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 AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS.

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Medical Assisting Today

The Magazine for Professional Medical Assistants



Investigating Infertility

Clue In to Scientific Advances in Infertility
Treatments and Patients' Mental Health Needs

A Reason to Celebrate!

As state conference season starts to come to a close, I want to take a moment to congratulate all the newly elected individuals for stepping up to take on new roles in their state societies!

One of the highlights of the AAMA Annual Conference last year was celebrating the incredible work being done across the country to get information out to members and health care organizations, as well as championing state societies and local chapters that are giving back to their communities.

The AAMA Annual Conference is our time to honor incredible individuals! Deadlines for the Maxine Williams Scholarship, AAMA Life Membership, and Excel Awards are noted below:

Due May 15, 2026

- **Maxine Williams Scholarship:** Named after the first AAMA president and a founding member of the AAMA, this scholarship honors medical assisting students who show promise and dedication.

Due June 1, 2026

- **AAMA Life Membership:** This honor recognizes a lifetime of service to the AAMA and the medical assisting profession.

Due July 15, 2026

- **State Society Excellence Awards:** These awards applaud the work performed by state societies in the past year.
- **AAMA Rising Star Awards:** These awards honor AAMA members just beginning their leadership journey.
- **Golden Apple Award:** This is awarded to an educator committed to shaping the future of medical assisting.
- **Leadership and Mentoring Award:** The winner is known for guiding others with wisdom and encouragement.
- **Medical Assistant of the Year Award:** The winner leads by example and makes an impact in their state or nationally.
- **Medical Assistant Employer of the Year Awards:** These are presented to private practices, facilities, and health systems that champion and support the professional growth of their medical assistants.

And we have not forgotten about the medical assisting students! A new award will be presented this year, and the Board of Trustees and Awards Committee are excited to share this information with you all!

But we are all winners here! Your AAMA and state society membership, along with your participation in your state society or local chapter, speak volumes about your dedication to the profession and your desire to keep learning, growing, and giving back. I encourage each of you to continue shining a light on your profession and encouraging others around you!

You can always donate to the Maxine Williams Scholarship Fund. If you are attending the AAMA Annual Conference in Reno, Nevada, this September, be sure to stop by the Society of Past Presidents table to make a donation or send your donations directly to the AAMA.

So, what are you waiting for? Visit www.aama-ntl.org today to submit a nomination for one of the AAMA Excel Awards.

I cannot wait to celebrate with you all in September in Reno!

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.



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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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AAMA update

Go All In on Medical Assisting

Register online for the 70th AAMA Annual Conference via Cvent. Registrants may securely pay their registration fees online, select the continuing education sessions they wish to attend, and note any dietary restrictions.

Reserve your spot in the AAMA room block at the host hotel by Aug. 21, 2026, to take advantage of the conference registration discount. You must provide a reservation confirmation number from the Grand Sierra Resort and Casino to get the conference registration discount.

Early registration discount deadline: Aug. 1, 2026

Conference dates: Sept. 14–17, 2026

Hotel registration deadline: Aug. 21, 2026 (midnight PT)



State Society Conference Sponsorships

State societies—show your state pride by being a sponsor at the 70th AAMA Annual Conference. Information for advertising, exhibiting, and sponsorship is available via the Cvent website. ♦



On the Web

Check Certification Expiration

Under My Account/My 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.

Recertify Online

Under Continuing Education/Recertification

Current CMAs (AAMA) can recertify online—regardless of having all 60 or as few as 30 recertification points from AAMA continuing education sources. Recertification is just a few clicks away! ♦

AAMA Calendar

Events

AAMA Annual Conference

70th—Reno, NV	Sept. 14–17, 2026
71st—Kansas City, MO	Sept. 13–16, 2027

Medical Assistants Recognition (MAR)

MARWeek	Oct. 19–23, 2026
MARDay	Oct. 21, 2026

Board Meetings

Board of Trustees	June 5–6, 2026
Continuing Education Board	June 7–8, 2026
Certifying Board	July 10–11, 2026

2026 Deadlines

Life Membership nominations	June 1
State officer election notification submissions	June 1
State delegates and alternates submissions	June 17
Conference program advertising	July 1
Excel Awards	July 15
National volunteer leadership applications	Aug. 1

Visit the “Leader’s Center” webpage (which is available via the “Volunteer Resources” webpage) to access the information hub for deadlines and forms. (Sign-in required.) ♦



Enter the Excel Awards!

The AAMA Excel Awards recognize the most excellent publications, promotions, people, and more! Here are the award categories:

- Medical Assistant Employer of the Year Awards
- Rising Star Awards
- State Society Excellence Awards
 - Excellence in Publishing
 - Excellence in Marketing, Promotion, and Recruitment
 - Excellence in Website Development
 - Excellence in Community Service
- Awards of Distinction
 - Medical Assistant of the Year Award
 - Leadership and Mentoring Award
 - Golden Apple Award ♦

Forms Due Soon

Find all these forms, deadlines, and more on the “Leader’s Center” webpage, which is accessible via the “Volunteer Resources” webpage:

State and Chapter Officer Election Notification Form. *State and chapter officers*—don’t miss important mailings! Complete and submit this form to OfficerNotification@aama-ntl.org by **June 1**.

AAMA Life Membership Applications. *State officers*—nominate an outstanding leader of the AAMA for national Life Membership by sending the application to SFlynn@aama-ntl.org by **June 1**.

Delegates and Alternates Form. *AAMA members and state presidents*—note this deadline:

- *Members*—talk to your state president about serving as a delegate or alternate in the AAMA House of Delegates. If you are attending, consider volunteering to serve on a House committee.
- *State presidents*—complete and submit this form to SFlynn@aama-ntl.org by **June 17**. ♦

Excel Awards Submission Info

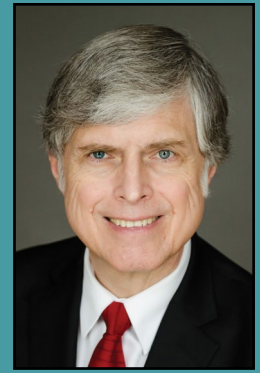
Instructions and forms: Find details on the “Excel Awards” webpage (click the “Education and Events” tab, then “Annual Conference” from the drop-down menu, and then the Excel Awards banner near the bottom of the page).

Deadline: July 15, 2026

Recognition: Winners will be formally saluted at the 2026 AAMA Annual Conference. ♦



Addressing Human Trafficking While Navigating the Potential Pitfalls of EHRs



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

In January 2026, the American Association of Medical Assistants® released a comprehensive and current self-study course Identifying and Responding to Human Trafficking: The Medical Assistant's Role. This course was created in anticipation of the enactment of Texas legislation that will require medical assistants to successfully complete a training course on identifying, assisting, and reporting victims of human trafficking.

The following is an excerpt from its fifth module, "Appropriate Documentation and Reporting Protocols: Human Trafficking Laws, Information in the Electronic Health Record, and Protecting Patient Privacy,"¹ which I authored.

This Module's Learning Objectives

- Health Insurance Portability and Accountability Act (HIPAA) considerations in suspected trafficking cases and protecting those patients who are subject to HT [human trafficking]
- Best practices for appropriate documentation and operational protocols in the electronic health record (EHR)
- Mandatory reporting laws and regulations to law enforcement and social services agencies (including suspected child abuse and abuse of older adults and individuals with a disability)
- The ongoing debate over the specificity of the HT information that should be included in the EHR

Introduction

There is a strong consensus in the United States that trafficked persons should be protected to the fullest extent of the law. Researchers and policymakers, however, have pointed out the potential conflict between mandatory HT reporting laws and laws that safeguard patient privacy (e.g., HIPAA). In addition, the health care field continues to wrestle with the question of how much information should be included in the EHR of those patients who may be trafficked.

These issues confront medical assistants interacting with patients who are (or may be) ensnared in the insidious web of HT.

In light of these encounters, this module has four purposes:

1. Summarize relevant provisions of federal and state HT laws for medical assistants
2. Weigh the benefits of mandated reporting of suspected HT versus guardrails around patient privacy (e.g., HIPAA)
3. Discuss how laws and regulations can both protect trafficked persons but (in some instances) inadvertently increase the possibility of harm
4. Consider both sides of the ongoing debate over the specificity of the HT information that should be included in the EHR

...

How Much HT Information Should Be Included in the EHR?

If there are no specific state laws on inclusion of information in the EHR on HT, health care providers and their medical assistants must make decisions on what should be included in the EHRs of actual or suspected HT patients. There are numerous research findings in the HT literature that present the arguments for and against including detailed information in the EHR of HT patients. Although there are differences of opinion on this issue, all researchers agree that the well-being of HT patients should be the primary objective of health care providers. Laws, policies, and practices should reflect this societal value.

The following are typical arguments on both sides of this issue.

Include Sensitive HT Information in the EHR

- Including sensitive and detailed information in the health record of HT patients will alert current and future providers to the HT history of a patient. Such information will foster greater continuity of care for patients in case of geographic relocation or changes in other life circumstances.²
- Detailed documentation in the health record could provide key information for law enforcement authorities investigating perpetrators of HT. Such documentation could also be helpful for

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

Legal Eye On Medical Assisting



trafficked persons if they pursue legal action against their traffickers.

- Capturing information could help local and state communities better allocate their resources to combat HT and help HT persons.

Do Not Include Sensitive HT Information in the EHR

- Laws requiring documentation of sensitive HT information, or that mandate reporting of HT, could discourage trafficked persons from seeking health care or generally reaching out for help.
- Disclosure laws could frighten trafficked persons into inaction because of fear of reprisal by their traffickers, prosecution by law enforcement, deportation action by immigration agents, or use of HT information against them in child custody actions. As described in an *AMA Journal of Ethics* article, “Mandatory Reporting of Human Trafficking: Potential Benefits and Risks of Harm,” such risks could outweigh the potential benefits of mandatory reporting of trafficking.³
- A party (e.g., a legal guardian) with legal access to the patient’s health information, or even human traffickers or other hostile parties, could obtain access to the HT patient’s

health record and threaten, harm, or manipulate the patient.

...

General Guidelines

When trafficking is suspected, follow your facility’s protocol and state reporting requirements. Most states mandate reporting when minors are involved or if there is imminent danger. The *Polaris On-Ramps, Intersections, and Exit Routes: Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking*⁴ recommends establishing clear institutional procedures:

- **Immediate Safety:** If a patient is in danger, discreetly contact security or law enforcement.
- **Resource Connection:** Provide the National Human Trafficking Hotline (1-888-373-7888) and local advocacy resources.
- **Documentation:** Record objective observations—injuries, behaviors, and statements—without labeling the patient as a “trafficking victim” unless confirmed.
- **Follow-Up Care:** Offer mental health referrals, STI testing, and social services. ♦

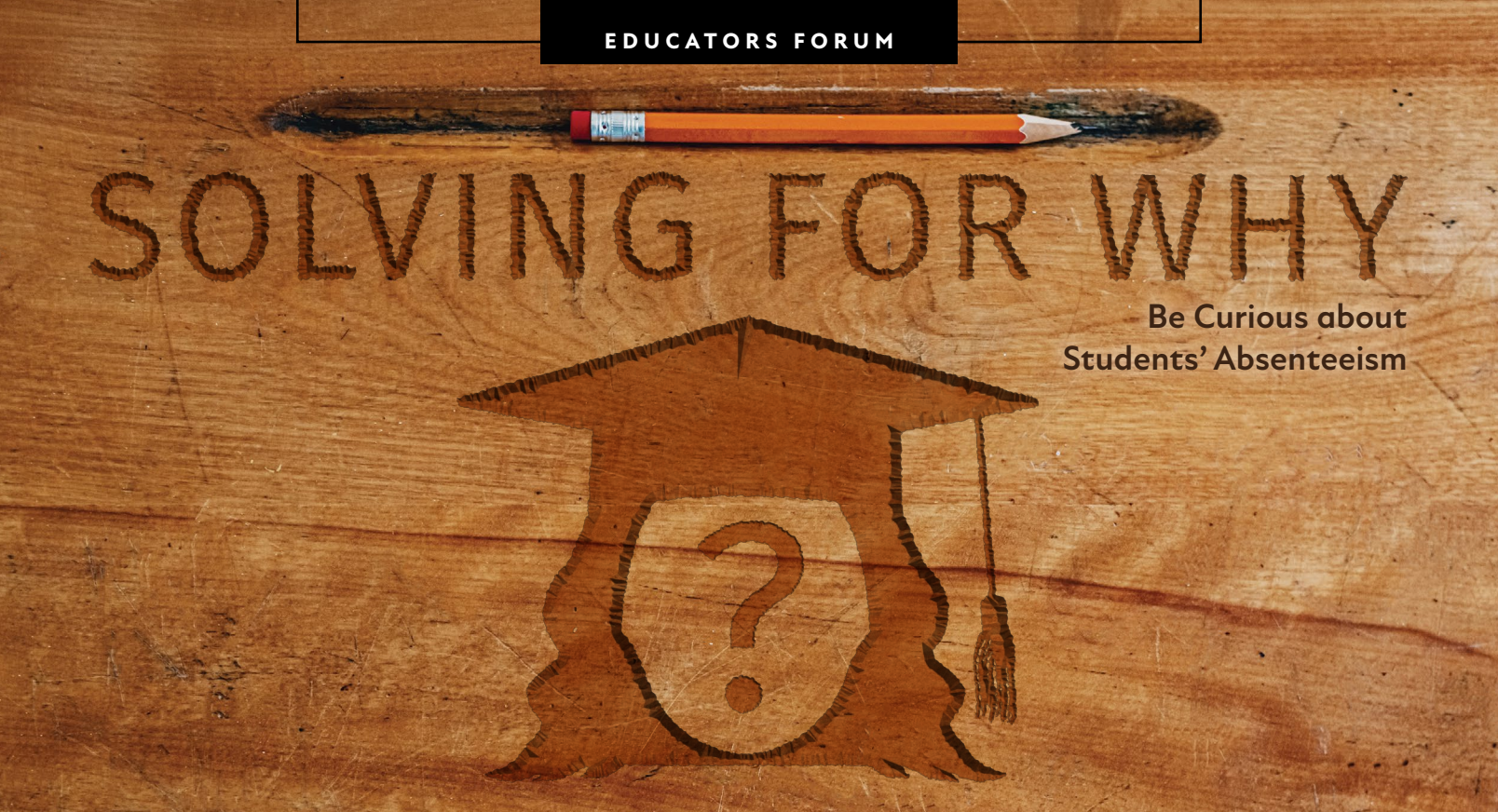


Interested in learning more? The full course is available for purchase in the AAMA e-Learning Center.

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

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SOLVING FOR WHY

Be Curious about
Students' Absenteeism

By Cathy Cassata

Managing chronic absenteeism is a reality of teaching medical assisting students. In recent years, attendance has declined across higher education. The number of hours students have spent attending class, discussion sections, and laboratories declined significantly from the 2018–2019 academic year to 2022–2023, according to an analysis of over 1 million students at 22 major research institutions.¹

When students miss class, they risk underperforming. In fact, one university study found that students who attended more than 80% of classes passed final exams at much higher rates compared with those who attended fewer classes.²

“Chronic absenteeism disrupts learning and makes it hard for teachers to keep students on track,” says Michael Gottfried, PhD, professor at the University of Pennsylvania. “But more so, when students miss class frequently, teachers have to reteach material, which affects the entire classroom, not just that single student. Finally, teachers themselves face job dissatisfaction.”

A disruption in the effective delivery of content is a challenge, adds Kimberly Scott, DBA, MPH, CMA (AAMA), a medical assisting educator at Keiser University.

“Instructional planning is carefully tailored to be presented to every student in class, and ... chronic absenteeism results in a disruption of the flow of the information, preventing effective delivery, and could interfere with the understanding of the material,” she says.

This is because each student has something to contribute to the topic, such as a personal experience that could help bring clarity to what is being discussed, adds Scott. “The instructor relies on students to interact with them as well as with each other, and when absenteeism is a problem, it limits what is reviewed collectively, which is a form of instruction that helps close learning gaps,” she says.

STUDENTS, SUBTRACTED

To properly address chronic absenteeism, it helps to understand why students miss class often. “This understanding allows educators and institutions to develop a contingency plan that supports students facing life circumstances,” says Scott.

Gottfried notes that chronic absenteeism is rarely due to students’ lack of motivation and is often due to competing responsibilities. “Addressing it requires

both accountability and understanding of local conditions, such as homelessness, food insecurity, absent parents, poverty, and so forth,” he says. “When institutions build systems that support students and their lives, outcomes improve.”

Research suggests that students miss school due to the following reasons^{3,4}:

- Class being nonmandatory
- Lack of engagement or interest
- Lack of transportation
- Physical or mental health issues
- Work or caregiving conflicts

“Educators deal with students having to work in order to pay rent, babysitters, car insurance, et cetera, and [often] students don’t realize the amount of time going to classes and homework takes. Kids get sick, so the student can’t come to class,” says Diane Morlock, MS, CMA (AAMA), a retired medical assisting educator with over 20 years of experience.

PUTTING TWO AND TWO TOGETHER

Understanding why a student chronically misses class can help tailor how you help them succeed. Below are some strategies to consider:

Set attendance expectations early. Morlock required that all students attend a mandatory orientation during which she provided a student handbook for them to review and discuss together. The handbook covered grading, syllabi, attendance, and more.

“Attendance issues will always be an issue, but [addressing attendance] before classes begin, [and] giving some suggestions on how to be in attendance can be a start,” she says. “Students need to understand that the classes offered in a medical assisting program are not [optional]. Yes, there will be times when it is necessary to be absent. [But ask]: Did they contact the instructor to let it be known they will not be in class? Did they make arrangements with a classmate to get the missed material?”

She also found it helpful to have a former student talk to current students about how they handled attendance.

Offer understanding and support. Before absences pile up, Gottfried advises reaching out to students right away and having honest, supportive conversations with them that encourage them to reveal barriers they are facing. “Students are more likely to show up when they feel supported and see the value of being there,” he says. “Connecting students to advising or support services can address challenges outside the classroom.”

Scott tries to build rapport with students by acknowledging they are struggling to attend class, inquiring about their obstacles, sending assignment reminders, and inviting them to engage as much as possible. “This is also an opportunity for the reiteration of their motivation to enroll in the first place. Bringing them back to a positive space could be a great motivator,” she says. “Acknowledgment shows that the educator is attentive and invested in the student’s education and willing to go beyond the fact that the student is absent again without inquiry.”

A CLASS DIVIDED

Approaching students who often miss class requires a balance of empathy and directness. Michael Gottfried, PhD, recommends addressing the issue by first encouraging students to reflect on why they are absent—whether it’s health, workload, or motivation—and then take proactive steps to help students succeed.

“Missing classes consistently can make it harder to keep up, but students shouldn’t feel hopeless. Reaching out to professors, using office hours, and connecting with classmates can help fill gaps,” says Gottfried. Helping students build a routine, set small goals, and prioritize attendance for classes can make a big difference.

“Ultimately, it’s about combining self-awareness with concrete strategies so that they stay engaged and in control of their learning,” says Gottfried.

Implement a flexible grading system.

Flexibility is critical, especially because medical assisting programs are short and intensive, which means missing even a few classes can have a big impact, notes Gottfried. “Flexibility doesn’t mean lowering standards; it means giving students realistic ways to meet them,” he says. Options like makeup laboratories, alternative assignments, or recorded lectures help students stay engaged.

“When programs recognize real-life challenges, students are more likely to persist. That ultimately benefits both students and the health care workforce,” says Gottfried.

Rather than offering a flexible grading system, Morlock provides open laboratory opportunities and lecture time so students can make up what they missed. During orientation, she explains her reasoning. “I ask them if they would want someone to give them an injection or draw their blood if that person did not come to class to learn and master the skill,” she says.

Retain attention and engagement. A disruption in attention and engagement is a result of absenteeism and could be viewed as a form of disengagement, says Scott. “When students are absent, they miss important information, and when they return, they may encounter difficulty understanding what is currently being presented,” she says.

This requires educators to invest additional time and resources in reintegrating the student into the learning process. “This means reestablishing engagement, [providing] extra effort on retention, and motivating positive

behavior,” says Scott.

To keep students engaged, she asks them to plan their personal journey for success, including identifying their goals and aspirations. She also checks in with them periodically to hold them accountable and keep them proactive in achieving their goals.

“Another strategy is organizing collaborative groups in which students

with stronger content understanding support peers who may be less engaged or motivated,” says Scott. “At times, peers tend to interact and communicate in a more relatable way than the educator and students.”

IN SUM

While there might not be a one-size-fits-all approach to addressing chronic absenteeism, Scott says identifying life-extenuating circumstances students face, developing contingency plans, and applying various strategies in the classroom help educators reduce its effects. ♦

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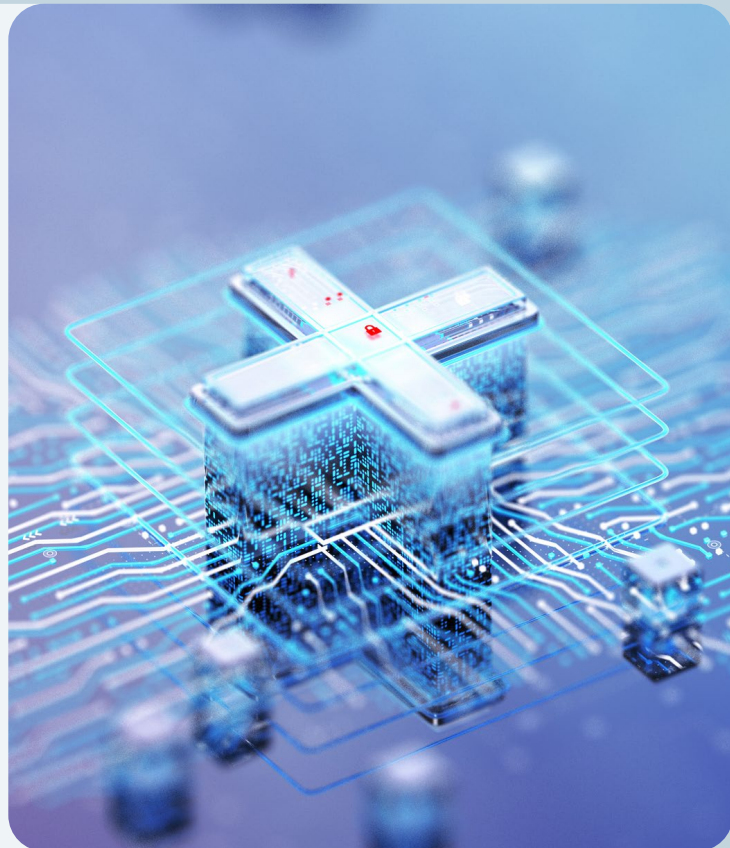
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Using Health Care AI Assistants

In March, Amazon expanded access to its health care virtual assistant, Health AI. Previously, the assistant was only available on the app for One Medical, the health care company owned by Amazon, but they are expanding access to most users.

Many people have concerns about chatbots and their use for sensitive topics like health advice, because misinformation can cause harm. If patients mention using such a platform, use that as an opportunity to tell them to use caution when inputting any private or sensitive information into AI platforms and take its advice lightly. Individuals should double-check with their provider about any health care advice the chatbot provides. Patients should make sure to find out how their data is being kept private and protected before sharing health details, and any chatbots used for health care should be compliant with the Health Insurance Portability and Accountability Act.

Health care professionals could create patient education materials and handouts to help patients use such AI tools responsibly. And most of all, remind patients that AI tools like this are not meant to replace health care providers.



The Road to Long COVID Recovery

Over six years after the start of the COVID-19 pandemic, long COVID affects millions of people in the United States. Anyone who is infected with SARS-CoV-2 can develop long COVID. Common symptoms include brain fog, fatigue, dizziness, loss of taste and smell, and trouble sleeping. And physicians are still working to answer questions about its effects on the body.

Physicians at Northwestern Medicine have been studying long COVID for years through the Neuro COVID-19 Clinic. Recently, the clinic conducted a study in which patients used a mobile app to track their daily symptoms such as brain fog and fatigue. The study, published in *BMC Neurology*, involved 63 patients who used the app for three months.

Researchers found two distinct populations of patients: those who improved (43%) and those who did not improve (57%) during the study's data gathering period. Even those who improved faced ups and downs throughout their recovery.

Women were less likely than men to improve, as were those who had an alteration to their sense of smell and taste. Those who improved also tended to perform better on cognitive tests and reported fewer sleep disturbances than those who did not improve.

The researchers are now using the app in a larger study that will follow participants over the course of a year. Hopefully, the larger study will shed more light on the causes of long COVID and how to help patients treat their symptoms.



Bone Health and Ultra-Processed Foods

The Connection Between Poor Bone Health and Ultra-Processed Foods

Ultra-processed foods (UPFs) are often low in dietary fiber and high in sodium, sugar, and unhealthy fats. They may include foods such as cereal, frozen meals, and sweetened beverages. Eating more UPFs is associated with poorer bone health, according to research published in *The British Journal of Nutrition*. The study found that those who eat more UPFs had a higher risk of hip fractures and lower bone mineral density.

Aiming to discover the impact of UPFs on bone health, the researchers analyzed data from over 160,000 participants in the UK Biobank database. On average, people ate about 8 servings of UPFs per day.

For every 3.7 additional servings of UPFs consumed each day, the researchers found that the risk of hip fracture increased by almost 11%. For reference, 3.7 additional servings can equate to a frozen dinner entrée, a soda, and a cookie.

The negative relationship between UPFs and bone density was most apparent in adults younger than 65 and people who are underweight.

In addition to the negative impacts on bone health, UPFs are also associated with obesity, some forms of cancer, and cardiovascular disease. Dietary patterns rich in whole foods such as fruits, vegetables, whole grains, nuts, seeds, and lean proteins are often associated with better bone outcomes.

This study underscores the importance of sharing nutrition information with patients. Concurrently, the American Medical Association recently launched a nutrition education initiative, which aims to equip health care professionals with evidence-based knowledge and tools to help patients make informed nutrition decisions.



Example Information to Share with Patients

Choosing the Best Whole-Grain Products

Choose healthy whole-grain foods by using the **10-to-1 carbohydrates-to-fiber ratio rule**. Find the grams of carbohydrates on the whole-grain product's nutrition label and divide by 10. (This can also be easily done by moving a decimal point to the left: 23 grams of carbohydrates divided by 10 is 2.3.) If the label's total grams of dietary fiber are equal to or larger than that number (e.g., 5 grams vs. 2.3 grams), that product is a healthy whole-grain food. Even more, whole-grain foods that meet the 10:1 ratio tend to have less sugar, sodium, and trans fat than those that do not, per a report from the Harvard School of Public Health.

Choosing Healthy Frozen Entrees

Choose entrees with at least three food groups. If not, add them yourself, such as a side of microwavable brown rice, a bagged salad, or a side of fruit, recommend registered dietitians at Kroger Co.

Check frozen entrees for these ideal nutrition label breakdowns:

- **Calories:** 300–500
- **Sodium:** < 600 milligrams
- **Saturated Fat:** < 4 grams
- **Fiber:** > 4 grams
- **Protein:** > 15 grams
- **Added Sugar:** < 10 grams





Investigating Infertility

Clue In to Scientific Advances in Infertility Treatments and Patients' Mental Health Needs

For many people, pregnancy and childbirth is a life-changing event that brings joy, fulfillment, and purpose, along with new challenges and responsibilities.

For some, however, the goal of becoming pregnant and giving birth can involve frustration and disappointment due to an inability to conceive or maintain the pregnancy. Unfortunately, infertility is common. Infertility affects about 1 in every 6 people of reproductive age worldwide, according to the World Health Organization.¹ In the United States, approximately 1 in 7 women ages 15–49 have trouble getting pregnant or sustaining a pregnancy.²

Infertility is a complex topic, and experts in reproductive medicine want the public to know that experiencing it is more than an inconvenience.³ In fact, infertility is a serious health condition. Fortunately, modern medicine can do a great deal to treat infertility and support individuals and couples on their journey to pregnancy and childbirth. For patients facing infertility, their family-building hopes begin with a careful medical evaluation by a reproductive health specialist.³

“A really important thing to know is that infertility is a disease and affects a lot of people—approximately 15% of couples,” says Evelyn Mok-Lin, MD, a reproductive endocrinologist and medical director of the Center for Reproductive Health at the University of California, San Francisco (UCSF). “This is an underestimate, as this does not include many others who require assistance in order to conceive, including single people and same sex couples. The American Society of Reproductive Medicine recently expanded the diagnosis of infertility to include anyone who cannot conceive on their own. The infertility evaluation includes [a] review of the medical history, including one’s menstrual cycle regularity, and an assessment of hormones, fallopian tubes, and sperm. Depending on the reason for infertility, there are several advanced assisted reproductive technologies—ART—that we can utilize to help the patient conceive.”

To note, while in same-sex couples or independent individuals infertility may not involve underlying biological disease, for purposes of diagnosis and to ensure

equitable access to care, the American Society for Reproductive Medicine also recognizes infertility as a condition or status requiring medical intervention.⁴

“Any couple that has been trying to conceive for 12 months—or six months if over 35 years old—should be referred for an infertility workup,” explains Dr. Mok-Lin. “Additionally, any patient who has high risk [factors] for infertility, including endometriosis, significant prior abdominal or pelvic surgery, or pelvic inflammatory disease, should be referred early. Anyone who is diagnosed with cancer or a medical condition that requires treatment that may affect their fertility—chemotherapy, radiation, ovarian surgery, gender affirming therapy—should be referred as soon as possible to discuss whether fertility preservation is aligned with their goals.”

ART-istic Solutions

As a multidisciplinary field, reproductive medicine is largely led by physicians trained in reproductive endocrinology and infertility, which is a subspecialty of obstetrics and gynecology. The infertility care team can include ob-gyns, who usually provide the initial infertility assessment, as well as urologists, reproductive surgeons, mental health specialists, genetic counselors, primary care providers, nurse practitioners, and other medical personnel.

As a leader in advanced fertility medicine, UCSF’s Center for Reproductive Health offers several treatment options and related care. These include in vitro fertilization (IVF), intrauterine insemination (IUI), third-party reproduction (e.g., sperm donation, egg donation, or gestational surrogacy), preimplantation genetic testing, ovulation

induction, intracytoplasmic sperm injection, fertility preservation, and other care. The UCSF Center for Reproductive Health also provides specialized LGBTQ+ family building and fertility care.⁵

Since the first successful IVF birth in England in 1978, global use of IVF has expanded considerably. Indeed, as the most common type of ART, IVF is responsible for about 10 to 13 million births since its introduction.⁶ In the United States, 95,860 babies were born from IVF in 2023, accounting for nearly 3% of total U.S. births.⁷

Although protocols vary, IVF essentially involves stimulating the ovaries to produce multiple eggs, which are then retrieved and fertilized in a laboratory. The embryos that result are monitored for a time before one or more are transferred to the uterus. The use of IVF is described as more effective for issues such as blocked fallopian tubes, diminished ovarian reserve, and severe male infertility. IVF may also be an appropriate choice when earlier treatments have not been successful.⁸

The main challenges to success with IVF therapy vary. “This can depend on a number of factors, including the reason for infertility, age, ovarian reserve, and their family planning goals,” says Dr. Mok-Lin. “The No. 1 predictor of IVF success is the age of the egg, so the main challenge is often the number and quality of the eggs. Age of the sperm is also important, but the sperm’s biological clock is more lenient. An IVF cycle takes approximately two to three weeks to complete and involves 10 to 12 days of subcutaneous injections, during which there are ultrasounds and blood draws to track the response. When the follicles are ready, the eggs are extracted via a 30-minute procedure under anesthesia and fertilized with sperm. The embryos are then assessed

The Fertile Window

Those attempting to become pregnant may try to use timing to improve their chances of success:

The fertile window is the time in a cycle when pregnancy can occur. It is usually the 6 days just before the day of ovulation. Ovulation occurs around 14 days before the next menstrual period, so an individual with a 28-day cycle will ovulate around cycle day 14 (that is, 14 days after the start of their last menstrual period). That means that pregnancy is most likely to happen if intercourse occurs within the 6 days right before the day of ovulation.¹⁵

based on [their] appearance and could also be biopsied for genetic testing.”

Among other infertility treatment options, IUI is a less invasive—and less costly—procedure than IVF. The insemination procedure involves placing washed sperm directly into the uterus. In many instances, IUI can be the first treatment approach for couples with unexplained infertility, mild male factor infertility, and patients using donor sperm.⁵ Other techniques can include injecting sperm directly into the center of an egg (i.e., intracytoplasmic sperm injection), freezing eggs or embryos for later use, and using a female surrogate to carry a pregnancy.⁹

No Two Cases the Same

How do reproductive health specialists determine the most appropriate treatment plan? “The biology of reproduction is complex, and the diagnostic workup for infertility is limited,” says Emily Jungheim, MD, medical director of the Northwestern Medicine Center for Fertility and Reproductive Medicine in Chicago. “Also, patients have different perspectives on what treatments they are comfortable with. There is often variability in resources patients have for treatment—not everyone has insurance coverage for infertility treatment, and patients’ desired outcomes differ—some patients focus on parenthood, whereas others plan ahead for future children. Navigating all of this requires an individualized approach. Reproductive health specialists work in partnership with patients through their diagnostic and care journeys while staying grounded in science.”

New patients can expect care tailored to their unique medical story, goals, and concerns. “At Northwestern, we take a holistic approach, starting off with understanding the patient’s medical history and their reproductive goals and then moving to diagnostic testing,” explains Dr. Jungheim. “Once we have the results of the diagnostic testing, we discuss treatment options and anticipated outcomes. We have a collaborative team of physicians rooted in gynecology and urology, advanced practice providers, nurses, embryologists, andrologists, and health psychologists who work together to address the patient’s needs along the way.

Polycystic Ovary Syndrome

One common cause of infertility is polycystic ovary syndrome (PCOS), which affects up to 15% of women of reproductive age. The condition is related to a hormonal imbalance that occurs when the ovaries produce an excess of hormones called androgens. Symptoms of PCOS may include irregular menstrual periods, excess hair growth, obesity, acne, and more. PCOS can also increase the risk for diabetes and high blood pressure.¹⁴

Treatment for PCOS is based on the patient’s symptoms, medical history, overall health, and whether they wish to get pregnant now or in the future. For those who want to get pregnant, treatment can include medications to induce ovulation, in vitro fertilization, and possibly surgery to remove ovarian tissue that produces androgens. For those who do not plan to get pregnant, treatment includes hormonal birth control, an intrauterine device, medications to block androgens, insulin-sensitizing medication, and lifestyle recommendations for nutrition and weight management.¹⁴

We incorporate additional resources and team members as needed, including support for mental health, high-risk obstetrical subspecialists, minimally invasive surgeons, nutritionists, pharmacists, and others. No one journey is the same, but our team is flexible, resourceful, responsive, and always rooted in science.”

Various factors might influence treatment choices. “ART is an excellent first-line treatment for patients with blocked fallopian tubes, those with very low sperm counts, or for patients who have heritable genetic diseases they are trying to prevent in their children,” says Dr. Jungheim. “It’s also often first-line for people who have cryopreserved oocytes, for those who need help from a third party [such as] a gamete donor or gestational carrier to have a child. For others, IUI is often a good place to start. If IUIs are not successful after a certain number of tries, it suggests there may be some unidentifiable factor ... precluding pregnancy. IVF may [then] be a good option to move to.”

While complex, IVF represents a highly effective treatment for infertility, remarks Dr. Jungheim. “When it comes to IVF, we need three things for it to work: eggs, sperm, and a normal uterine cavity,” she says. “The number of eggs we can get in one oocyte retrieval and the age of the oocyte source are the primary predictors of a successful IVF cycle. When it comes to trying to conceive without assistance, we get one chance per month. If someone is doing IVF and we get 12 eggs, that’s like a whole year of

trying to conceive. I’ve found that posing it this way helps patients understand how successful IVF can be. The number of eggs we can get in one IVF cycle is limited by a patient’s ovarian reserve. So, if someone has a high ovarian reserve—measured by ultrasound and blood work, they often get more oocytes in an IVF cycle than someone with a low ovarian reserve. As far as oocyte quality goes, that is where age comes in. As we get older, our oocytes are less likely to make an embryo with the correct number of chromosomes. If a patient is older but has a high ovarian reserve, IVF can be a good option. Many people think that IVF works ‘better’ than IUI, but if I cannot get multiple oocytes per retrieval, IVF may not be the best option.”

Minding Mental Health

Whatever treatment approach is followed, health care providers must be sensitive to the emotional toll infertility can have on individuals and couples. “This is so important,” emphasizes Dr. Mok-Lin. “Studies have shown that infertility patients experience as much stress as people with cancer. We have three psychologists in our clinic who are available to see our patients. Many also already have an existing therapist and/or psychiatrist with whom we work alongside throughout their fertility journey.”

In fact, infertility is often described as one of the most emotionally challenging medical conditions people can face, reports Danielle Melfi, CEO of RESOLVE:

The National Infertility and Family Building Association. “The emotional toll is compounded by feelings of grief, loss of control, and profound isolation—particularly in a society where family building and parenthood are deeply valued and prominently visible,” says Melfi. “Because of this intense social-emotional impact, infertility counseling plays a critical role in supporting patients. It’s essential that medical providers proactively encourage their patients to seek this kind of professional support as part of comprehensive fertility care.”

Chelsea Kramer, LFMT, PMH-C, a Seattle-based licensed marriage and family therapist, notes that infertility can evoke a layered mix of mental health challenges. “Clients can have complex feelings of grief and loss while facing an unknown future,” she says. “They can feel like their bodies have failed them. No matter the medical reason for infertility, women are often blamed. Couples often struggle with intimacy and connection as sex can become utilitarian and rigid. Marginalized populations, such as [people who are] disabled, fat, queer, or people of color, may experience discrimination or bias within the medical system. Interaction with the medical system can be traumatic. This time might also bring up past traumas, especially for the birthing person. If patients do conceive, experiences during this time can highly influence their mental health during the perinatal period.

“I use multiple therapeutic approaches with individuals and couples dealing with

infertility,” says Kramer. “I start with a systemic, trauma-informed lens, understanding each person comes into this situation with a lifetime of messaging around their bodies, gender expectations, experiences, and interactions with the medical system. I use acceptance and commitment therapy and narrative therapy to help clients navigate the complexity of their situations. It’s important [that] clients have tools to self-soothe, regulate complex emotions, gain support, and stay connected. Peer support is [also] a highly valuable resource during this time, helping clients know they aren’t alone in their struggles.”

For many individuals, the experience of infertility can represent a type of “complex trauma,” suggests Kramer: “Generally speaking, society doesn’t invest in women’s health, and thus funding for research around fertility, birth, and reproduction-related health topics is lacking. Individuals and couples dealing with fertility challenges are on a long journey consisting of years of emotional highs and lows. Over time, this emotional roller coaster, along with grief and the level of respectful treatment they receive, can greatly impact their mental health. For many people, this cumulation of stress and loss is traumatic. Viewing it from a trauma-informed lens is important to fully grasp the level of impact this process has on patients.”

Counseling services may be especially useful when reproductive treatments are ongoing or prolonged. “Individuals and cou-

ples using any form of third-party reproduction services may benefit from therapy,” says Kramer. “IVF is what the general population thinks of most often, but typically, once people get to IVF, they’ve already gone through multiple steps to get there. ... It’s important to address how this impacts people’s individual mental health and their relationships.”

Accordingly, Kramer would like to see health systems prioritize psychological care for patients with infertility. “Most individuals and couples facing fertility challenges do not seek out mental health support,” she observes. “The health care system could provide more education to patients about the mental health impacts of fertility challenges and treatments. Some clinics have in-house mental health services, but those are often overtaxed. Education, resources, and referrals can be made part of the preventive treatment. Add regular mental health screenings for patient appointments, such as the PHQ-9 [patient health questionnaire] and the GAD-7 [generalized anxiety disorder]. Setting patients up for success during fertility challenges can benefit them in the immediate term, while also supporting their success when or if they do have a child in the future.”

Of course, reproductive health issues also impact diverse populations. As such, Kramer emphasizes the importance of reproductive health providers providing equitable, inclusive care to meet the unique needs of all their patients. This includes LGBTQ+ patients who can face unique family-building challenges.

“Most LGBTQ+ people seeking third-party reproduction services aren’t infertile,” notes Kramer. “They probably don’t have the egg or sperm needed to conceive. In my experiences with clients, they often feel like fertility clinics aren’t ‘for’ them because of the way the questions are asked and the processes for care. Many LGBTQ+ patients feel the oppressive weight of heteronormative practices throughout the process. Any marginalized group—disabled, fat, low socioeconomic status, person of color, queer, single people—tends to have more difficult experiences when dealing with the medical system. Inclusive language, processes, and physical access are important to make sure all patients can have a safe and effective experience.”

Magnifying the Meaning

The American Society for Reproductive Medicine offers a definition for *infertility*:

“Infertility” is a disease, condition, or status characterized by any of the following:

- The inability to achieve a successful pregnancy based on a patient’s medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors.
- The need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner.
- In patients having regular, unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be initiated at 12 months when the female partner is under 35 years of age and at 6 months when the female partner is 35 years of age or older.¹³

Male Infertility, Investigated

Nearly 30% of infertility cases are related to male issues.¹⁶ Researchers have identified several possible causes that contribute to male infertility¹⁶:

- Environmental
 - Pesticide and chemical exposures
 - Drug use
 - Radiation
 - Pollution
- Medical
 - History of prostatitis or genital infection
 - Mumps after puberty
 - Hernia repair

Searching for Mental Support

A significant corollary to the emotional challenges of infertility is the sense of social isolation patients may potentially experience. As a national advocacy organization, RESOLVE strives to support those who want to build a family with a range of social and community resources.

“In addition to clinical counseling, peer support is a vital resource for many people,” says Melfi. “Connecting with others who share similar experiences can reduce feelings of isolation and create a sense of community, understanding, and validation that is difficult to find elsewhere. RESOLVE’s nationwide network of peer-led support groups is designed specifically for this purpose. After participating in six sessions, 85% of attendees report feeling more in control of their infertility—a powerful indicator of the value of mutual support.”

As Melfi explains, RESOLVE’s support groups are led by trained volunteers who complete an onboarding process reviewed by mental health professionals. In turn, volunteers receive ongoing training and access to resources to help facilitate effective group leadership. “Through this model, RESOLVE serves more than 2,000 individuals every month, offering free, accessible, and compassionate peer support to anyone

struggling with infertility,” reports Melfi.

Thus, primary care providers and front-line medical staff have a crucial role to play in supporting patients experiencing infertility. “Because patients often first raise concerns in a general medical setting, providers have a unique opportunity to offer compassionate, informed guidance that sets the tone for the patient’s entire family-building journey,” says Melfi. “Many patients feel shame, guilt, or fear when discussing infertility. Asking gentle, nonjudgmental questions and normalizing their concerns can help patients feel seen and heard. Simple statements like ‘Many people experience challenges getting pregnant—if that happens to you, you’re not alone, and support is available’ can go a long way in reducing stigma. Advice like ‘Just relax’ can be dismissive and blame the patient for their infertility. Stress does not cause infertility, but infertility causes stress.”

Following Leads

Medical assistants often play a crucial role on the reproductive health team, assisting reproductive endocrinologists and other providers with many essential tasks, procedures, and patient care responsibilities. This can also include work in specialized areas such as genetic counseling.

In many instances, genetic counseling services can help identify factors that may be causing or contributing to infertility or issues such as recurrent miscarriages. Also, genetic screening can identify hereditary risks to future children, helping couples avoid passing on a genetic condition to their child.⁹

“Our genetic counseling team sees anyone who is pregnant or who is trying to get pregnant,” says Christine Hricak, CMA (AAMA), a genetic counseling assistant with LVPG Maternal Fetal Medicine at Lehigh Valley Health Network in Allentown, Pennsylvania. “The counselors advise our patients about risk factors in pregnancy—whether it’s an issue like an abnormal [obstetric] ultrasound and how that could affect the pregnancy, [lack of success] trying to get pregnant, risks of age-related pregnancy, and other issues.”

In Pennsylvania, genetic counselors are licensed health care providers with a master’s degree from an accredited genetic counseling

program.⁹ As a medical assistant, Hricak herself has additional training as a genetic counseling assistant from Johns Hopkins Medicine. As such, her clinic responsibilities include contacting patients before appointments to discuss their history, tracking down laboratory and family medical records, coordinating blood tests for pregnant people, and other responsibilities.

The needs of those who seek genetic counseling can vary, reports Hricak: “A female-male married couple might be interested in having a workup to see if they carry any of the same genetic conditions, so we will talk to them about genetic carrier screening. Do they carry a genetic condition that could be a cause of why they’re not getting pregnant or having multiple pregnancy losses? We also make sure that they’re not related in any way. It’s a matter of how much information the patient wants. Sometimes, a [patient] just wants to start with carrier screening for herself. We can offer something as simple as a [screening] panel that looks at a few genes, like cystic fibrosis, to panels that would test 700 different genes.”

IVF, When and Why

Situations that might be aided by IVF include the following:

- Absent fallopian tubes or tubal disease that cannot be treated successfully by surgery
- Endometriosis that has not responded to surgical or medical treatment
- A male factor contributing to infertility, in which sperm counts or motility are low but there are enough active sperm to allow fertilization in the laboratory
- Severe male factor in which sperm must be obtained surgically
- Unexplained infertility that has not responded to other treatments
- Genetic diseases that result in miscarriage or abnormal births⁸

Resources

UCSF Center for Reproductive Health

<https://crh.ucsf.edu>

Northwestern Medicine Center for Fertility and Reproductive Medicine

<https://fertility.nm.org/providers.html>

RESOLVE: The National Infertility and Family Building Association

<https://resolve.org>

Chelsea Kramer Therapy

<https://www.chelseakrametherapy.com>

The extent of the genetic testing patients may want can also depend on their insurance coverage. “If insurance doesn’t cover our services or there is a high deductible, it can still be \$200 or \$300 out of pocket for patients,” notes Hricak. “For this reason, sometimes the [patient] wants to start with herself, and if she comes back [as] a carrier of any condition, we will test [their partner] for just those conditions. But sometimes we would order tests for both of them at the same time.”

When do patients typically undergo genetic counseling? “In a perfect world, if someone goes to their ob-gyn and says they want to come off birth control because ... over the next year they want to start to have a family, that would be the best time for genetic counseling,” observes Hricak. “But usually, it happens when they’ve had several miscarriages or they’ve been trying for more than a year to get pregnant. Age is also a factor. This is because it’s harder to get pregnant as you get older.”

Working in genetic counseling, Hricak agrees that an empathetic nature can go a long way in patient care. “These [people] want to have children, and there are a lot of hardships with this when they can’t,” she notes. “When you see people [who] really want to get pregnant, and they’re going into their third or fourth loss and were really hoping for this one to work out, it is so important to have empathy and a caring nature.”

Looking to the Future

Over the years, advancements in IVF and ART technology and procedures have made infertility treatment safer and more successful.⁸ Of course, the decision to pursue a particular reproductive health approach is still one that patients should make carefully. Unfortunately, without adequate health insurance, costs for IVF are often prohibitive. Other concerns include state legislative initiatives to limit reproductive rights that potentially threaten access to IVF and other reproductive care.¹¹ Whatever the concerns, some couples may seek approaches to resolve infertility using more minimal ART or non-ART interventions. The former might include treatments involving “minimal-stimulation IVF” or “natural cycle ART” that use less medication and other approaches than standard IVF.¹²

Further, reproductive health care can encompass counseling on strategies to optimize natural fertility, including advice on sexual and healthy lifestyle practices related to procreation. When a diagnosis of infertility is not definitely established, reproductive health providers may offer informed perspectives on how to achieve a natural, non-medically assisted pregnancy.

All in all, advances in reproductive medicine have dramatically transformed infertility treatment options in recent decades. In doing so, the dreams of millions of individuals and couples to become parents and build a family are now increasingly within reach. ♦

The CE test for this article can be found on page 27.



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Watch and Earn (Rest)

After coming home from a long day of work, sometimes all you want to do is turn off your brain, turn on the TV, and sit on the couch. Good news: rewatching your favorite shows may have some science-backed mental health benefits reported by Verywell Mind and Independent Online:

- **Reduces cognitive load:** Rewatching a show takes less cognitive effort than watching something new because you don't need to pay as much attention to new information.
- **Mitigates decision fatigue:** Constantly making choices is *exhausting*. With the numerous streaming platforms and shows available, returning to what is familiar can help reduce the number of decisions you are forced to make each day.
- **It provides background noise:** Having something familiar on while you cook, clean, or scroll can provide a sense of companionship.
- **Eases stress and anxiety:** When life feels unpredictable, watching familiar storylines can be a form of escape and provide a sense of control.
- **Assists with emotional regulation:** Watching something familiar can help you regulate your emotions when you're feeling upset or overwhelmed.
- **Provides emotional comfort and dopamine:** Seeing funny or heartwarming moments can cheer you up and provide a dopamine boost.
- **Alleviates boredom and loneliness:** Research shows that the nostalgia people experience while rewatching a show can help alleviate boredom and loneliness.



Spring Clean Your Brain

When you think of spring cleaning, you may imagine decluttering closets, dusting surfaces, and deep cleaning your bathroom. But spring cleaning isn't always just for physical spaces—it can also be for our minds. If your thoughts constantly feel scattered, you have trouble focusing, and you feel mentally exhausted, try some of these tips for cleaning out the cobwebs in your brain to keep your mind sharp and vibrant:

Journal. Journaling can be a powerful tool for mental decluttering. It allows you to externalize and organize your thoughts, helping you focus on what truly matters to you. You can journal by reflecting on your day, documenting your worries, or expressing gratitude.

Practice mindfulness. Focus on the present moment rather than getting lost in the past or future to improve your focus and reduce anxiety. This can mean taking a few deep breaths, paying attention to the sensations around you, or meditating.

Reconnect with nature. Spending time outside can reset your mind. Consider taking a walk in the park, spending time in your garden, or just sitting outside.

Plan a trip. Looking forward to a vacation can boost your happiness. Sometimes planning the trip is even more beneficial than taking the trip!

Detox from devices. Commit to regular stretches of time when you are disconnected from the internet. Too much screen time can crowd your mind with information. It also overstimulates certain neurotransmitters, leaving you with more stress, anxiety, and depression.



Go Green

Second only to black tea, green tea is one of the most popular teas around the world. And whether served hot or cold, it offers numerous health benefits, as detailed by Cleveland Clinic and EatingWell:

- **Boosts brain function:** Amino acids in green tea have brain-protective benefits. A study found that frequent green tea drinkers had a lower risk of memory loss and concentration issues.
- **Fights cancer-causing inflammation:** The anti-inflammatory properties of green tea may lower the risk of certain cancers, such as breast, colon, lung, prostate, and stomach cancer.
- **Prevents stroke and heart disease:** Studies indicate that green tea can lower cholesterol, reducing the risk of heart disease, heart attacks, and stroke.
- **Strengthens bones:** Many studies have found that drinking tea can protect against osteoporosis and broken bones by improving bone density and reducing bone loss with age.
- **Lowers blood sugar:** Green tea's levels of L-theanine may help prevent diabetes. Studies have shown that green tea improves blood sugar and the body's sensitivity to insulin.
- **Aids digestion:** Green tea can promote health in the gut microbiome by reducing harmful bacteria and supporting the production of postbiotics.



Music to My Ears

Anyone who loves to sing can tell you how great it feels. Whether you like to sing in a choir, the shower, or the car by yourself, there is something freeing about belting out your favorite song. But did you know that there are numerous physical, emotional, social, and psychological benefits to singing too? Here are some key benefits of singing, according to Opera North and Healthline:

- **Reduces stress:** Singing helps release anxiety and transition you into a state of rest and relaxation.
- **Builds a sense of community:** Singing with others can build connections and feelings of community.
- **Improves memory:** Singing can enhance your mental alertness, memory, and concentration because it requires focusing on multiple things at once. This engages many areas of the brain in the process.
- **Boosts confidence:** The more you sing, the more confident you will feel.
- **Allows you to express yourself:** Singing is a great way to let go and express your feelings.
- **Decreases snoring:** Regular singing can change the way you breathe, thus lowering your risk of conditions such as obstructive sleep apnea.
- **Helps lung function:** Because singing involves deep breathing and a controlled use of muscles in the respiratory system, it may be beneficial for certain lung and breathing conditions, such as chronic obstructive pulmonary disorder.

A PRICKLY SITUATION

Help Patients with Trypanophobia



By Brian Justice

A phobia is a disproportionate fear of something that can easily be perceived as scary, but poses little or no threat. Examples include arachnophobia (fear of spiders), ophidiophobia (fear of snakes), acrophobia (fear of heights), and aerophobia (fear of flying). An estimated 9% of American adults have phobias, and women report experiencing them at twice the rate of men.¹

Trypanophobia (fear of needles) is often listed among the most common phobias¹ and is the one most likely to be encountered by health care professionals, especially medical assistants.

“I encountered patients [who were] afraid of needles every single day,” says Amy Lynch, CMA (AAMA), a longtime medical assistant in a family practice and urgent care in Fairview, Oregon. “I would see dozens of patients every shift, and at least half expressed fear toward needles.”

Research supports the commonality of Lynch’s experience. Up to 63% of children are frightened of needles, and while that tends to fade as they reach adolescence, 25% of young adults still report persistent anxiety around needles, and approximately 10% of adults have trypanophobia.² This has a real impact on health care. More than half of adults who experience trypanophobia avoid blood draws, nearly half do not donate blood, about one-third skip vaccinations,³ others may delay or avoid intravenous therapy or injectable medications⁴, and 10% avoid medical procedures altogether.²

A PAINFUL START

“Trypanophobia is a misfiring of the body’s built-in protective hardware,” explains Cassidy Blair, PsyD, a licensed clinical psychologist and founder of the Blair Wellness Group in Beverly Hills, California. “That skin breach is a threat to the autonomic nervous system, and conditioned fear is

like having a high-speed train built into the brain that logic cannot make go off track.”

Many people trace their trypanophobia back to a negative childhood experience with needles, and some even become dizzy or faint when they so much as see a needle. This sudden drop in heart rate and blood pressure can make future procedures even more frightening. Others have a heightened sensitivity to pain, making the anticipation and the injection itself almost unbearable.²

Certain patients have a family history of trypanophobia, suggesting that both learned behavior and genetics may play a role. People with other anxiety-related disorders, such as obsessive-compulsive disorder, germaphobia, or hypochondria, may be at higher risk.⁴

“The patient may have had a bad experience, especially in childhood,” confirms Samia Estrada, PsyD, DipABLM, a clinical psychologist and founder of Dignus Wellness in Vacaville, California. “They may have witnessed or even heard about someone else’s [phobia]. The fear can feel irrational but

unavoidable, and some patients are afraid of how their body will respond or feel embarrassed if they faint or get sweaty.”

In other words, these fears prompt physical reactions before logic can intervene. Unfortunately, even though many patients will bring up their fear, they generally find health care providers’ responses only moderately reassuring.³ Thus, medical assistants working in outpatient settings are crucial to making sure that these patients are comfortable when receiving care.

POINT TAKEN

“I have had many conversations that usually begin with nervous laughter describing childhood experiences with needles that affect blood draws, or anything [having to do] with needles for that matter,” says Lisa Mailhot, CMA (AAMA), lead medical assistant at Clayton Medical Health and Vascular in Clayton, North Carolina. “Questions pertaining to my skills, like how long I have been working in medicine, how long I have been drawing blood, and ‘How often do you miss?’ usually follow.”

Such understanding and insight are critical for medical assistants who must be technically skilled while creating an emotionally safe experience. So, addressing the personal elements of the encounter is essential, says Melodie Plumb, CMA (AAMA), a patient coordinator at Valley Healthspan in Phoenix, Arizona.

“Even when patients cannot explain why they are afraid, just talking through their concerns helps them relax because they feel heard,” she says. “I will not say that it’s not a big deal or tell them they’ll be fine. I acknowledge their fear or aversion, that it is very common, and that there is no need to be embarrassed.”

Amanda Kulesza, CMA (AAMA),

KIDS’ STUFF

Trypanophobia has well-established roots in childhood experiences, and children with chronic diseases who undergo ongoing procedures are particularly susceptible to developing it. They are also at risk of becoming resistant to future treatment or may be hesitant to seek it out as adults. Minimizing anxiety in pediatrics is not just about comfort but about establishing lifelong confidence and trust in health care providers.

Studies are underway that use gaming technology to manage fear-related distress in children. Researchers at Children’s Hospital Los Angeles have been using virtual reality (VR) and augmented reality platforms that allow children to wear headsets and enter brightly animated, interactive environments.⁵ These entertaining and distracting experiences lessen awareness of pain and reduce their fear during venipuncture or anesthesia induction.

One study evaluated 252 children undergoing intravenous catheter placement or blood draws. Half of them wore VR headsets with handheld controllers that allowed them to play an interactive game. Those children reported significantly lower levels of pain and anxiety, with the most anxious among them registering the highest levels of immersion and relief.⁵

Future studies will evaluate how this technology may be used in other patient populations and if additional sensory inputs beyond sight and sound elevate the therapeutic experience and reduce procedural pain, stress, and anxiety while improving the patient experience and outcomes.

a medical assistant with Pascack Valley Medical Group in River Edge, New Jersey, employs a similar approach. “I talk them through each step when I perform a blood draw or injection, from sterilization to the needle insert and removal,” she says. “The small talk continues until I finish the process and clean up my work area, and I intentionally avoid language that downplays their trypanophobia. I try to validate their fear by empathizing with them and telling them that it’s okay [and] that I don’t like needles either.”

This is a sound practice. “Phobias are not rational, and they don’t respond to simple logic,” explains Maria Boncyk, LCSW, a psychotherapist in private practice in Brooklyn, New York. “Minimizing the phobia by saying things like, ‘It’s just a tiny needle,’ or ‘It just takes two seconds,’ can come off as dismissive because patients feel like their concerns aren’t being heard, and therefore they cannot trust the provider. It may be counterintuitive, but a little bit of validation and acknowledgment can be very helpful for patients to hear.”

PUT A PIN IN IT

Trypanophobia may be common, but fortunately, it is manageable. Cognitive behavioral therapy and exposure therapy can reduce that fear, and medication can help in severe cases.⁴ Simple interventions in the clinical setting include local anesthetics, as well as vibrating or cooling devices that numb the area. New needleless blood collection systems promise to circumvent the phobia altogether.²

Fortunately, the easiest and most readily available method of dealing with trypanophobia is often the most effective. By simply acknowledging the patient’s fear as legit-

imate, rather than downplaying it, medical assistants can alleviate apprehension and, through respectful empathy, create a supportive, engaging, and even pleasant patient experience. ✦

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ACCOUNTABILITY IN ACTION

Piece Together a Culture of Accountability

By Pamela Schumacher, MS, Prosci, RYT

Fostering a culture of accountability is essential to delivering safe, high-quality patient care; and yet, managers may struggle to implement this culture effectively.¹ When practiced correctly, accountability creates clarity, strengthens relationships, and helps every team member understand their role and contributions. Without it, engagement disappears, leaders lose their credibility, and top performers leave.²

The Name of the Game

Accountability is a means of directing and correcting individual and organizational efforts and performance and encouraging socially responsible behaviors. It might be thought of as the “adhesive that binds social systems together.”³

“Accountability, in its simplest form, is answerability for performance—someone answers for how work gets done,” says Barbara S. Romzek, PhD, professor emerita of public administration and policy in the School of Public Affairs at American University in Washington, D.C. “But that definition doesn’t capture the complexity of accountability. You should also ask, ‘Accountability to whom? Accountability for what? And what are the consequences—are there rewards, punishments, or both?’ ”

“Accountability is named by the Accreditation Council for Graduate Medical Education as a feature of the core competence of professionalism—referring to the importance of taking responsibility [and] being reliable. But the virtue goes further to refer to a process of responsiveness to

feedback, a component essential to learning and growing as a professional,” says John Peteet, MD, associate professor of psychiatry at Harvard Medical School (HMS), and a member of HMS Center for Bioethics. “Accountability as a virtue is central to learning from mistakes and supervision, and its mutuality and reciprocity strengthen the bonds necessary for effective teamwork.”

“Accountability means taking responsibility for your actions, decisions, and the outcomes that follow. It is not about punishment for mistakes but about learning from them and showing growth in your role,” says Brittany Henning-Wolfe, CMA (AAMA), an office administrator at Dermatology and Skin Surgery Associates in Mokena, Illinois. “Accountability creates understanding, consistency, and commitment to your role within the office. It requires trust, open communication, and a shared goal for the office. By holding ourselves and each other to organizational and professional standards, we reduce errors, improve workflow, and create a smoother, less stressful environment for both patients and employees.”

Teams Talk

Accountability is not just about personal responsibility but also mutual responsibility. Everyone, including physicians, practice managers, and staff, should hold one another accountable to high standards.

“Informal accountability exists between coworkers, not just between bosses and subordinates,” says Romzek. “It’s the sense of ‘I don’t want to let my teammate down; we’re in this together,’ or ‘I’ll give you a heads-

up if I see trouble coming.’ This kind of accountability depends on trust, respect, and shared purpose. When informal accountability is strong, coworkers support each other, share information, and help prevent problems. When it’s weak, people withhold information, avoid responsibility, or even undermine each other.”

In a medical practice, accountability manifests in a few ways⁴:

- **Reliability:** Deliver on promises and meet deadlines.
- **Integrity:** Own up to mistakes and treat each like a learning opportunity.
- **Clarity:** Be transparent about both successes and setbacks.

“To establish a culture of accountability, [a practice] manager should set clear and actionable expectations. This helps your team focus on what’s important, adapt as needed, and measure progress in ways that encourage personal responsibility and overall engagement,” says Romzek. “The practice manager must communicate expectations clearly and consistently, meaning [they] should communicate expectations day-to-day or weekly, address problems as they arise, anticipate issues before they become crises, and communicate both good news and bad news respectfully. Accountability isn’t real without follow-through. Rewards reinforce success, and corrective conversations prevent repeated mistakes.

“When performance exceeds expectations, praise it—preferably publicly, and when performance falls short, address it privately and constructively,” she says. “A helpful principle is ‘Praise in public; criticize in private.’ In addition, accountability should feel collaborative. Use ‘we,’ not ‘you.’ Ask, ‘This situation was a problem; what are we going to do to make sure it doesn’t happen again?’ That brings employees into the problem-solving instead of putting them on the defensive.”

“Accountability involves identifying potential issues before they cause harm, taking precautions to prevent them, accepting constructive criticism, and continuously learning and trying to grow in the field,” says Henning-Wolfe. “Above all, accountability requires working as a dependable and sup-

Stronger Together

Practices are more productive if everyone embraces accountability⁵:

- **Be a community builder:** Do not just lead your team; lead the organization. Look for ways to bridge divides and build unity.
- **Think and act as one company:** It is not your team versus everyone else. See yourself as part of a larger whole.
- **Build credibility and trust:** Transparency and honesty are the foundation of collaboration. Show that you are someone others can count on.
- **Support the success of your peers:** Celebrate wins across the organization. Shared success is a powerful motivator.

No Accountability = Danger

Failing to hold your team accountable can harm your entire organization. Without accountability, your organization risks the following:

- **More errors and missed deadlines:** Projects can easily derail without clear ownership and follow-through, leading to missed deadlines, inefficiencies, and reputational damage.
- **Fractured relationships:** When some employees [do not] carry their weight, those who do eventually grow resentful, eroding trust, affecting productivity, and creating a tense work environment.
- **Toxic behaviors and underperformance:** Negative behaviors can spread in an environment [lacking] accountability, harming overall productivity and [the] quality of work.
- **Disengagement and talent loss:** Employees quickly become disillusioned when poor performance goes unchecked. This leads to low morale, disengagement, and, ultimately, high turnover.
- **Erosion of trust in leadership:** If leaders [do not] uphold accountability or address its absence, employees lose faith in them [and] in the organization's values and fairness.⁴

portive member of the health care team.”

“In my clinic, a culture of accountability is key,” says Michelle Potter, CMA (AAMA), who works in the Providence Medical Group vascular and vein surgery department in Everett, Washington. “As a preceptor, I foster efficiency through clear, standard practices and lots of training. Patient safety is something I am very passionate about. By openly discussing errors with staff when they happen, we secure buy-in on how to fix or improve the outcomes. Our stance is that if everyone takes a proactive role in reducing risk, we make a safer clinic for everyone, from caregivers to patients.”

Accountability Blockers

Workplace accountability can be strengthened by identifying and addressing barriers that negatively influence organizational culture and limit broader accountability across the practice:

- **Accountability is seen as punitive.** Many people associate the word with a negative connotation because they have been in organizations where accountability was a code word for finding someone to blame when something went wrong. Shift the

focus from blame to growth and encourage employees to own mistakes and learn from them.¹

- **Goals and expectations are unclear.** Ambiguity undermines accountability because employees are unsure of their responsibilities and what is expected of them. Define clear objectives and provide the tools and resources necessary to achieve them.¹
- **Expectations do not apply to everyone equally.** Some managers demand accountability from everyone, but they do not model it, so the word loses its meaning. Make accountability a practice-wide goal.⁵

“Accountability can have a negative reputation because it’s often framed as blame,” says Romzek. “We tend to emphasize accountability only when something goes wrong. Rarely do we emphasize it when something goes right. That makes people fear the word. If accountability were also about public praise, awards, or recognition, people wouldn’t dread it. Instead, they’d welcome feedback—both positive and corrective.”

“Managers face all kinds of challenges these days, [including] not wanting or

liking change, not having enough time to adequately perform their duties, unclear or lack of expectations, [or] fear of conflict and being labeled ‘the bad guy,’” says Potter. “Managers may allow accountability to slide by taking a wait-and-see approach, instead of addressing problems when they occur. If we address a problem as [a] training issue, rather than a personality problem, this can get better results from the employee.”

Putting in the work to overcome these barriers can improve important benefits⁴:

- **Performance and productivity:** Employees become more invested in their work and its outcomes, leading to higher quality, more efficient results.
- **Trust between employees and leaders:** Shared goals and accountability grow trust among employees, fostering better working relationships.
- **Teamwork and communication:** Collaboration is smoother and more effective when responsibilities are clearly communicated.
- **Management:** Accountable employees need less supervision, allowing managers to empower their teams and avoid micromanagement.
- **Fairness and transparency:** A fair, equitable workplace is supported by transparent policies.
- **Continuous improvement:** Mistakes should be viewed as opportunities for learning and continuous growth.

Coaching Before Correcting

Even if managers set examples and clearly define expectations, employees occasionally resist embracing accountability.

“You can’t change someone’s personality, but you can clarify expectations,” says Romzek. “Managers need to communicate that problem-solving, cooperation, and giving colleagues a heads-up are part of everyone’s job. When employees insist on doing the bare minimum, it often signals a failure to create shared accountability. That’s a cultural issue, not just an individual one. If

this happens, schedule a one-on-one meeting with the employee. These conversations should be direct but collaborative to clarify values, emphasize teamwork, and explain how individual actions affect others' work."

Henning-Wolfe would approach this by checking in with the employee to see whether they want to share whether any personal concerns outside the workplace might be affecting their performance. "Taking time to listen and acknowledge these concerns helps employees feel valued as individuals, not just as workers," she explains. "From there, shift the conversation to workplace issues by using recent examples and focusing on observations rather than accusations. This approach brings clarity, recognizes external challenges, and reinforces personal responsibility. Ask them how things could be done differently moving forward. This transforms the discussion from a defensive interaction into proactive problem-solving. It helps if you already have accountability language embedded in performance goals because that will make expectations objective, rather than emotional."

Dr. Peteet agrees that prompt and reg-

ular meetings focused more on improvement than on punishment can encourage a recalcitrant employee to welcome input: "Assessment of the problem can help guide intervention. How open [are they] to feedback—is it received as a threat or as potentially helpful input from others? [Do they] engage in perspective-taking that shows regard for the person providing feedback? Does the person see [their] own capacity to adapt and make needed corrections or improvements? [Do they] have an accountability partner? How consistently [have they] been able to live out [their] obligations?"

"However, if behavior does not improve, escalation will be needed," says Henning-Wolfe. "Any incident and discussions should be documented [and] consequences outlined and then followed through with appropriate disciplinary action to maintain consistency, fairness, and accountability across the organization. Corrective action is appropriate when an employee has violated a specific policy or safety protocol repeatedly. Properly document everything with timelines, detailed descriptions of the issue, and employee

acknowledgment. Feedback must be delivered privately and should be specific and factual. Leadership should also offer support and work to identify any underlying issues to prevent repeated problems and support success in the long term."

At the end of the day, good accountability is simply good management, says Romzek: "True accountability combines formal accountability, such as performance standards, rewards, and discipline, with informal accountability—the team norms, shared values, and mutual support. Managers who can balance both create organizations where people feel engaged, respected, and willing to go the extra mile. Accountability isn't about control—it's about creating a team that works well together." ♦

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



Demonstrate Accountability

- **Set clear expectations:** Establish clear roles and responsibilities, ensuring that everyone knows what is expected of them. By establishing concise expectations and keeping communication open, you provide the foundation for a structured and focused work environment.⁶
- **Lead by example:** Consistently demonstrate accountability in the workplace and encourage others to do the same. Whether meeting deadlines or openly acknowledging mistakes, leaders set a standard that others will follow when they hold themselves accountable.⁶
- **Provide regular feedback:** Engage in consistent, constructive feedback sessions to keep employees on track and provide support where necessary. These feedback sessions should encourage team members to feel comfortable sharing concerns and suggestions.⁶
- **Encourage employee development and growth:** Invest in professional development through training, mentorship, and access to resources to ensure employees are equipped to perform their roles effectively.¹
- **Recognize and reward accountable behavior:** Rewards, either formal programs or informal praise, encourage others to adopt similar behaviors, embedding accountability deeper into the workplace culture.¹

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Infertility

Deadline: Postmarked no later than **July 1, 2026**

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- | T F | T F |
|---|--|
| <p><input type="checkbox"/> <input type="checkbox"/> 1. A couple should be referred for a fertility workup no sooner than after 18 months of trying to conceive.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Infertility is a serious health condition that is more than an unfortunate life situation.</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. In vitro fertilization (IVF) is the most common type of assistive reproductive technology (ART).</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. Intrauterine insemination (IUI) is a more effective ART than IVF for blocked fallopian tubes or diminished ovarian reserve.</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. Infertility evaluation includes a review of the patients' medical histories, including their menstrual cycle regularity, and an assessment of hormones, fallopian tubes, and sperm.</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. The No. 1 predictor of IVF success is the age of the sperm.</p> <p><input type="checkbox"/> <input type="checkbox"/> 7. Recent legislation in some states has limited reproductive options, including IVF.</p> <p><input type="checkbox"/> <input type="checkbox"/> 8. Three things are needed for IVF to be successful: eggs, sperm, and a normal uterine cavity.</p> <p><input type="checkbox"/> <input type="checkbox"/> 9. Infertility is one of the most emotionally difficult medical conditions people can encounter.</p> <p><input type="checkbox"/> <input type="checkbox"/> 10. Infertility is of no relevance for same-sex couples.</p> <p><input type="checkbox"/> <input type="checkbox"/> 11. The United States and other developed nations usually invest ample funding for research around fertility, birth, and reproduction-related health topics.</p> <p><input type="checkbox"/> <input type="checkbox"/> 12. One of the emotional challenges of infertility is the social isolation patients might feel.</p> <p><input type="checkbox"/> <input type="checkbox"/> 13. Under Pennsylvania law, genetic counselors are licensed health care providers with a master's degree from an accredited genetic counseling program.</p> | <p><input type="checkbox"/> <input type="checkbox"/> 14. Most LGBTQ+ people seeking third-party reproduction services are infertile.</p> <p><input type="checkbox"/> <input type="checkbox"/> 15. The infertility care team is usually led by physicians trained in reproductive endocrinology and infertility, which is a subspecialty of obstetrics and gynecology.</p> <p><input type="checkbox"/> <input type="checkbox"/> 16. Examples of third-party reproduction are sperm donation, egg donation, and gestational surrogacy.</p> <p><input type="checkbox"/> <input type="checkbox"/> 17. IVF is a less invasive—and less costly—procedure than IUI.</p> |



Accountability Culture

Deadline: Postmarked no later than **July 1, 2026**

Credit: 1 AAMA CEU (gen/admin) **Code:** 145589

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

- | T F | T F |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> 1. Learning from mistakes and correcting them is an essential part of accountability. | <input type="checkbox"/> <input type="checkbox"/> 7. Ambiguity undermines accountability, because employees are unsure of their responsibilities and what is expected of them. |
| <input type="checkbox"/> <input type="checkbox"/> 2. It is inappropriate for managers to check in with employees to see whether they want to share any personal concerns outside the workplace that might be affecting their performance. | <input type="checkbox"/> <input type="checkbox"/> 8. Corrective action is appropriate when an employee has violated a specific policy or safety protocol repeatedly. |
| <input type="checkbox"/> <input type="checkbox"/> 3. Accountability is applicable to how subordinates treat leaders; it is not mutual or reciprocal and does not apply to how leaders treat subordinates. | <input type="checkbox"/> <input type="checkbox"/> 9. To prevent team members from becoming overly confident in their performance, criticism should be given publicly, and praise should be given privately. |
| <input type="checkbox"/> <input type="checkbox"/> 4. Without appropriate accountability in a health care delivery setting, leaders lose their credibility and are unable to lead effectively. | <input type="checkbox"/> <input type="checkbox"/> 10. It is important to identify potential problem areas and attempt to correct them before they cause harm to patients. |
| <input type="checkbox"/> <input type="checkbox"/> 5. Accountability may be defined as a means of directing and correcting individual and organizational efforts and performance and encouraging socially responsible behaviors. | |
| <input type="checkbox"/> <input type="checkbox"/> 6. Expectations for all employees should be communicated clearly and frequently. | |

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her singing praises :

Meet the Medical Assistant
Ms. Rachel of Pediatrics



By Cathy Cassata

Cindy Dawson, CMA (AAMA), worked at a nursing home as a dietary aide and activities assistant when she felt a calling to advance her career. “I loved working with the residents, and the experience encouraged me to become a CNA [certified nursing assistant] and medication aide in 2020,” she says. “I have a big heart, and after years of seeing the residents pass away, I wanted to leave geriatrics because they were like family to me, and so much death became really hard.”

After nine years at the nursing home, she went into a medical assisting program while pregnant with her fourth child. “I went back to school three weeks after my C-section just so I could complete my courses and go to clinics,” she says.

After graduating and obtaining her CMA (AAMA)[®] certification in 2025, Dawson landed a job with the pediatrics

clinic where she had her practicum. She assists providers, rooms patients, and runs the clinic’s laboratory.

“I really wanted to work in pediatrics, so this is my dream job. As a mom myself, it feels like my calling to help other children and their parents,” says Dawson. She treats patients with extra compassion and care. “I treat them how I want my children treated at the pediatrician and engage with them so they are comfortable and at ease,” she says.

One of the physicians at the clinic nicknamed Dawson “The Ms. Rachel of Peds” after Rachel Accurso from the educational children’s series *Ms. Rachel*, which is on Netflix and YouTube. “I bring in toys and stickers, and I decorate a board with songs on it and different themes,” explains Dawson.

Working in health care was not always part of her life plan. As a child, Dawson was drawn to criminal justice. “As I grew up, I knew health care is where more people are needed. In my little, small community, it’s either you become a CNA or work in the food industry unless you move away,” she says.

When she learned about the medical assisting profession, she knew it was the perfect fit. “After I started taking my kids to the doctor, I asked the medical assistant who roomed them what her title was, and when she told me, I knew I wanted to do

exactly what she did,” says Dawson.

She plans to continue working in pediatrics indefinitely. “I think it’s where I need to be. Every day [that] I give kids shots, I know that I give them with love. I tell parents, ‘I stab with love,’ and I even do little dances with the kids. I really feel that I’m making an impact in pediatrics,” she says.

She enjoys gaining skills on the job and learning from providers. “I’m always expanding my knowledge, and I learn something every day from different scenarios because we don’t have the same child every single day, and so for me, it’s a challenge to get better and better at my job,” says Dawson.

She embraces caring for children with a variety of backgrounds. “We see children with disabilities, and I always look forward to figuring out what makes them most comfortable when it comes to giving them shots,” she says. “I also like problem-solving with the provider to make sure a child gets the best care possible.”

While she envisions herself as a medical assistant always, someday she may consider furthering her education. “I’ve been encouraged by my husband to someday consider becoming a registered nurse, and I’ve thought about it, but for now, being a CMA (AAMA) is where it’s at,” says Dawson. ♦

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