Medical assistants in the clinic completed previsit checklists and reviewed them with providers prior to patient visits. Medical assistants completed the checklists 90% of the time, and 80% of the screenings were appropriately ordered (or the patient declined the screening). Additionally, medical assistants found the checklist process "easy to complete with minimal disruption to workflow."[5]

### "Breast Cancer Screening: A Quality Improvement Project"

This presentation details the goals and results of a 2022 quality improvement project focused on improving mammography screenings among patients at a multisite primary care clinic in Utah. The methods used included employee education (to include the 24 medical assistants on staff), changes to workflow processes, follow-up with patients, and a public awareness campaign. Although not all the project's goals were met, significant changes were observed in variables, such as medical assistant pretest and posttest knowledge and the number of patients who obtained mammography screenings. The process was replicated to address colorectal cancer screenings as well, with similar results.[6]

### "Award Recipient Highlights": Staff Focus

**on Increasing Colorectal Cancer Screening at a Health Center in Chicago**

Award recipients of the Centers for Disease Control and Prevention's Colorectal Cancer Control Program include a Chicago health center that trained medical assistants on colorectal cancer and how to educate patients. The lack of time for physicians to educate patients and order stool test kits was seen as a barrier to improving screening rates. A multipronged effort included sending follow-up text messages to patients and improving data on and reporting of screening rates. As a result, screenings nearly doubled over four years, from 27% to 49%. Additionally, for Hispanic patients, the number of tests ordered increased from 17% to 50%, and the number of returned tests rose from 4% to almost 37%.[7]

**"Streamlined Screening Doubles Lung Cancer Detection and Diagnosis"**

Bon Secours Mercy Health more than doubled lung cancer screenings by streamlining the process, dividing the steps between roles, and providing guidance in the EHR. Medical assistants played a key role in this work by collecting data on smoking histories from patients during the intake process. When any patients met federal guidelines for lung cancer screenings, physicians were then prompted, through the EHR, to enter an order for LDCT.

Aside from improving patient care and saving lives, the streamlined workflow also yielded financial benefits for the system. Having medical assistants working in tandem with other team members—including physicians, schedulers, technologists, and radiologists—helped ensure that patients were eligible for LDCTs and that their screening examination met all insurance criteria. This helped Bon Secours Mercy Health reduce claim denials by more than half.[8]

**"Redesigning Primary Health Care Teams for Population Health and Quality Improvement"**

Through funding from the Agency for Healthcare Research and Quality, Penobscot Community Health Care, the largest and most comprehensive FQHC in Maine, implemented a primary care transformation initiative over three years that redesigned its care teams and workflows. Through the initiative, physicians assigned tasks that they previously performed to medical assistants. "The goal of delegation was to reduce the physicians' administrative burden, boost clinic capacity, and better support prevention and chronic disease management."[9] Although the initiative had mixed results, the Delegate Model that was developed showed promise for improved quality of care.[9]

## Conclusion

These efforts share several common threads, including the need for education, support throughout an organization, and workflow adjustments to meet a project's goals. More importantly, these numbers reflect the improvement in cancer patients' quality of life. ✦

*Questions may be directed to CEO and Legal Counsel Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org.*

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# Mis-Educated

## Correcting the Truth about Persistent Education Myths

By Pamela M. Schumacher, MS, Prosci, RYT

Encouraging student learning is especially challenging in medical assisting education, where time is limited and stakes are high. Educators may rely on intuition or informal beliefs about how learning works, but decades of research show that many of these beliefs are inaccurate. When myths and misconceptions shape instruction, they can waste valuable time and resources—and even impede learning.[1]

### Fact-Checking Fictions

"I have observed how myths in education have emerged [and] been adopted and adapted by educators and students alike," says Kimberly Scott, DBA, MPH, CMA (AAMA), a medical assisting educator at Keiser University in Fort Lauderdale, Florida. "Interestingly, some myths have evolved into common practice, while others developed from educators' own experiences as students or are transferred by students from one course to another."

"I think education myths persist because of tradition and habit," says Melody Gibson, HHS, MHRD, CMA (AAMA), CPT (ASPT), associate dean at Gaston College in Dallas, North Carolina. "An educator might say, 'It's how I was taught, and I did fine,' but then that becomes, 'It's how I teach.' "

"Medical education myths endure," says Geoffrey Norman, PhD, professor emeritus of health research methods, evidence, and impact at McMaster University in Ontario, Canada. "Many, such as the idea that adjusting for trainee learning styles enhances learning, are part of the core curriculum in postgraduate-level teacher training courses."

Buy-in from fellow program directors and educators is necessary for curricula changes, but myths are difficult to dispel because people struggle to let go of incorrect information. In an era of information overload, in which sources vary widely in credibility, knowledge is acquired with ease but becomes difficult to question, revise, or replace once internalized.[2] Studies suggest that conceptual change is more likely when incorrect beliefs and accurate information are activated simultaneously in working memory.

### Myth #1: Teach According to Learning Styles

One myth that has endured is the idea that students learn better when instruction is tailored to their preferred learning style (e.g., visual, auditory, or kinesthetic). In fact, a review of 37 studies involving more than 15,000 educators from 18 countries found that 89% of educators believed in matching instruction to learning styles, and 95% of educator trainees endorse the practice.[3]

"The belief in learning styles persists because people have no qualms about dismissing scientific evidence by using a single vivid counterexample," says Dr. Norman. "For example, no one has any difficulty declaring themselves as visual or verbal learners, so this version of learning style can find many firsthand testimonials to support its veracity. Unfortunately, self-reported visual [or] verbal learning has been shown to have no relation to either direct measures of spatial and verbal ability or learning from visually or verbally oriented instructional materials."

Indeed, studies show that learning styles are organized into loosely defined and often arbitrary categories. Learning preferences can shift depending on the content being taught and may change over time.[4] Although students may express preferences for certain styles, effective instruction is better achieved by actively engaging learners through different modalities and by linking new material to their existing knowledge base.[4] And engaging students with content in multiple forms fosters the ability to pay attention to content in different ways and requires integrating knowledge in new ways.

### Myth #2: More Homework Equals Smarter Students

"It's a long-held belief that assigning large amounts of homework leads to increased understanding, discipline, and engagement, but that's not necessarily the case," says Scott. "Medical assistant students are often adults returning to school who have many other obligations, such as children, family caregiving duties, and jobs. Assigning too much homework can have the effect of overwhelming them and even cause them to drop out."

Assigning too much homework can increase stress, reduce sleep, and allow less time for jobs, hobbies, and family time, all of which can affect overall well-being and academic performance. To encourage students, do not focus on the *quantity* of

homework; focus on the *quality* of the assignments. Students learn more and are more successful when the homework is engaging, challenging, and relevant to their lives.[4]

| Myth | Harmful Consequence | Solution |
|---|---|---|
| *#1. Teach to Learning Styles* | This leads to maladaptive study habits and avoidance of diverse subjects. | Use a variety of methods that actively engage learners and link new material to their existing knowledge base. |
| *#2. More Homework = Smarter Students* | Too much homework can create overworked, stressed-out students who have difficulty learning. | Prioritize the quality of homework. Tasks that are engaging, challenging, and relevant are more likely to promote academic success. |
| *#3. Struggling Students Are Not Trying Hard Enough* | Students give up. | • Scaffold instructions.<br>• Foster connection.<br>• Promote a growth mindset.<br>• Provide emotional support. |
| *#4. Students Will Be Disruptive* | Educators are anxious and feel chronically underprepared. | Create lessons with activities, relevance, and movement that engage students and keep them interested. |

## *Myth #3: Struggling Students Are Not Trying Hard Enough*

Research consistently shows that academic struggling is rarely a simple matter of a student "not trying hard enough." Instead, academic struggles are typically the result of complex psychological, cognitive, and environmental factors that can make even high levels of effort ineffective.[5]

"Educators may assume low performance is tied to motivation, but that's usually not the case. Rather, medical assisting students are often dealing with other barriers such as childcare, [lack of] confidence, prior learning gaps, or unclear instructions," says Gibson.

Educators should shift from a deficit view of student effort to a skill-building approach using these suggestions[5]:

- **Scaffold instructions:** Break complex tasks into manageable steps and provide clear expectations and high-quality examples.
- **Foster connection:** Students are more likely to succeed when they feel connected to the program and their teachers.
- **Promote a growth mindset:** Reinforce effort-based praise rather than outcome-based praise to help students see mistakes as part of the learning process.
- **Provide emotional support:** Identify mental health risks and connect students with support systems such as counselors.

## *Myth #4: Students Will Always Be Disruptive*

"One common myth that surfaces in teacher preparation is the idea of being underprepared for managing difficult or disruptive student behaviors in the classroom," says Ellis Hurd, EDD, a professor at the School of Teaching and Learning at Illinois State University in Normal, Illinois. "Educators have sincere fears about getting in front of students due to this myth, particularly because disruptive stereotypes are seen on TV, in movies, and on social media.

"However, evidence strongly supports that educators will have decreased challenges in the classroom by preparing engaging lessons. When a lesson is ill-prepared, students naturally become bored and off task. Creating lessons embedded with activities, relevance, and movement engages students and keeps them interested in the content," says Dr. Hurd.

## *Eliminating the Myth-Takes*

Education myths endure because educators are human, and humans are vulnerable to logical fallacies. Mitigating these myths comes down to the individual educator, who must overcome the inaccurate belief and replace it with a new, more accurate paradigm.[1]

"Letting go of persistent myths is tough and requires more than a willingness to change; it calls for a shift in mindset," says Scott. "To do it successfully, you must be willing to … critically examine your own assumptions when evidence-based research is available and may say otherwise. Then, be willing to move beyond the 'if it's not broken, don't fix it' mentality and try something new. This will ultimately lead to enhanced student learning." ✦


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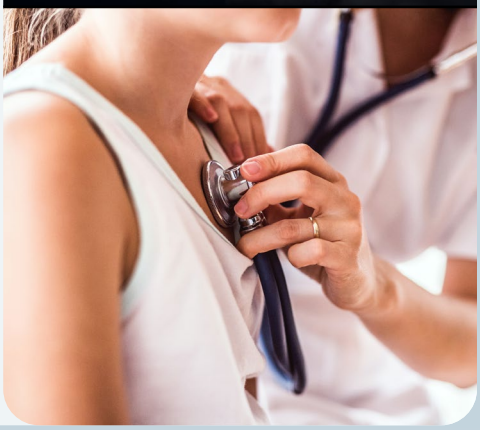
## Night Owls Have Increased Heart Risk



Night owls have worse cardiovascular health than their peers who are more active during the day, according to new research published in the *Journal of the American Heart Association*.

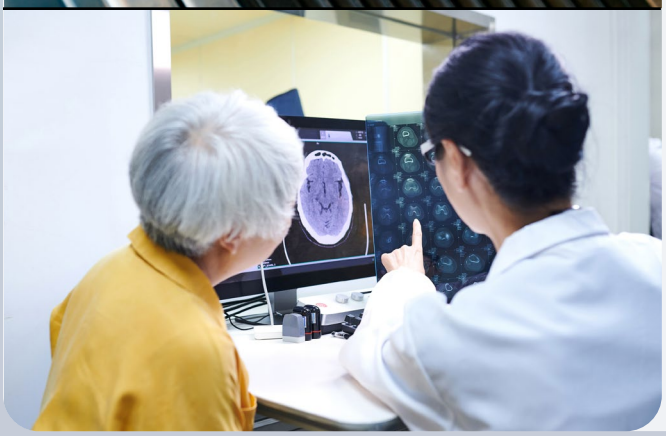
Researchers reviewed data from over 300,000 adults in the U.K. to examine how an individual's natural preference for sleep-wake timing impacted their cardiovascular health.

Self-reported evening people (about 8%) were characterized as having a late-night bedtime (e.g., 2 a.m.). Self-reported morning people (about 24%) were more active earlier in the day and had earlier bedtimes (e.g., 9 p.m.). Most participants (67%) considered themselves in an intermediate category because they were unsure or neither morning nor evening people.

Cardiovascular health was measured according to the American Heart Association's Essential 8 metrics, which comprise health behaviors and health factors associated with optimal cardiovascular health. The metrics include a healthy diet, cholesterol, blood pressure, regular physical activity, and good sleep quality.

Night owls had a 16% higher risk of having a heart attack or stroke over a median of about 14 years of follow-up, compared to people in the intermediate category. The negative cardiovascular effects were even more pronounced in women. Unhealthy behaviors among night owls, such as poor diet and smoking, may contribute to their worse cardiovascular health.

However, helping night owls improve their lifestyle habits may lower their risk for heart attack and stroke, according to researchers.



## Caffeine Reduces Dementia Risk

An estimated 57 million people were living with dementia in 2021, according to the World Health Organization. But those who drink coffee or tea may be in luck—a new study published in *JAMA* found that two to three cups of coffee or one to two cups of tea reduced dementia risk, slowed cognitive decline, and preserved brain function.

Researchers analyzed data from over 130,000 participants over 40 years. Those who drank two to three cups of caffeinated coffee or one to two cups of caffeinated tea daily had a 15%–20% lower risk of dementia than those who didn't.

Tea and coffee contain caffeine and polyphenols that may protect against brain aging by improving vascular health and reducing inflammation and oxidative stress, reports the Guardian. Unfortunately, decaffeinated coffee does not yield the same benefits.

Early prevention is crucial for dementia, as current treatments are limited and only offer benefits after symptoms appear. Researchers believe that about half of dementia cases globally could be prevented or delayed by addressing factors like obesity, smoking, alcohol consumption, and high blood pressure. While consuming tea or coffee may help, it is not a guaranteed way to ward off dementia.

## Sleep More Important than Diet and Exercise

If you have a hard time sleeping at night, rest assured, you are not the only one. A recent study by the National Sleep Foundation found that 6 out of every 10 U.S. adults report not getting enough sleep.

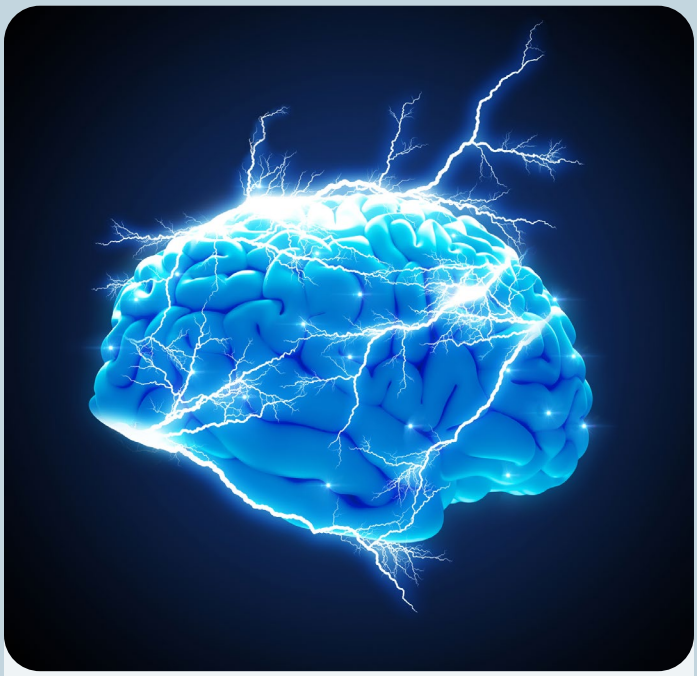
Inadequate sleep can have numerous adverse effects on your health, with studies linking a lack of sleep to cardiovascular disease, type 2 diabetes, obesity, depression, anxiety, gastrointestinal issues, and dementia.

Now, a new study published in the journal *Sleep Advances* is shedding more light on the importance of sleep, claiming that insufficient sleep is even more detrimental to life expectancy than other lifestyle factors such as physical activity, diet, and social isolation.

For this study, researchers analyzed data from the 2019-2025 Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System surveys to search for a link between insufficient sleep and life expectancy. Their analysis indicated that among common behaviors associated with life expectancy, inadequate sleep was the most significant driver of lower life expectancy than any other factor other than smoking.

Those grappling with inadequate sleep can take action:

- Prioritize sleep over other life responsibilities.
- Make your sleep environment quieter, darker, and cooler.
- Set a consistent sleep schedule to regulate your body's internal clock.
- Establish a relaxing bedtime routine, such as reading, taking a bath, or meditating.
- Avoid caffeine, alcohol, and large meals before bed.
- Avoid blue light before bed.



## New Headset Treats Depression with Electrical Current

The U.S. Food and Drug Administration (FDA) has approved an at-home brain stimulation device that uses a gentle electrical current to stimulate a brain region involved in mood regulation.

The Flow FL-100 is the first of its kind to be approved in the United States for the treatment of major depressive disorder. It will be available by prescription only to individuals 18 years of age and older, according to Everyday Health. The FL-100 is already available in Europe, the U.K., and Hong Kong, but the manufacturer, Flow Neuroscience, aims to launch the device in the U.S. in spring 2026.

About 21 million American adults are living with depression, notes New Atlas. About a third of this population does not experience relief through antidepressants, or they discontinue medication use because of unpleasant side effects.

The FDA's decision to approve the stimulation device was made after a randomized controlled trial that observed the efficacy of the FL-100 device in a home setting. In the study, participants who used the device for about 30 minutes a day experienced improvements in depression symptoms by about 58% after 10 weeks of treatment.

The FL-100 paves the way for this kind of treatment and could change the lives of those who do not find symptom relief through traditional medication.


# IN THE DRIVER'S SEAT

## Traffic Safety Prevention as a Health Care Issue

By Mark Harris

Staying safe on the roads should be everyone's concern. With the United States' vast, complex national network of roadways and tens of millions of vehicles in use, traffic safety prevention represents a major public health challenge.

While our extensive roadway system is an essential part of modern life, drivers, passengers, cyclists, and pedestrians are also at risk of being severely injured or worse on American roads. Nearly 44,000 people died in motor vehicle crashes in 2022, according to the Centers for Disease Control and Prevention. That same year, over 2.6 million emergency department visits were related to vehicle crashes.[1]

With about 282,000,000 registered

motor vehicles in use in the United States and vehicle collisions an everyday occurrence,[2] perhaps a common assumption is that traffic fatalities and severe crash injuries are an unavoidable price of living in a heavily vehicle-dependent society.

However, traffic safety experts and advocates think we can do better. From roadway infrastructure design and vehicle safety engineering to public policy, safe driving education, emergency services, and more, improved roadway safety is a focus of wide-ranging public health expertise.

## Vision Zero Network

A crucial initiative to address roadway safety in the United States is being led by the Vision Zero Network, a San Francisco–based nonprofit organization that collaborates with communities and stakeholders nationwide to address roadway safety issues.

The long-term goal of the Vision Zero Network is an ambitious one. "Vision Zero is a strategy to eliminate traffic fatalities and severe injuries while increasing safe, healthy, equitable mobility for all people," says Tiffany Smith, MPH, the network's program manager. "Vision Zero recognizes that the approximately 40,000 people who die every year on our roadways across the country are needlessly killed. As an organization, the Vision Zero Network works to help interested communities across the country advance their Vision Zero goals. We believe we have the tools to improve roadway safety."

The Vision Zero Network is inspired by the original Vision Zero project implemented in Sweden in 1997, which has also been influential in other nations. Working with city and public municipalities, the Swedish Transport Administration, auto manufacturers, and other stakeholders, the Vision Zero initiative has helped to reduce traffic deaths in Sweden by 50% since the millennium.[3]

The Vision Zero Network promotes a Vision Zero innovation known as the Safe System Approach. This is an integrated, systems-based approach to roadway safety that was also adopted by the U.S. Department of Transportation.[4] Traditionally, safety efforts have focused on distinct aspects of roadway safety, such as driving education, enforcement (e.g., of speeding and driving under the influence laws), engineering projects, local emergency services, and more. The Safe System Approach strives to address roadway safety more holistically, with a particular focus on how people interact with roadway systems.

"The Safe System Approach is built on the recognition that people will inevitably make mistakes," explains Smith. "Humans are fallible; they're imperfect. And so, our transportation systems should be designed in ways that are forgiving and survivable when mistakes do occur. Our emphasis is on upstream, proactive strategies such as redesigning the built environment, making vehicles safer, [and] lowering speeds—but also having speed limits that match, encourage, and complement the design of the road. We have to use the infrastructure to complement the lower speed limit.

"In many ways, the Vision Zero strategy is representative of a paradigm shift from the status quo," adds Smith. "Our transportation system is built to prioritize vehicle throughput at the expense of safety. Vision Zero is saying we're going to prioritize safety over speed. We're going to prioritize people over vehicles and vehicle throughput."

In turn, policies should be established that help make safe driving behavior the easiest and most logical choice for people. "Traditionally, we're focused on slowing down those dangerous super speeders, whereas the Safe System Approach is focused on collectively lowering and managing speeds," says Smith. "It's a bit of a difference, looking more at the population level and asking how we slow down speeds for an entire population."

Smith says to consider a narrow, two-lane road with speed humps, protected bike lanes on both sides, sidewalks, crosswalks, and good signal timing that encourages drivers to maintain a certain speed. This traffic environment is more likely to encourage drivers to pay attention, slow down, and be more engaged and present behind the wheel. "We know the way that our built environment is set up will influence how people drive on the roadway," observes Smith.

## Road Blocks

Admittedly, many challenges inhibit the improvement of roadway safety in the United States. In fact, U.S. traffic deaths increased nationally by 30% between 2014 and 2022. Additionally, pedestrian deaths in the United States reached a 41-year high in 2022, the highest among 28 high-income countries.[5]

Yet there are also measurable signs of progress within communities in improving roadway safety. Since its start more than a decade ago, Vision Zero Network has worked with more than 50 U.S. cities and communities on safety improvement projects. Early adopters of Vision Zero have demonstrated tangible safety improvements in various locales around the United States. For instance, New York City reduced traffic deaths by more than 12% and pedestrian deaths by 45% between 2013 and 2023. Some of the measures implemented include lowering speed limits citywide to 25 mph, adding speed safety cameras, retiming traffic signals, installing leading pedestrian intervals that provide pedestrians with a head start before the vehicle green light, and other safety redesign projects.[5]

Other major U.S. cities, such as San Francisco, Austin, Portland, Louisville, and Seattle have also begun adopting or integrating similar safety recommendations into their policies.[5] Of course, contending with an existing built environment that has long favored speed over safety, an automotive industry trend toward larger and heavier vehicles, and uncertain or lagging state and federal funding policies reflect just some of the hurdles facing safety advocates.

In a recent online report for the Vision Zero Network, Smith summarized progress toward safe system improvements as complicated but still encouraging. "Our top takeaway: progress is real but uneven," she wrote. "It's been slower and less dramatic than we all want, yet communities are seeing positive

change following Vision Zero commitments—often starting with quiet, foundational, internal shifts that set the stage for long-term results."[5] In fact, she reports that most early adopters of Safe System recommendations have achieved lower traffic death rates than the national average and safer conditions for future progress.[5]

## Shifting Accountability

"When someone dies on a road, we call it an 'accident,' but an accident kind of implies it's an act of God and there's nothing that can be done about it. But we know with robust infrastructure and good planning, along with good safety policies—e.g., how speed limits are set and how vehicles are designed—as well as regulation and making sure [regulatory] policies are in alignment with safety, that we can improve safe outcomes."

—Tiffany Smith, MPH, Vision Zero Network

### License to Learn

The health care system plays an essential role in preventing traffic deaths and injuries and aiding recovery from crashes. From a health system perspective, roadway safety is also a multifaceted challenge, encompassing expertise in public health, primary and adolescent care, emergency care, rehabilitation, research, and other areas.

An especially crucial responsibility is young driver safety, equipping young drivers with the skills and resources necessary for a lifetime of safe driving.

"For families that go through traffic crashes, particularly ones where someone was injured or killed, it's life-changing," says Flaura K. Winston, MD, PhD, founder and scientific director of the Center for Injury Research and Prevention at Children's Hospital of Philadelphia (CHOP). "Many of these crashes are largely preventable. At least 75% of crashes, if not more, are due to human errors. Many of these errors are also very manageable. We've done research on crashes and have found [that]—for teen drivers in particular, but it's also true for adults—primary prevention is about paying attention to the roadway, scanning well, and going the right speed and following distance for the road conditions.

"I think what people don't always think about is that the leading causes of death in young people are injury and violence," adds Dr. Winston. "Among the injury deaths, motor vehicle crashes are far and away the No. 1 cause. The number of children who die from cancer is extremely small compared to the number who die from injuries and violence. But when it comes to funding and what our medical systems or the [National Institutes of Health] focus on, the focus is largely on disease. Of course, we should be preventing disease, but in terms of where we can make the biggest difference in the lives of young people, it's in crash prevention."

Dr. Winston makes a salient point about reducing risks for newly licensed young drivers. "Teens go from the lowest lifetime risk of crashing as a learner, when they're in the car with an instructor or with their parent, to their highest lifetime risk of crashing in the months after they get their license. We have such an incredible opportunity to not only keep them safe in the riskiest time of their [lives] but also [to] give them the mobility that can give them independence. We can set them on a path of having a lifetime of safe skills if we prepare them for driving correctly."

## Look Both Ways

Note the differences between approaches to traffic safety[8]:

| Traditional Approach | Vision Zero |
|---|---|
| • Traffic deaths are *inevitable* | • Traffic deaths are *preventable* |
| • *Perfect* human behavior | • Integrate *human failing* in approach |
| • Prevent *collisions* | • Prevent *fatal and severe crashes* |
| • *Individual* responsibility | • *Systems* approach |
| • Saving lives is *expensive* | • Saving lives is *not expensive* |

### Test Drive

A newer resource in use in CHOP's primary care system is the Virtual Driving Assessment (VDA).[6] As a skills assessment tool, the VDA is a virtual driving experience that asks participants to follow a road course on a computer screen, while using a steering wheel, headset, and pedals. The assessment is usually done toward the end of a teen's learner phase and prior to the licensing exam and provides personalized feedback to participants on their crash avoidance skills.

The VDA is the result of many years of safety research, reports Dr. Winston: "For teen drivers, the VDA can be a particularly timely intervention. In that transition from learner to licensed driver, there is a licensing exam, which is necessary but insufficient for really testing their skills in common serious crash scenarios. This is because they're not exposed to them on the road, and it's dangerous. What we can do is expose teens in a self-guided way to the most common serious crash scenarios. It takes about eight or nine minutes to do the actual drive, but with instruction, the whole process is about 15 minutes."

The VDA is also a very practical teaching tool, emphasizes Dr. Winston. "We have shown that how a person does on the assessment is related to their risk of crashing in the first year of licensure," she explains. "The assessment breaks down the errors the person is making and how they can practice with their family or learn better to avoid those errors. For example, if they're tailgating, didn't scan well, or didn't identify a hazard, the assessment will provide a personalized plan for improving the driver.

This is emailed to the patient about 15 minutes after they leave the appointment."

As a component of adolescent care services, the VDA has become widely available throughout CHOP's primary care system since its start in 2021. "When a teen at the age of 15 or older comes to the Children's Hospital of Philadelphia, they are given the option to have a [VDA] as part of their adolescent care," says Dr. Winston. "It's in 28 of our practices now. It's a fabulous program. We've already done over 10,000 of these assessments as part of adolescent care."

Among other resources, CHOP also sponsors the online Teen Driving Plan to help parents better supervise their teens' driving practice.[7] The plan provides practical information and tools to improve the quality of driving practice and address potential skills deficits. These deficits include the inability to scan, identify, and react to hazards; difficulty managing speed appropriate to road conditions; and difficulty with distracted driving. Teens in families that used the Teen Driving Plan program were reported to be 65% less likely to make dangerous driving errors, according to a randomized controlled study.[7]

"The Teen Driving Plan is a way that parents and teens can structure practice to make sure they learn about the skills they need," remarks Dr. Winston. "In vehicle monitoring, it's important after each practice drive to keep track of what a teen is doing. For some teens, this can be very helpful."

Notably, Pennsylvania requires a pre-learner's permit medical examination. The requirement offers an opportunity for health care providers to review behaviors that can affect a teen's driving (e.g., drug and alcohol use), as well as medical conditions that might require more attention (e.g., attention-deficit/hyperactivity disorder and autism), notes Dr. Winston.

## Youth Buckle In

All in all, the safe driving message permeates CHOP's adolescent patient care experience. "The adolescent visit starts with our adolescent health questionnaire," says Dr. Winston. "Among other questions, we ask our teens, 'Are you driving or do you plan to drive in the next 12 months?' This then allows the medical staff—whether it's the medical assistant, nurse, [physician], or whoever it is—to tailor messages around safe driving to our adolescent patients who we know are ready for this information."

"As part of the adolescent visit, we also find it helpful to promote Graduated Driver Licensing—GDL," reports Dr. Winston. "This program has been shown to reduce crashes and deaths in 16-year-olds by making sure that they do all the practice hours and that we restrict early, independent driving to lower risk conditions. We have a new driver packet that we give to patients that includes information about GDL and other information."

In turn, GDL's legal parameters for the learner's permit, intermediate license, and full licensure can be a helpful guide for families as they establish their own parent-teen contracts or agreements on driving rules for teens.

"We also have information in our electronic health record related to filling out the form for medical certification in Pennsylvania," adds Dr. Winston. "In the after-visit summary, we have our tips for families and where to go for more information about safe driving. Throughout the year, we also send out messaging in emails to families of 16-year-olds. And we have posters, brochures, and pamphlets along with the information that's on our website. It's really a holistic approach, just as you would expect for issues like taking vaccines or not smoking, but this is around safe driving. It's a very comprehensive and systematic approach to try to reach teens."

Notably, CHOP's clinic staff play a crucial role in promoting safe driving awareness and education. "Some of our most effective clinical champions for safe driving are the medical assistants who have such a strong connection with our patients," says Dr. Winston. "For each of our clinic sites, we have a patient champion, and many times it is the medical assistant who is making sure the teens are doing the [VDA] and getting the word out about teen safety. I think it's a role that medical assistants are really geared toward. They have that deep connection with the families.

"What is really important in our messaging is the repetition," she notes. "It is this idea of coordinated communication around these messages, both online and in person, that is helpful for families who are often very busy. I believe the staff and the medical assistants are crucial in this messaging. If it's only the physician talking about safe driving in the [examination] room, or it's only something you hear on a public service TV announcement every once in a while, it's not going to change behavior."

## Driving Change

For individuals in need of driving rehabilitation due to recovery from surgery, illness, or other health conditions, health systems may offer driving rehabilitation services. These programs provide a comprehensive assessment of a person's driving readiness toward the goal of allowing a safe return to independent driving.

The Hospital for Special Care (HFSC), a leading provider of specialized medical care and rehabilitation services in New Britain, Connecticut, provides an array of driving assessment and rehabilitation services for individuals with diverse medical needs.

"At [HFSC], our approach to assessing driving readiness is truly comprehensive and

## Rules of the Road

A Safe System Approach incorporates the following principles[4]:

- Death and serious injuries are unacceptable.
- Humans make mistakes.
- Humans are vulnerable.
- Responsibility is shared.
- Safety is proactive.
- Redundancy is crucial.

individualized," says Carly Law, OTR/L, an occupational therapist with the hospital's driving rehabilitation program. "As occupational therapists, we look at the whole person—their physical, cognitive, visual, and psychosocial abilities and how those interact with the complex demands of driving. The process begins with a clinical evaluation in which we assess vision, including acuity, peripheral vision, and visual processing speed; cognition, such as attention, memory, and executive function; motor and sensory skills, including strength, coordination, and reaction time; and functional endurance and mobility, such as transferring in and out of the car and managing fatigue. If appropriate, the client then participates in a simulated driving assessment to observe more realistic driving performance."

As Law explains, the program works closely with referring physicians to help individuals regain their independence as drivers. "While our program does not medically clear individuals to drive, we provide comprehensive evaluation findings and recommendations that help the referring physician determine whether a patient is ready to resume driving, would benefit from additional [rehabilitation] or training, or may require adaptive driving equipment to do so safely."

A unique resource available in HFSC's program is the DriveSafety Driving Simulator, a sophisticated, fully immersive tool that prepares clients for community driving.

"The DriveSafety Driving Simulator is an advanced assessment and training system that recreates realistic driving environments from quiet suburban roads to busy intersections and highway conditions," says Law. "The simulator allows clients to safely experience and respond to various driving scenarios, including sudden hazards or complex traffic patterns. The system captures key data such as reaction times, speed management, and lane maintenance, helping us objectively measure driving performance in a controlled setting. It also allows clients to practice and build skills without the immediate risks of on-road driving.

"Alongside the simulation, we use standardized clinical assessments such as the Trail Making Test and the Bell's Cancellation Test to evaluate the underlying cognitive and visual skills related to driving," adds Law. "We also conduct adaptive equipment trials—for example, hand controls or a left foot accelerator, to ensure safety and comfort. These tools together help us develop individualized treatment plans that promote safe, confident, and independent community mobility."

How does the referral process work for those who might benefit from driving rehabilitation? "Many of our referrals come from physicians who want to ensure a patient is ready to drive after a medical event or a change in functional ability," says Law. "A typical scenario might involve someone recovering from a stroke or an individual with a traumatic brain injury who is eager to return to driving as part of their recovery journey. We also see individuals with autism spectrum disorder, intellectual disabilities, amputees, and spinal cord injuries."

Once a patient is accepted into the program, the occupational therapist can then assess the individual's specific rehabilitation needs. "At [HFSC], the process typically begins with a comprehensive evaluation session, which may be followed by additional sessions focused on skill building, simulation training, or equipment adaptation. The duration of the intervention varies. Some individuals need only a few sessions for equipment training, while others may work with us for several [sessions] over several weeks to rebuild cognitive or motor skills before reassessment. Ultimately, our goal is to ensure each person has the necessary skills, insight, and confidence to drive safely or to identify alternative community mobility options when driving is not recommended."

What are some common challenges for program participants? "One of the biggest challenges we see is limited self-awareness," says Law. "Many individuals may not fully recognize how their condition—whether a stroke or a neurological or chronic illness—has affected their driving skills. Helping clients develop insight into their abilities is a crucial part of the process. Other challenges include cognitive processing and attention deficits that make it harder to react quickly or manage multiple stimuli on the road. Physical limitations [may include] decreased range of motion or slower motor response, and emotional barriers [may include]

## Resources

**Children's Hospital of Philadelphia: Center for Injury Research and Prevention**
https://injury.research.chop.edu

**Hospital For Special Care: Driving Rehabilitation**
https://hfsc.org/specialties/therapy-and-rehabilitation/driving-rehabilitation/

**Vision Zero Network**
https://visionzeronetwork.org

## Fuel Up for Change

"We cannot achieve the goals of Vision Zero without also addressing the systems that result in disproportionate safety risks for some, particularly low-income and BIPOC [Black, Indigenous, and People of Color] communities. Given these unfortunate realities, policymakers, roadway safety professionals, and advocates have the opportunity—and responsibility—to recognize and address the equity disparities that show up in our work. With increased urgency to address both the nation's roadway safety crisis and the need to remedy historic and ongoing inequities, now is the time to make changes."[9]

anxiety, frustration, or fear of losing independence. We approach these challenges through education, simulation-based feedback, and supportive goal setting. We also work closely with families and care teams to ensure the recommendations are realistic and client-centered."

As a therapeutic intervention, HFSC's driving rehabilitation program serves a wide range of individuals with diverse medical needs, says Law: "With the older adults, they have more age-related changes in vision, reaction time, and cognition. Our focus will be more on maximizing safety through compensatory strategies, adaptive equipment, and targeted training. Sometimes that means helping clients transition to alternate forms of transportation to maintain independence when driving is no longer the safest option. For individuals with intellectual and developmental disabilities, we emphasize more of the readiness skills needed. So, attention, judgment, and understanding of traffic rules [are required] before introducing behind-the-wheel experience. The learning process is highly individualized and often includes repetition, visual supports, and collaboration with families, educators, and driving instructors. In every case, our approach is person-centered, meeting clients where they are, building on their strengths, and helping them achieve safe, meaningful mobility in their community."

## A Two-Way Street

As a public health issue, roadway safety represents a large and complex societal challenge. But staying safe on the roads begins with the basic responsibility of every roadway user to remain alert to their surroundings. Whether as a driver, cyclist, or pedestrian, being aware and able to anticipate and avoid potential hazards is key.

"As a driver, it's so important to always be aware of your surroundings, because anything can change in the blink of an eye," says Amanda L. Hitchcock, CMA (AAMA), a medical assistant with MercyOne Genesis Health System in Moline, Illinois. This lesson in safety basics was directly reinforced for Hitchcock in a recent driving experience.

She recalls: "A while back, my daughter and I were driving home from grocery shopping. I was scanning the road from side to side, checking my mirrors every so often. As we're going up a hill, I saw a young man standing on the sidewalk near the curb. I noticed his behavior seemed very erratic. I thought, 'OK, Amanda, get ready; this is not normal behavior.' He looked like maybe he was inebriated. And then suddenly he just fell off the curb onto the road and hit the back of his head. It's a fairly busy road, so now he was lying right in the road.

"As soon as I saw that, I laid on the car horn to warn others and quickly turned my car around and stopped. I turned on the hazard lights, asked my daughter to call 911, and then jumped out of the car and ran out to the road, waving my hands to get the attention of other drivers. Another driver saw me and pulled over. I then started to assess the man to see if he was okay. Thankfully, he was okay enough, although I could see a bright red bump forming on his head. I helped him over to the sidewalk and had him sit down in case he was going to pass out. I put my knees behind his back as a brace and had my arm on his shoulder, holding him up. I also kept talking to him, trying to get him to be aware of his surroundings. When [emergency medical services] got there, his heart rate was so fast, and [his] blood pressure was very high. They recommended he go to the hospital, but he said no. He was feeling a little better and just wanted to go home. One of the paramedics then offered to walk him back to his nearby apartment, and that was that."

Hitchcock observes that if she had not been paying close attention to the road and her surroundings, she might not have been able to anticipate and react in a timely way to an urgent situation. "As a driver, if you're aware and paying attention, you might have that split second you need to stay safe and maybe even save your life or another person's life," she concludes.

From the Vision Zero strategy to eliminate traffic fatalities and severe injuries to the invaluable work of health care providers and the responsibilities of individuals as drivers and pedestrians, staying safe on the roads is a multifaceted public health challenge. And, it is a shared responsibility for all of us. ✦

The CE test for this article can be found on page 27.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## A Clean Bill of Health

From laundry to dusting, cleaning is a daily responsibility that takes dedication and effort. Here are some tips from Healthline and Care.com to keep your home in tip-top shape:

**Create a disinfecting routine.** The disinfecting process slightly differs from regular cleaning and sanitizing—it involves the use of stronger bleach solutions or chemicals and can clear most germs. Disinfecting your home's high-touch surfaces is critical. These include light switches, doorknobs, and countertops.

**Manage humidity levels.** High amounts of humidity in your home can increase your risk of getting sick with a viral illness or developing mold. However, very dry indoor conditions can worsen allergy symptoms. Keep indoor humidity between 30% and 50%, according to Healthline.

**Change HVAC filters.** HVAC filters collect more germs and dust in the winter. Change the filter out seasonally to prevent allergies, advises Care.com.

**Deep clean bathrooms.** Bathrooms should be cleaned regularly, especially if someone in the house has been ill. Make sure you disinfect the toilet, sink, countertop, shower, bath, floor, light switches, towel racks, and any other handles and knobs.

**Wash bedding and linens regularly.** You shed sweat and skin cells throughout the day and night, and the grime can build up on your bedding. Try to wash your sheets weekly using hot water to prevent the build-up of dirt and grime.

**Tidy up your entryway.** Having a tidy and organized entryway can mitigate germs in your home. Some ways to maintain a clean and decluttered entryway include taking off your shoes as soon as you enter your home and having a designated place for outdoor footwear.

## The Great Sock Debate

Most people have very strong opinions on wearing socks to bed. But is sleeping with socks hygienic and healthy? Here is what science says about the pros and cons of sleeping with socks:

**Pros**

- It regulates your body temperature, making it easier to fall asleep and stay asleep.
- It may reduce hot flashes for those experiencing menopause.

**Cons**

- It might promote bacterial and fungal growth.
- It can decrease circulation.
- It can make you feel restless.
- It can make you too hot.

If you ultimately decide to wear socks to bed, make sure to follow a few pieces of guidance from GoodRx and Everyday Health:

- Wear clean socks every night to prevent odors and infections.
- Pick loose-fitting socks so you can slip them off if needed.
- Choose lightweight, moisture-wicking socks made of natural materials like cotton or wool to keep your feet dry.
- Avoid compression socks, which apply pressure to your legs and feet and limit circulation.
- Take off your socks if your feet get too hot during the night.

## In the Spirit of Quitting

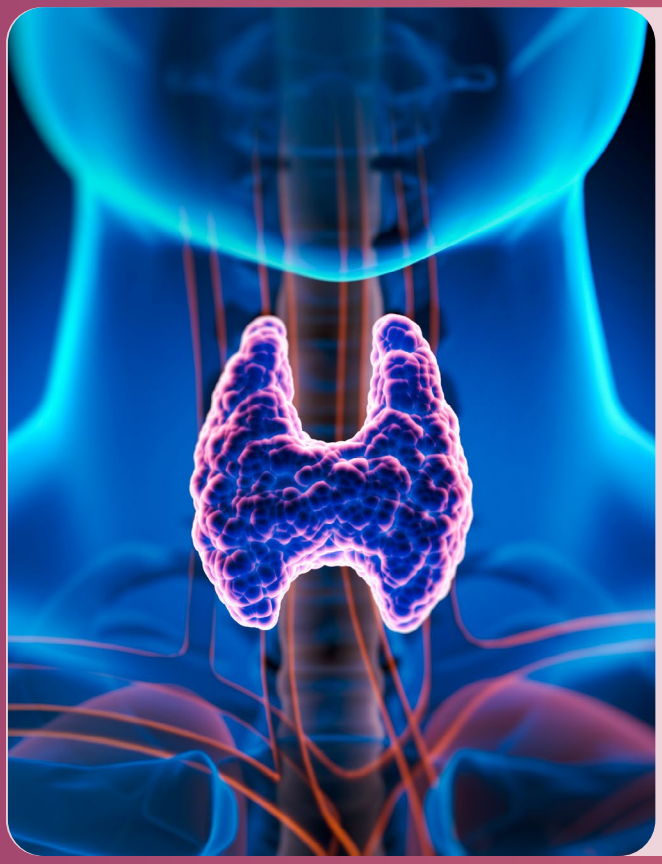
When a person stops drinking alcohol, the body undergoes significant physical and mental changes, including withdrawal symptoms, improved health, and emotional benefits, report Cleveland Clinic and Medical News Today:

**Immediate Effects:** Immediately after stopping alcohol consumption, the body begins its detoxification process. This can trigger withdrawal symptoms, which can start within 6 to 12 hours after your last drink, especially for heavy drinkers. Common mild withdrawal symptoms include headaches, anxiety, irritability, and insomnia.

**Short-Term Changes:** Within the first 24 to 72 hours, the body undergoes several changes, including liver recovery, neurotransmitter rebalancing, and improved sleep.

**Long-Term Changes:** Over time, the benefits of quitting alcohol become more pronounced, with improvements in mental and physical health. Some of the common benefits include reduced anxiety and depression, lower blood pressure, reduced risk of heart disease and certain cancers, and weight loss.

Quitting alcohol can be challenging but rewarding. Seeking medical advice is essential if you are a heavy drinker, as withdrawal can be dangerous. Understanding the changes your body will undergo can help you prepare for a healthier, alcohol-free lifestyle.



## Clearing Up Throat Pain

The thyroid, a small, butterfly-shaped gland on the front of the neck, makes and releases crucial hormones within the body, according to Woman's World. Those experiencing thyroid pain may feel a dull ache located at the front of the neck, which can radiate into the jaw, ears, or down the throat, adds Healthline. Additionally, it may present as tenderness or discomfort below the thyroid cartilage, which can worsen during swallowing or when the area is palpated.

Fatigue, hair loss, and trouble losing weight are common indicators of thyroid problems. Depending on the underlying cause, you may also experience symptoms such as anxiety, heart palpitations, difficulty sleeping, muscle weakness, and temperature fluctuations.

Treatment for thyroid pain will depend on the underlying cause. While waiting to see your physician, you can use a warm compress on your neck for 10 to 15 minutes several times per day to reduce discomfort and inflammation. Also, make time for relaxation and stay hydrated.

Health care professionals can prescribe medications to reduce swelling and pain. Other treatments may include surgery, radiation therapy, and targeted therapies.

Contact your physician if you have any throat pain; a cough, hoarse voice, or sore throat for three weeks; or a lump in your neck. Your health care team can help develop the best treatment plan for your thyroid pain.

# Working Around the Clock

## The Pros and Cons of Overtime

By Cathy Cassata

Keeping staff happy with their hours can be a balancing act. Perhaps some employees feel like they put in too much overtime, while others wish more overtime was available. Legally, overtime in health care settings is regulated by the Fair Labor Standards Act, which mandates that nonexempt employees receive at least one-and-a-half times their regular rate for hours worked over 40 in a workweek, and in some settings, over eight hours in a day.[1]

"I often see practices get into trouble, not because they refuse to pay overtime, but because they allow or overlook off-the-clock tasks like charting or callbacks after hours," says Edward Hones, managing attorney and owner of Hones Law in Seattle, Washington. "Legally, if the employer knows or should reasonably know that work is being performed, that time must be paid."

He notes that supervision is not a shield. "The first rule I tell practice managers is this: Overtime isn't optional just because it wasn't preapproved. You can discipline unauthorized overtime, but you still have to pay it," says Hones.

### Time's Up

When staff raise concerns about too much overtime, Hones finds the issue is generally a staffing or workload problem, not a legal one. Hiring floaters, cross-training roles, or rotating responsibilities can make coverage more equitable, he notes.

Lynn Kincaid, CMA (AAMA), a practice manager at a rheumatology practice in northern Virginia, has implemented similar strategies. "We've altered our schedule to … give ourselves about an hour at the end of the day to avoid this problem by scheduling our last patient at 4 p.m., so the staff is out at 5 p.m.," she says.

In instances where staff must stay a few minutes late, she ensures they get to leave early another day.

When the root cause of the need for overtime is understaffing, Monica Havens, CMA (AAMA), regional director of training and education at a primary care organization, collaborates with the provider or practice owner to justify hiring additional part-time or per diem help. "In other cases, I modified our scheduling process, such as [by] staggering start times or cross-training staff to handle multiple roles, which reduced bottlenecks and prevented burnout," says Havens.

She also implements regular check-ins and morning huddles to allow staff to voice concerns early, which she finds improves both efficiency and job satisfaction.

## Time for a Chat

When staff is dissatisfied with too much or too little overtime in the practice, Kimberly Best, RN, MA, says practice managers need to stop assuming they know the problem and instead ask the following questions:

- What is not working about our current system?
- What would make this more manageable?
- What do you need from management?
- What can you do, and what is asking too much?

"The answer might be hiring more help. It might be changing how you schedule or shifting responsibilities around. But you won't know until you ask and really listen," she says.

To get ahead of issues related to overtime, Best recommends the following practices:

- **Communicate regularly:** Do not wait for crisis mode. Build ongoing conversations about workload and capacity into your routine.
- **Negotiate and be flexible:** What works for one person might not work for another. Consider who can opt in to overtime and who cannot, and whether you can rotate who covers extra shifts.
- **Be genuinely appreciative:** While recognition and compensation matter, a sincere "I see how hard you're working, and I'm grateful" also goes a long way.
- **Create real buy-in:** Help your team understand why overtime is needed and involve them in finding solutions.

A 2022 study published in *Frontiers in Public Health* found that a positive work environment promotes employee performance within organizational circuits and increases employee commitment and loyalty.[2] Kimberly Best, RN, MA, dispute resolution expert and founder of Best Conflict Solutions, has seen this in her work with health care teams. "I've found that people are willing to stretch when they have high buy-in to the [practice's] success. That buy-in comes from feeling heard, valued, and treated as partners in problem-solving—not as interchangeable resources," she says. "When employees are unhappy with overtime policies, it's time for [a] conversation."

### Minding the Minutes

If staff are upset that no overtime is available, Hones blames pay rate issues. He suggests offering extra duties or incentive pay for special projects to give high performers upward options. Kincaid's practice did this when they transitioned to a new electronic health record system in fall 2025. "We knew there would be issues we'd have to work through that would require extra time to figure out and that might delay getting to our regular work like charting and whatnot, so the doctors agreed to offer overtime compensation to whoever wanted to come in early," she says. "People were willing to do it as a special project, and they felt rewarded."

When medical assistants want more hours at Havens's practice, she reviews the practice's workflow and patient volume trends to see whether overtime is being used efficiently. Then she creates a rotation system to ensure overtime is distributed fairly when available.

"Open communication about scheduling decisions was key to maintaining transparency and morale," she says. "Having also been a CMA (AAMA) in their position, I find that allows me the unique perspective of understanding workflow and expectations."

Havens has also faced unsupervised, off-the-clock overtime work claims, including staff staying after hours to finish charting or prep for the next day without prior approval. This is problematic for both legal and cultural reasons, cautions Best. "If people feel they need to work off the clock, something in your system needs attention. Everyone's time is valuable and should be respected," she says.

In this instance, Havens approached the problem with quick diligence, despite appreciating medical assistants' dedication. "I had to address it immediately to stay compliant with labor laws and protect both the employee and the practice. I documented the incident, compensated the employee appropriately for the time worked, and used it as an opportunity to reinforce policy—that all overtime must be preapproved and logged accurately," she says. She also reviewed workflow inefficiencies that might have caused the need for extra time, so she could prevent recurrence.

Generally, she recommends telling staff, "I'm noticing work is happening off the clock. Help me understand what's driving that." Based on the feedback, address the real issue—whether it is unrealistic workload expectations, inefficient processes, or inadequate staffing—rather than just approving or denying claims. "I advocate [that] for every 'no' give a 'yes,' [which means knowing] what you *can't* do—that's healthy boundary setting—and then name what you *can* do," says Best.

"I always advocate for work-life balance as a leader and manager," says Best, "so it's important to ask, am I streamlining work processes so that my employees can have that balance?"

"There aren't 'people problems;' there are communication and systems issues," says Best. "Build a culture where people can be honest about their capacity, where workload is negotiated rather than mandated, and where staff feel like valued partners in the practice's success. That's how you create teams willing to step up when it really matters." ✦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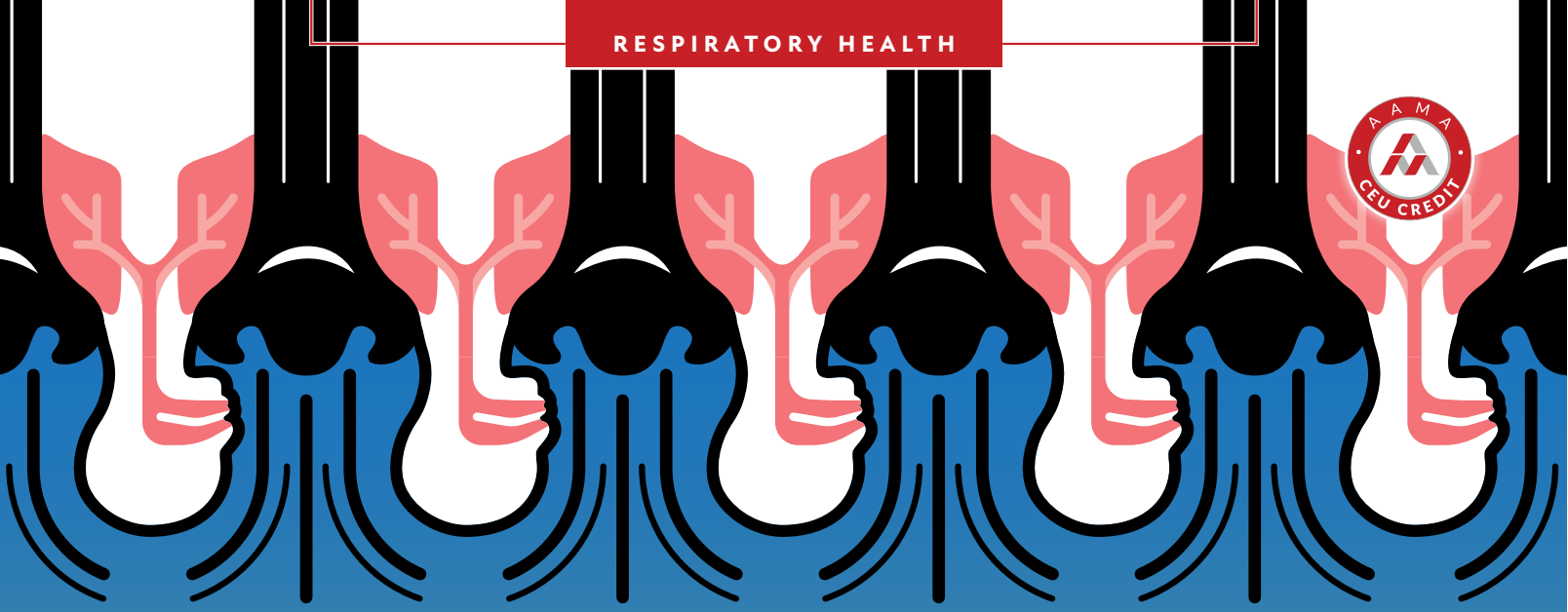

# In the Same Breath

## The Upper and Lower Respiratory Connection

By John McCormack

Tricia Giese, CMA (AAMA), experiences it all the time. Patients come in and tell her that they woke up suddenly experiencing lung problems. They do not realize that these breathing issues could have started with that seemingly innocuous runny nose or sneeze. So Giese, who works at ThedaCare Medical Center in Shawano, Wisconsin, makes sure that these patients meet with one of the practice's physicians to discuss the crucial connection between the upper and lower respiratory systems.

These providers are likely to echo the thoughts of experts such as Alan D. Workman, MD, MTR, an assistant professor of rhinology and skull base surgery at Harvard Medical School and physician and surgeon at Massachusetts Eye and Ear in Boston. "It's important to think of the upper airway and the lower airway as one continuous tract," explains Dr. Workman. "Things that affect the upper airway can affect the lower airway. Your nose and your sinuses are the first contact with everything that you inhale that will eventually end up in your lungs. And so nasal health is a key component [of] lung health. When nasal function or sinus function has a problem, that can also be reflected in the lower airway in the lungs."

Perhaps most importantly, people must know that nose issues can lead to conditions such as asthma, pneumonia, and chronic obstructive pulmonary disease (COPD).

### Airing It All Out

The nose is a vital organ that protects your health. It processes the air that you breathe before it enters your lungs. Most of this activity occurs on and within the turbinates, located on the sides of the nasal passages. About 18,000 to 20,000 liters of air pass through an adult's nose each day.[1]

The nose and lungs (i.e., the upper and lower airways) are linked, which can provide significant insights into respiratory diseases. While the interactions between the upper and lower airways are not entirely understood, this connection is becoming increasingly supported.

Indeed, plenty of anatomical, histological, epidemiologic, pathophysiologic, emerging biomarker, and clinical evidence links the upper and lower airways—particularly as it relates to the most common and chronic airway inflammatory diseases, rhinitis and asthma[2]:

- **Anatomical and histological evidence:**
  - "The nasal and bronchial mucosae consist of ciliary epithelium resting on a basement membrane. Beneath the basement membrane are the lamina propria, glands, and goblet cells."[2]
  - Both the upper and lower airways work together to move air in and out of the lungs.
  - Further, both work together to create a defense system that prevents the inhalation of foreign substances. The nose filters out larger particles, while the lower

## Watch Your Mouth

Breathing through your nose is healthier, because it is tied to evolution and the way your nose filters and humidifies the air. If you are more inclined to breathe through your mouth, you may experience problems such as congestion, enlarged adenoids, a deviated septum, or shortness of breath. Breathing through your mouth can lead to the following side effects:

- Snoring or sleep apnea
- Daytime sleepiness
- Chapped lips
- Drooling
- Allergies
- Jaw and facial differences
- Bad breath
- Cavities or gingivitis

Breathing through your nose is more beneficial for myriad reasons:

- Controls the temperature of air entering your lungs, preventing it from being too hot or too cold
- Filters out debris and toxins in the air
- Humidifies the air
- Adds scent to the air, which can protect you by identifying harmful toxins in your air or food
- Limits hyperventilation
- Releases nitrous oxide, which lowers blood pressure and improves oxygen circulation

If you find yourself breathing through your mouth and want to adjust it, speak to a health care provider. They can likely help you identify the reason for your mouth breathing and guide you in adjusting accordingly. This is only necessary if mouth breathing has a negative impact on your quality of life.[6]

airway traps and eliminates any smaller particles that manage to make it through the upper airway.

- **Epidemiologic evidence:** "19–38% of patients with allergic rhinitis … have concomitant asthma and 30–80% of asthmatics have [allergic rhinitis]."[2]
- **Pathophysiologic evidence:**
  - A bone marrow derived systemic inflammatory response may be responsible for communication between the upper and lower airways.
  - The connection is also reinforced by the presence of epithelial basement membrane thickening. This is a hallmark of lower airway remodeling, found in both asthmatic patients and atopic patients without asthma as well as in patients with allergic rhinitis.[2]
  - "In nonallergic asthma, the importance of the presence of IgE in the bronchial mucosa has been highlighted, as in the nasal mucosa in local allergic rhinitis."[2]
- **Emerging biomarkers:**
  - **Microbiome**: Children raised in urban settings more frequently experience allergies than children raised on traditional farms.
  - **microRNA**: The same particular microRNAs are present in different pathogenetic mechanisms of both allergic rhinitis and asthma, such as the IL-13 pathway, GATA binding protein 3, and mucin secretion.[2]
- **Clinical and treatment evidence:**
  - Treating rhinitis can improve asthma symptoms.
  - Intranasal corticosteroid treatment for rhinitis can reduce symptoms of asthma and allergic rhinitis.
  - Leukotriene receptor antagonists have had benefits for patients' long-term management of asthma that was complicated by allergic rhinitis.
  - Allergen immunotherapy has proved effective for treating rhinitis and asthma.

Beyond acknowledging the connection between nose and lung health, people should also be ready to act on this knowledge. "[I] will immediately seek a [physician's] help when I notice that the mucus is starting to settle in my chest, and it also doesn't seem to go away when I take either allergy pills [or decongestants]," says Giese. She encourages patients to do the same.

This is the right course of action because upper respiratory problems can quickly morph into more serious lung issues, according to Dr. Workman. "Upper airway disease can come before lower airway disease. So, if something [starts] in your upper airway, like an infection, it

***Medical assistants are in a crucial position to urge patients to ask questions, report all symptoms, and follow care instructions.***

can eventually affect your lungs as well. And then lower airway diseases, like asthma [and] other inflammatory lung diseases, can exacerbate problems with your upper airway. And so, if you treat the nose and the sinuses effectively, you may actually improve lung conditions like asthma. So, it's important for patients to be aware—and obviously, medical professionals to be very aware—that these are not isolated systems," he adds.

Allergies, for example, can exacerbate conditions like asthma and COPD. They play a significant role in how severe symptoms and conditions can become. Irritants like pollen, dust mites, and pet dander can set off asthma, causing swelling in the airways.[3]

The problem is that many patients simply fail to make the connection. "Patients who have dealt with chronic nasal disease or chronic lung disease are often acutely aware because they've seen the effects that it's had," says Dr. Workman. "But patients [with] mild seasonal problems or mild asthma may be less aware of the connection between the upper and lower [airways]. And they overlook things like the common cold, an allergy exacerbation, or sinusitis and how those could potentially have an effect on their asthma or lower airway."

### The Nose Know-Hows

Health care providers, including medical assistants, need to make a concerted effort to educate patients. Indeed, understanding the nose and lung health connection is key to managing patients' overall health.

Further, health care professionals must encourage patients to meticulously care for their nasal health. As such, providers may, when necessary, need to instruct patients to use saline sprays and rinses to help wash out their nose, as well as to use any prescribed medications.

Additionally, patients who experience recurrent episodes of acute sinusitis must get treatment from either their primary care physician or an ear, nose, and throat specialist. Treatment for chronic sinusitis can include both medical and surgical options. Overall, providers need to ensure that patients understand that early intervention and maintenance therapies can prevent both upper and lower respiratory tract diseases.

Medical assistants can positively impact patients' success in following the physician's orders. If providers have prescribed Flonase, topical steroids, or saline rinses, medical assistants should encourage consistent use of those medications. They can ensure patients understand that they need to use these medications as directed even when their nose feels well. Additionally, medical assistants can remind patients to pay close attention to changes in symptoms between visits and to communicate their observations to the provider. Providers can then appropriately escalate therapy, notes Dr. Workman.

"Overall, allied health professionals can play a key role in helping patients understand the connection between nose and lung health," concludes Dr. Workman. "And then [they can] help patients with preventive habits, early intervention, and medication adherence." ✦

## The Breathing Highway

The respiratory tract, from the nose to the lungs, is a continuous system consisting of three main components, according to the *Chinese Journal of Otorhinolaryngology-Head and Neck Surgery*[4]:

- The nasal cavity, which serves as the "entrance ramp" and filters dust and pollen, regulates air temperature and humidity, and protects downstream precision components.
- The trachea and bronchi serve as the "main roads" of the highway.
- The lungs are the final destination.

As such, problems that start in the nose can lead to more serious lung issues, such as asthma, bronchitis, and COPD.

## COPD Management Strategies

People with chronic obstructive pulmonary disease (COPD) need to understand how allergies affect their health. Common household allergens such as pollen, dust, mold, and pet dander can irritate the airways and make COPD symptoms, such as shortness of breath and persistent cough, more severe.

Patients with COPD—and asthma—can manage their allergies to improve their lung health. One way to do this is to avoid allergens inside your home by taking the following precautions[3]:

- Using air filters to clear the air of allergens
- Keeping windows closed when pollen is high
- Cleaning and dusting regularly to prevent dust mites and mold
- Avoiding smoke, which is particularly harmful to those with asthma and COPD
- Following an allergy plan provided by your physician

The CE test for this article can be found on page 28.

## Asthma Versus COPD

Asthma and chronic obstructive pulmonary disease (COPD) both commonly cause breathing problems. Both conditions are characterized by coughing, shortness of breath, and limited airflow. However, each of these conditions requires its own unique approach to care.

A health care provider helps patients determine whether they have COPD or asthma. Typically, people with COPD have a history of smoking and are older, whereas asthma can appear in younger patients with no history of smoking.

Sometimes the line can be blurred between the two conditions, because COPD may occur in patients who have never smoked, asthma can be diagnosed later in life, and comorbidity can exist between the two conditions.

One differentiating factor between the two is that asthma symptoms typically appear as attacks that range from mild to severe. Between these attacks, the person may face no breathing difficulties. Common triggers of asthma attacks include allergies, cold air, exercise, respiratory tract infections, tobacco smoke, and stress.

Patients with COPD are more likely to have symptoms constantly. Exacerbations may occur, but usually only when the patient experiences a respiratory tract infection. In these cases, the individual may require hospitalization and may experience further lung damage.

Health care providers do not yet know why people develop asthma when they do, but it is likely due to a combination of environmental exposures and genetics. The main cause of COPD is smoking, but it can also be caused by breathing in harmful chemicals or an inherited condition called alpha-1 antitrypsin deficiency.

While quitting smoking is the most crucial treatment strategy for COPD and asthma, the two conditions have other treatment options that differ:

- **Asthma:** Use short- or long-acting bronchodilators (inhalers), inhaled corticosteroids, and oral steroids or injected medications, as well as avoid triggers (e.g., pet dander and mold).
- **COPD:** Avoid smoke, get immunizations, follow a healthy diet, increase physical activity, and manage other health conditions (e.g., sleep apnea and heart disease).[5]


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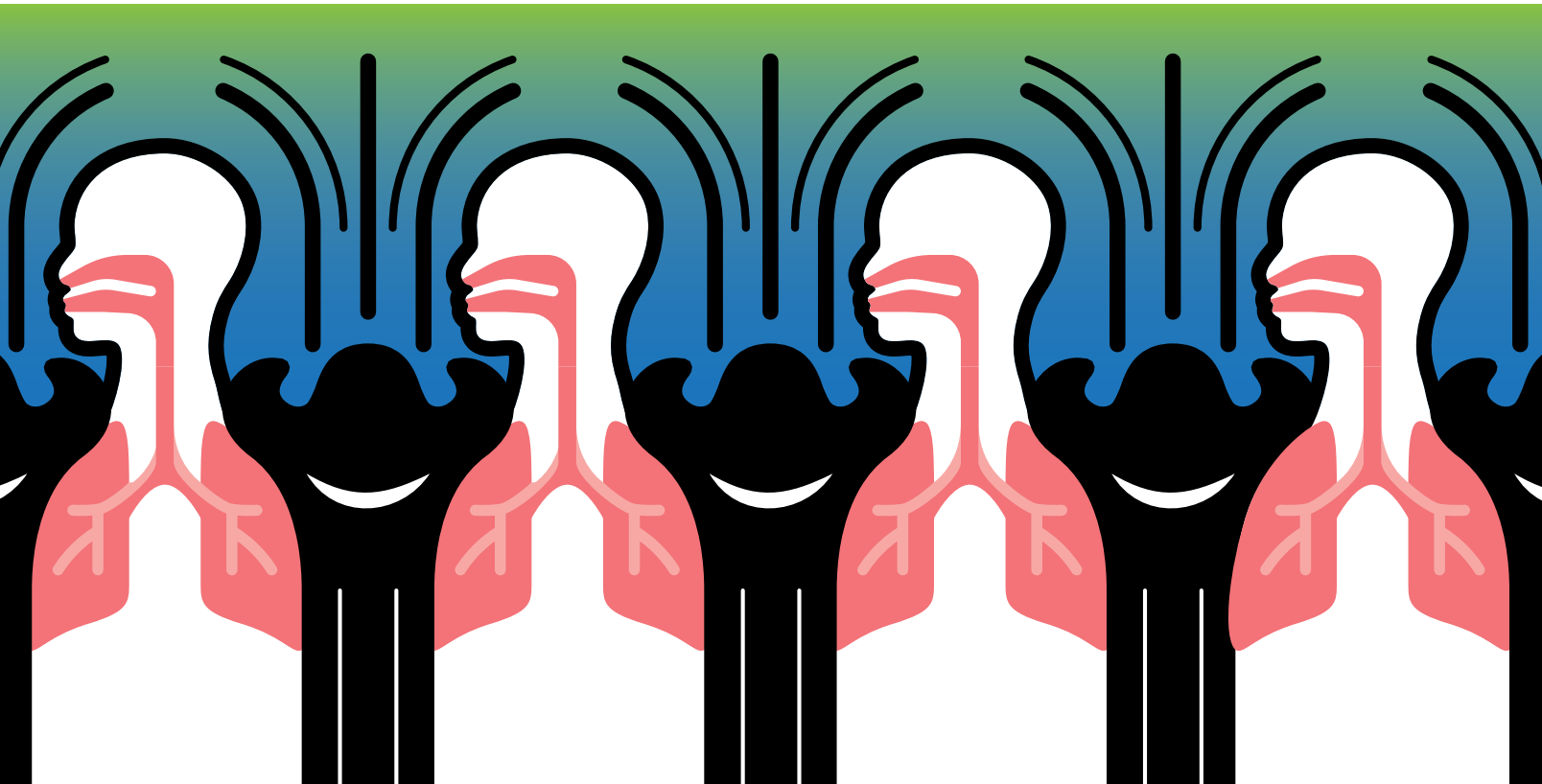


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T F

☐ ☐ 1. For young people in the United States, motor vehicle crashes are the fifth leading cause of injury deaths.

☐ ☐ 2. One safety redesign project is installing leading pedestrian intervals that provide pedestrians with a head start before the vehicle green light.

☐ ☐ 3. Traffic deaths in the United States decreased by 30% between 2014 and 2022.

☐ ☐ 4. The Vision Zero initiative in Sweden has helped reduce traffic deaths by 50% since the year 2000.

☐ ☐ 5. For teenagers, the highest risk of vehicle accidents occurs when they are practicing driving with an instructor or parent.

☐ ☐ 6. One aspect of the Safe System Approach is establishing speed limits that are consistent with and complement the design of the road.

☐ ☐ 7. Driving rehabilitation programs can offer medical clearance for individuals to resume driving without the evaluation and approval of a physician.

☐ ☐ 8. The Vision Zero strategy prioritizes people over vehicle throughput.

☐ ☐ 9. The Virtual Driving Assessment detects a driving student's errors and suggests ways the student can practice avoiding those errors.

☐ ☐ 10. Driving rehabilitation programs offer an assessment of whether an individual recovering from major health conditions, such as surgery or serious illness, is capable of returning to driving.

☐ ☐ 11. Graduated Driver Licensing has not been demonstrated to reduce accidents and deaths in 16-year-old drivers.

☐ ☐ 12. The DriveSafety driving simulator recreates driving environments to prepare individuals to drive safely in different situations.

T F

☐ ☐ 13. The Safe System Approach emphasizes particular elements of roadway safety, such as enforcement of driving under the influence and speeding laws.

☐ ☐ 14. Graduated Driver Licensing has three levels: learner's permit, intermediate license, and full license.

☐ ☐ 15. The Trail Making Test and Bell's Cancellation Test evaluate the visual and cognitive skills that are related to driving.

☐ ☐ 16. In 2022, pedestrian deaths were at the lowest they had been in 41 years.

☐ ☐ 17. Being aware of surroundings and able to avoid potential accidents and hazards is a key factor in safe driving.

# Respiratory Health

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T F

☐ ☐ 1. Medical assistants have an important role in encouraging patients to follow the physician's orders regarding respiratory conditions.

☐ ☐ 2. Children raised in traditional farming environments have a higher incidence of allergy symptoms than children raised in urban settings.

☐ ☐ 3. Lung health is closely connected to nasal health, and problems with the nose or sinuses can lead to conditions such as chronic obstructive pulmonary disease (COPD).

☐ ☐ 4. Asthma and rhinitis are the most common airway inflammatory diseases.

☐ ☐ 5. Common household allergens usually do not have a significant impact on COPD symptoms.

☐ ☐ 6. Certain treatments for rhinitis can also improve asthma symptoms.

☐ ☐ 7. Asthma symptoms usually appear as attacks that can be severe or mild, whereas people with COPD are more likely to constantly have symptoms.

☐ ☐ 8. Upper airway diseases can affect the lungs, and lung diseases can have a negative effect on the upper airway.

☐ ☐ 9. The turbinates are located at the very top of the nasal passages.

☐ ☐ 10. The use of nasal sprays and nasal rinses should be recommended to patients in only rare instances.

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# YOU ARE WHAT YOU TEACH

## CMA (AAMA) with Clinical Background Thrives in Education

By Cathy Cassata

Anna Sanchez-Buckley, CMA (AAMA), fell in love with teaching while working as a medical assistant at a patient-centered medical home clinic, where she worked one-on-one with patients. "I ran nutrition classes for patients who had obesity, hypertension, and diabetes to create goals and regimens to help them maintain their blood pressure and blood sugar and to establish dietary and exercise goals and plans," she says.

She also presented to school-age children and teenagers about healthy eating and nutrition. "Education has always been my jam. I love to share information with people," says Sanchez-Buckley.

Although education and patient instruction were her passions, formal teaching was not initially part of her career plan. After graduating from Ivy Tech Community College's medical assisting program in 2016, the program chair at her alma mater offered her an adjunct educator position. Despite experiencing imposter syndrome, she took the role and taught at night while working full-time.

After five years, she became the program chair. "I like being more than the instructor and finding ways to improve and streamline learning—to make it more accessible with newer technology," says Sanchez-Buckley. "There are so many areas of growth that I want to see for this program that would benefit my students and their success in getting into the field."

She revels in bonding with students through fun and humor, especially during lengthy classes. "My [medical laboratory technology] class is five hours, twice a week. I can read from a textbook or PowerPoint, but it doesn't bring life to it. It doesn't bring experience to it, so sometimes I incorporate theatrics or humor to keep students engaged," she says.

One of her favorite assignments is having the students engage in a mock day-in-the-practice exercise. "Students are assessed on completing at least one administrative and one clinical scenario, such as filling out registration forms and health history questionnaires, rooming the patient, giving an injection, and educating the patient on [the] use of a nebulizer," she says.

Because she has a background in patient education, she stresses its importance to her students. "Patient education is such a key role for medical assistants, yet many practices have stepped back on educating the patient. I stress the importance of using layman's terms, so patients understand what they need to do when they go home," says Sanchez-Buckley.

She also has a passion for connecting with community partners to secure externships. "I frequently drop in to see how they're doing and if they're in need of medical assistants I can send their way," says Sanchez-Buckley. "We have such a great rapport that many will send me supplies that we can use in class to support student learning and hands-on skill development." She also works to expand access through dual-credit initiatives and continuously update curriculum to meet Medical Assistant Education Review Board and industry standards.

To continue learning and enhancing her leadership development, she is working toward a bachelor's degree in health care administration. "I think this will make me an even stronger teacher and program chair," she says.

For others aspiring to teach medical assisting, Sanchez-Buckley says to tune out the imposter syndrome: "It can be intimidating to some people, but many schools require a certain amount of experience in the ambulatory care setting as a medical assistant and an associate's degree. If you meet those requirements and have a passion for this field and [a] knack for teaching others how to succeed in it, you've got what it takes." ✦

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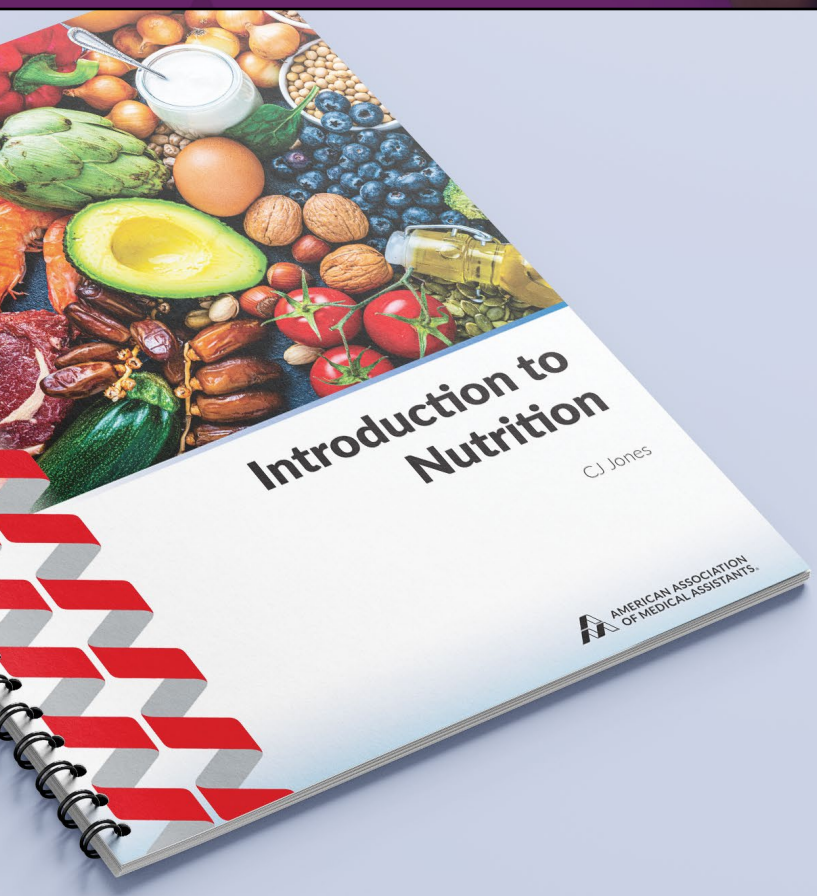


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