Component I: Professional Practice
Module A: Professional Responsibility
Topic 1: Professional Development

I. **Statement of Purpose**
Provide an overview of professional issues and responsibilities of the ambulatory care nurse.

II. **Terminology**
1. Scope of Practice
2. Specialization
3. Certification
4. Competency
5. Ethics
6. Evidence-based nursing
7. Shared governance
8. Orientation
9. Preceptorship
10. Mentoring
11. Mandated reporting
12. Advance Directive
13. Patient Self Determination Act
14. Patients' Bill of Rights
15. Self determination
16. Accountability
17. Authority
18. Responsibility
19. Autonomy
20. Standard

Acronyms
1. TJC-The Joint Commission
2. HIPAA-Health Information Portability and Accountability Act
3. OSHA-Occupational Safety and Health Administration
4. ADA-Americans with Disabilities Act
5. CMS-Centers for Medicare and Medicaid Services
6. NCQA-National Committee for Quality Assurance
7. ANCC-American Nurses Credentialing Center
8. AAACN-American Academy of Ambulatory Care Nursing

III. **Performance Standards**
1. Spell and define key terms
2. Discuss professional responsibility of ambulatory care nurses
3. Define ambulatory care nursing specialization and its core principles
4. Describe leadership roles of the ambulatory care nurse
5. Discuss the significance of competency testing and its relevance to ambulatory care nursing practice.
6. Evaluate the role of ethics in clinical decision making.
7. Explain the importance of maintaining currency in nursing practice

8. Describe the specialty certification available in nursing known as
9. Illustrate how an ambulatory nurse may participate in community and organizational projects
10. Describe the activities of the ambulatory nurse participating on organizational committees
11. Discuss the importance of membership in a professional organization
12. Describe the delegation of responsibilities to the Medical Assistant (MA) from the Advanced Practice RN or other medical provider in the ambulatory care nursing setting.

IV. **References**

Texts and Articles

1. AAACN Core Curriculum for Ambulatory Care Nursing (2006)
2. AAACN Ambulatory Care Nursing Orientation and Competency Assessment Guide (2010)
3. AAACN Scope and Standards of Practice for Professional Ambulatory Care Nursing (2010)
4. AAACN Scope and Standards of Practice for Professional Telehealth Nursing (2011)
5. ANA Code of Ethics for Nurses with Interpretive Statements (2001)
6. ANA Position Statement: Professional Role Competence (2008)
7. ANA Scope and Standards of Nursing Practice (20101)
8. American Board of Nursing Specialties (2005) "Position Statement on the value of specialty nursing certification: "
9. California Board of Registered Nursing (2004) Nursing Practice Act: Rules and Regulations
10. Institute of Medicine (2010) The Future of Nursing
11. Joint Commission Standards for Ambulatory Care (2008)
12. Mastal, M "Ambulatory Care Nursing: Growth as a Nursing Specialty" *Nursing Economic$,* 28(4), p 267-9.

Website References

1. American Academy of Ambulatory Care Nursing, http://www.aaacn.org
2.
3. California Healthcare Workforce Initiative, Emergency Nurse Curriculum www.ca-hwi.org
4. Policy Questions and Approaches: How Should We Respond? Journal of Issues in Nursing Vol 5 No3. http://www.nursingworld.org.
5. Quality and Safety Education for Nurses, http://www.QSEN.org
6. Whittaker, S, Carson W, & Smolenski, M. (June 30, 2000). "Assuring Continued Competence"

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation
Objective 1 **Spell and define key terms** A. Review terms listed in the terminology section. B. Spell the listed terms accurately C. Pronounce the terms correctly D. Use the terms in their proper context.	Administer vocabulary pre-test and post-test Crosswords, other games Lecture, discussion
Objective 2 **Discuss professional responsibility of ambulatory care nurses** A. Legal privileges and expectations are delineated in state nurse practice acts, rules and regulations 1. Licensure as a registered nurse is intended as the minimal baseline of knowledge and practice. 2. The Board of Registered Nursing (BRN), under the Division of Consumer Affairs, is the watchdog for nurses practicing in California and issues individuals permission to use the title of "Registered Nurse". Its mission is to protect the public by ensuring competence and authenticity. 3. The Nurse Practice Act, under the California Business and Professions code of regulations, guides the scope of practice of nursing practice. 4. In agreeing to use the title of Registered Nurse, the nurse agrees to comply with the Scope of Practice in the Nurse Practice Act and laws related to nursing practice in the State of California. (A more detailed description of Scope of Practice is found under Core IV Systems) 5. Mandated reporting requirements in California a. Domestic abuse b. Child and elder abuse and neglect c. Rape d. Communicable diseases 6. In addition to California law, the registered nurse is also responsible to comply with Federal mandates in the workplace a. Americans With Disabilities Act preventing discrimination of those with disability b. Occupational Safety and Health Administration regulations guiding workplace safety c. Patient confidentiality and privacy as mandated by the Health Insurance Portability and Accountability Act of 1996. (HIPAA) d. Equal Rights Amendment preventing sexual harassment and discrimination e. Emergency Medical Treatment and Active Labor Act (EMTALA) or "patient dumping" or transfer	Lecture/Discussion Case studies: mandated reporting Review selected sections of the California Nurse Practice Act available at http://www.rn.ca.gov/regulations/npa.shtml Review Component IV (Systems), Module A, Topic 1: pertaining to Scope of Practice. Obtain copies of mandated reporting laws and discuss scenarios involving each. Discuss procedure for reporting violations. Review content of the American with Disabilities Act and policies of participating agencies on sexual harassment and discrimination.

law 7. The ambulatory care nurse also agrees to comply with practice and regulatory standards set by certifying agencies a. National Patient Safety Goals b. Centers for Medicare and Medicaid Services (CMS) c. Health Plan Employer and Data Information Set (HEDIS) d. The Joint Commission e. National Committee for Quality Assurance (NCQA) f. Clinical Laboratory Improvement Assessment (CLIA) B. Professional expectations and obligations 1. Academic preparation 2. Ongoing education 3. Accountable for standards of practice 4. Accountable to a code of ethics 5. Accountable for compliance with regulation and law. 6. Advocacy for patient's rights (Patients' Bill of Rights) a. Dignity b. Confidentiality (HIPAA) c. Privacy d. Informed Consent e. Patient self determination f. Right to healthcare access 7. Self determination 8. Promotion of patient focused quality of care 9. Respectful of patient culture, values, and individual needs C. Professional Roles 1. Leadership a. role modeling b. research and inquiry c. education d. advocacy for patients and assistance in navigating the healthcare system e. shared governance. f. political action 2. Professional Development a. continuing education b. membership in professional organizations c. certification d. coaching, mentoring and preceptorship D. Nursing Accountability, Autonomy, Authority and Responsibility: Key terms for the professional nurse 1. Accountability- assuming responsibility for one's actions	Review Patients' Bill of Rights

and accepting the consequences of those actions 2. Autonomy-independence in functioning 3. Authority-power to perform 4. Responsibility-acting in a trustworthy and credible manner	
Objective 3 **Define ambulatory care nursing specialization and its core principles** A. Ambulatory Care Nursing Specialization and characterization (Mastal, 2010) 1. Ambulatory care nursing includes clinical, management, educational and research activities. 2. Focuses on the healthcare of individuals, families, groups, communities and populations across their lifespan 3. Ambulatory care nurses practice in distinctive settings not limited to primary and specialty care outpatient venues, non-acute surgical and diagnostic outpatient settings in the community, telehealth centers, medical offices, managed care offices, nurse-managed clinics, care coordination agencies, civilian or military facilities, during telehealth encounters in those facilities or by individual nurses in the home. 4. Encounters with patients are less than 24 hours and episodic; they may occur as a single entity or a series of encounters over time. Relationships with patients are generally long term. 5. Patients engage in self-care and health promotion or have family or significant others as caregivers B. Specialized Nursing Role 1. The American Academy of Ambulatory Care Nursing (AAACN) describes an ambulatory care nurse as one who a. Is a registered nurse b. Applies critical reasoning and astute clinical judgment to expedite appropriate care and treatment given complex problems or life threatening conditions c. Focuses on patient safety and quality of nursing care C. Scope and Standards of Practice 1. The AAACN establishes and maintains the standards of practice for professional ambulatory care and telehealth nursing. The document contains 16 standards provides guidance for ambulatory care nursing including the areas of a. Ethical practice b. Performance improvement c. Development of processes for the delivery of ambulatory nursing care	Lecture/Discussion Review AAACN definition of ambulatory care nursing for a more detailed description. www.aaacn.org Discuss ambulatory care nursing specialization roles. Cite examples. At the same time discuss scope and standards of practice as they specifically relate to those roles.

Objective 4 **Describe leadership roles of the ambulatory care nurse** A. Leadership Roles 1. Staff development a. Preceptor b. Mentor c. Orientation 2. Coordination of the healthcare team In partnership and collaboration with other healthcare professionals, is responsible for coordination of care, patient advocacy, implementation of nursing judgment and services and coordination of care (Mastal, 2010) 3. Research and inquiry a. Encourages participation in evaluation of nursing processes b. Based on evidence based practice c. Focuses on quality of nursing care and patient safety 4. Shared governance a. Empowers nurses to take ownership at the staff level. This model creates a culture of quality and excellence. b. Encourages nurses to be more autonomous in their decision making c. Develops and utilizes critical thinking skills in the staff d. Facilitates an environment of respect and value 5. Recruitment, retention, satisfaction 6. Team building and staff support B. As a result of the shift in patient treatment sites from inpatient to ambulatory care settings and shortages in physician and other providers, new opportunities for ambulatory care nurses have arisen 1. Telemedicine and telehealth practice 2. Advanced Practice roles 3. Increasing RN autonomy	Lecture/Discussion Review samples of orientation and preceptor manuals provided by affiliated agencies. Discuss key points. Discuss some of the barriers encountered by ambulatory care nurses in attempting to achieve these roles. Discussion may include institutional support and roles, clinical ladders, or educational preparation.
Objective 5. **Discuss the significance of competency testing and its relevance to ambulatory care nursing practice.** A. The Joint Commission (TJC) requires healthcare organizations to regularly assess the performance of nurses in their job roles. In doing so, it not only expects nurses to perform their roles, but to show that they can do them competently. B. The American Nurses Association (ANA) stated in its 2008 Position Statement titled "Professional Role Competence" that "the registered nurse is individually responsible and accountable for maintaining professional competence. The ANA further believes that it is the nursing profession's responsibility to shape and guide any process for assuring nurse competence."	Lecture/Discussion Review competency requirements on www.thejointcommission.com Review the ANA Position Statement on "Professional Role Competence" Review and discuss familiarize with specific

1. Competency, by definition, is the evaluation of a skill set 2. Critical thinking must accompany the practice skills in order to be a competent nurse 3. Active participation, not just passive attendance in a class or reading, is expected. C. Competency based education and workplace evaluation 1. Age and culturally specific, especially since all age groups and cultures are served 2. Ongoing 3. Evidence based 4. Can be selected based on a. Quality assurance data such as incident reports or risk identification reporting b. Activities done on the basis with risk or volume 1) High risk, high volume a) Procedures and nursing activities done on a frequent basis with a high degree of risk due to their complex nature. b) The expectation of education and competency evaluation is that risk factors will be lessened with the opportunity to discuss and perform hands on demonstrations with related equipment and procedural information. c) An example might be administration of chemotherapeutic agents in an oncology setting. 2) High risk, low volume a) Procedures and nursing activities done on an infrequent basis with a high degree of risk due to their complex nature b) The expectation of education and competency evaluation is that despite the fact that these procedures are done infrequently, the nursing staff has familiarity with procedures and use of related equipment. c) Examples include administration of chemotherapeutic agents in a medical setting or performance of cardiopulmonary resuscitation c. High cost d. Introduction of new equipment or procedures	information on the website www.qsen.org . Evaluate specific competencies on www.qsen.org such as Evidence Based Practice or Safety and cite examples of relevance to nursing practice. Choose a selected competency provided by the affiliated agency and discuss the competency requirements during orientation and regular evaluation.
Objective 6 **Evaluate the role of ethics in clinical decision making** A. Definition of ethics (AAACN 2006): 1. A branch of philosophy dealing with values related to human conduct, with respect to the rightness or wrongness of certain actions, the goodness or badness of the motives and the ends of such actions; 2. A set of moral principles or values,	Lecture/Discussion Review ANA Code for nurses with Interpretive Statements. Discuss examples of moral dilemmas

3. The principles of conduct governing an individual or group 4. Involves examination of how ought to act 5. Involves choice of two or more options, guided within the nursing scope of practice B. Legal vs. Ethical vs. Moral 1. Ethical actions may not be legally binding 2. May be ethical and legal, as with confidentiality 3. Laws may not be considered ethical (e.g. withdrawal of life support, abortion) 4. Moral issues tend to be more individualized and clear cut C. Principles guiding ethical decision making 1. Autonomy or self determination 2. Truth 3. Justice 4. Confidentiality 5. Doing good 6. Do no harm 7. Duty and honor D. Ethical instances affecting ambulatory care nurses 1. Patient advocacy 2. End of life 3. Bioethics 4. Social networking and privacy	Case studies: ethics
Objective 7 **Explain the importance of maintaining currency in nursing practice** A. Continuing education defined as "those learning activities intended to build upon educational and experiential bases of the professional nurse for the enhancement of practice, education, administration, research, or theory to the end of improving the health of the public" (ANCC) B. Evidence based-research is incorporated into practice C. Promotes competence in nursing D. Incorporates specialized and lifelong learning E. Includes updated information in new technologies and issues to advance nursing skills F. Awareness of healthcare trends and issues G. Multicultural issues H. The beneficiaries of continuing education are: 1. Nurse 2. Employer a. Increased competence b. Decreased liability c. Discussion of advances to improve patient care 3. Profession a. Improved image of nursing b. Adherence to standards of practice	Lecture/discussion Review professional journals for current issues relating to ambulatory care and discuss findings Discuss regulations regarding continuing education for registered nurses in California www.rn.ca.gov

4. Public a. Improved patient care b. Positive view of nursing's capabilities	
Objective 8 **Describe the specialty certification available in ambulatory nursing known as Board Certified RN (RN-BC)** A. Certification is the designation of special knowledge beyond basic licensure. Certification plays an important part in the advancement of a career. B. The ANA defines certification as a process by which a nongovernmental agency or association certifies that an individual licensed to practice a profession has met certain predetermined standards specified by that profession for a specialty practice. Its purpose is to assure various publics that an individual has mastered a body of knowledge and acquired skills in that specialty. C. Certification is also seen as raising the standard of practice and increases the knowledge base of the nurse. D. Certification is viewed as promoting professionalism and assuring patients and colleagues of the nurse's ability to provide quality care. It leads to higher levels of self-esteem, personal achievement and professional growth. E. AAACN has developed a certification exam that regularly measures the levels and attainment of a defined body of ambulatory care nursing knowledge. 1. Administered by the American Nurses Association Credentialing Center (ANCC) in cooperation with the AAACN 2. Regularly updated to maintain currency by a committee selected by AAACN 3. Upon achievement the nurse is awarded the credential "RN Board Certified " or "RN-BC" 4. Certification is valid for 5 years. F. Eligibility requirements 1. Hold a current active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country. 2. Have practiced the equivalent of two years full time as a registered nurse 3. Have a minimum of 2,000 hours of clinical practice in an ambulatory care setting within the last three years. 4. Have completed 30 hours of continuing education in ambulatory care nursing within the last 3 years.	Review criteria for certification on the AAACN website www.aaacn.org
Objective 9 **Discuss the importance of serving on organizational committees** A. Personal and Professional Growth 1. Whether or not the organization utilizes a shared	Lecture/Discussion Discuss participation opportunities and barriers to

governance model, it will have committees meant to accomplish goals 2. Committees may be standing, with permanent and ongoing goals to be accomplished, or temporary, meant only to accomplish short term goals and disband. 3. Committees may be specific to nursing, other professional staff, or interdisciplinary 4. Professional growth occurs when working with others toward common goals and learning to compromise to achieve those goals. Information gathering provides enlightenment on topics previously unknown. 5. Personal growth occurs when the individual becomes aware of emerging strengths and attributes. 6. Problem solving and decision making skills are learned and incorporated into the nurse's leadership style 7. Nurses with self-identified leadership goals will volunteer for committees, seeing it as a chance to develop new skills and visibility which will lead to new growth opportunities. 8. Committees provide a forum to learn to speak publicly with confidence and assurance and lead to empowerment. 9. Developing communication skills will help define an individual's image of power. B. Education 1. The nurse who participates on a committee will learn much about the organizations structure and functions. 2. Critical thinking skills will be developed. 3. The nurse will learn about group dynamics. 4. Taking ownership of the committee's goals creates resourcefulness in the nurse, and the work is ultimately shared with co-workers. C. Networking 1. Networking is an important power strategy and political skill 2. Networking supports the empowerment of participants through interaction and refinement of interpersonal skills. 3. A network is a system of contacts that are developed, nurtured, and maintained as sources of information, advice and moral support. 4. Nurses tend to have limited networks in their organizations because they tend to associate most closely with those they work. 5. Committee participation is a means to develop relationships outside the work arena. 6. Active participation in nursing or community organizations is a means of developing a network outside the work environment. D. Other benefits of serving on a committee	participation on committees.

1. Enhancing the image of the nurse as decision maker and leader 2. Practicing in an area where ones contribution is valued.	
Objective 10 **Describe the activities of the ambulatory nurse participating on organizational committees** Examples of Organizational Committees A. Mandated Quality improvement committees 1. Health and safety committee 2. Adverse drug effects 3. Incident review B. Other institutional committees 1. Employee Wellness 2. Medication usage 3. Joint Commission review preparation C. Committees responsible for development of policies and procedures D. Regulatory boards or other governmental agencies outside the structure of the organization that affecting nursing practice	Lecture/Discussion Discuss committees available at the affiliated organization. Review membership, participation by nursing and involvement.
Objective 11 **Discuss the importance of membership in a professional organization** A. A professional organization is one whose primary function is to protect the interests of the members of that particular nursing specialty or group. The ANA and AAACN are examples. Functions of these organizations include: 1. Lobbying 2. Education 3. Development and maintenance of standards for members of that specialty 4. Development of resources 5. Networking 6. Promotion of the specialty B. Membership in a professional organization or association demonstrates leadership. It also provides numerous opportunities to meet other leaders, continue specialized education, participate in policy formation, and shape the direction of the profession C. Depending on the career one chooses, membership may be synonymous with leadership in that area. Along with choice of specialty designation, the nurse may opt for non-clinical specific focus organizations like Sigma Theta Tau, the National Honor Society for Nurses. D. AAACN Identity: The association of professional registered nurses who 1. Identify ambulatory care nursing as a specialty that is essential to the continuum of accessible, high quality, and	Lecture/Discussion Review information about professional nursing organizations including: -American Nurses Association www.ana.org -American Academy of Ambulatory Care Nursing www.aaacn.org -Sigma Theta Tau www.nursingsociety.org -American Telemedicine Society-Nurses Special Interest group www.americantelemed.org Investigate areas of participation in professional organizations.

cost effective health care. 2. Are committed to their professional development and the quality of patient care in an ambulatory care environment and seek to actively engage in a community of like-minded professionals 3. Foster understanding and appreciation for the vital role of professional registered nurses as leaders, coordinators of patient care, and care providers in an ambulatory setting. E. Membership in a professional organization comes with inherent privileges and obligations. The profession holds the expectation that nurses will belong to professional associations and provide leadership in professional and other communities and advance the image and the profession. F. Professional organizations are structured with committees and work groups specifically addressing interests of members and responsibilities of the organization. Participation allows for innovation and currency in the organization, accomplishing mandates in place, networking with other professionals for personal growth and career advancement. Committees may include: 1. Nominations for Leadership Roles 2. Educational events 3. Certification exam development 4. Government affairs and lobbying 5. Membership 6. Practice issues 7. Workgroups addressing specific issues- such as preparing comments for legislators or working with other professional organizations	
Objective 12 **Describe the delegation of responsibilities to the Medical Assistant (MA) from the Advanced Practice RN (APRN) or other medical providers in the ambulatory care nursing setting.** A. Discuss the scope of practice for the Medical Assistant (MA) 1. according to their skill set 2. according to their knowledge base 3. according to their legal responsibilities B. List what duties the APRN or other medical providers can and cannot delegate to the MA. 1. See article below: "Medical Assistants in California" by Catherine Dower, JD, Associate Director – Research Center for the Health Professions, UCSF, San Francisco, CA 94118 (used with permission)	Lecture/Discussion Use sample case studies below to delineate how the APRN or other medical provider will delegate responsibilities to the MA in each scenario.

Medical Assistants in California

Legal Scope of Practice

Note: this document is for information purposes only; it is not legal advice or counsel. It is a summary based on California statute and regulations. It does not include setting-specific rules or policies, which may be more restrictive than state law; nor does it include payment and reimbursement policies and rules. Inquiries and specific questions about the practice of medical assistants in any given setting or situation should be directed to the Medical Board of California and/or the practice setting's legal department.

Overview - In California, medical assistants (MAs) are unlicensed personnel who work in physician (MD) or podiatrist (DPM) offices; and clinics. MAs may not work for inpatient care in licensed general acute care hospitals. They are regulated by the Medical Board of California. They must be over 18 years old, trained and supervised. They may be certified. Unless prohibited by law, California MAs can perform basic administrative, clerical and technical supportive services when conditions regarding supervision, training, specific authorization, and records are met.

Prohibitions - In California, MAs are prohibited from providing some services or performing some tasks. Unless otherwise specifically permitted by code or regulation, **as unlicensed individuals, MAs may not**:

- Perform any task that is invasive
- Perform any task that requires assessment
- Treat
- Diagnose

Unless otherwise specifically permitted by code or regulation**, California MAs specifically may not**:

- Perform invasive procedures such as placing the needle or starting and disconnecting the infusion tube of an IV;
- Administer medications or injections in the IV line;
- Insert a urine catheter;
- Inject collagen;
- Chart the pupillary responses;
- Independently perform triage;
- Use lasers to remove hair, wrinkles, scars, moles or other blemishes;
- Administer chemotherapy;
- Interpret test findings or results;
- Perform any test involving penetration of human tissues except skin tests;
- Interpret the results of skin tests;
- Administer anesthetic agents.

Nothing in the regulations regarding MAs prohibits the administration of first aid or cardiopulmonary resuscitation (CPR) in an emergency or authorizes an MA to practice physical therapy or perform any clinical laboratory test or examination for which he or she is not otherwise authorized.

Permitted technical supportive services are simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the specific authorization and supervision of a licensed MD or DPM or, in certain clinics (Health and Safety Code § 1204), by a PA, NP, or CNM. A technical supportive service may be provided by an MA in California provided the service is not prohibited by another law; is a usual and customary part of the practice where the MA works; the supervising MD/DPM authorizes MA to perform service and is responsible for patient care; the MA has completed specified training and demonstrated competence; and a record is made in the patient chart.

Examples - Under specific authorization and supervision, and as long as the training and record-keeping requirements are met, California MAs may:

- Administer medication only by intradermal, subcutaneous, or intramuscular injections (including flu and pneumonia shots unless at a local governmental or private, nonprofit agency that received vaccine from state department of health at no charge, where administration of vaccine shall be performed by MD, RN, or LVN);
- Administer medication orally, sublingually, topically, vaginally or rectally, or by providing a single dose to a patient for immediate self-administration;
- Administer by inhalation if medications are patient-specific and have been or will be routinely and repetitively administered by patient.

→ In all cases of prior to administration, MD or DPM or other authorized person shall verify the correct medication and dosage.

→ MAs may not administer anesthetic agents.

- Perform venipuncture or skin puncture (including 'finger sticks") for the purposes of withdrawing blood;
- Perform skin tests;
- Measure and describe skin test reaction and make a record in the patient's chart;
- Perform electrocardiogram, electroencephalogram, or plethysomography (except full body)
- Fit prescription lenses or use any optical device in connection with ocular exercises, visual training, vision training or orthoptics according to B&P §§ 2544, 3042.
- Apply and remove bandages and dressings;
- Apply orthopedic appliances such as knee immobilizers, envelope slings, orthotics;
- Remove cases, splints and other external devices;
- Obtain impressions for orthotics, padding and custom molded shoes;
- Select and adjust crutches for patients;
- Instruct patient in proper use of crutches;
- Remove sutures or staples from superficial incisions or lacerations;
- Perform ear lavage;
- Collect by non-invasive techniques (including nasal smears and throat swabs), and preserve specimens (including urine, sputum, semen, stool) for testing;
- Assist patients in ambulation and transfers;
- Prepare patients for and assist MD, DPM, PA or RN in exams or procedures including positioning, draping, shaving, disinfecting treatment site, prepare patients for gait analysis testing;
- As authorized by MD or DPM, provide patient information and instructions;
- Collect and record patient data including height, weight, temperature, pulse, respiration rate and blood pressure, and basic information about presenting and previous conditions;
- Perform simple laboratory and screening tests customarily performed in a medical office;
- Cut the nails of otherwise health patients;
- Perform other basic technical supportive services.

The STAR analysis – Meeting the conditions for MAs to perform technical supportive services in California

For a medical assistant in California to provide any technical supportive services, including the examples listed in the statute and regulations as well as others not specifically mentioned, conditions in four categories must be met. These four categories are Supervision, Training, Authorization and Records (STAR).

- **Supervision**
    - Required supervision of California MAs means the supervision
        - Of procedures authorized by California code
        - By MDs/DPMs in any site where MAs are permitted to work
            - Or by PAs, NPs or CNMs, in H&S §1204 clinics, within their scope of practice, if the supervisory function of the MA has been delegated in writing by the supervising MD

        - The supervising MD, DPM, PA, NP or CNM must be physically present in the treatment facility during the performance of the procedures
    - In any setting, the supervising MD/DPM may provide in writing that a PA or registered nurse (RN) may assign a task authorized by a physician or podiatrist.

- **Training**
    - Prior to performing technical supportive services, MA must receive training, as necessary, in the judgment of the supervising MD, DPM or instructor to assure the MA's competence in performing the service at the appropriate standard of care.
    - Each MA must receive training in infection control and demonstrate understanding of its purposes and techniques.
    - To administer medications by intramuscular, subcutaneous, and intradermal injection, to perform skin tests or to perform venipuncture or skin puncture for purposes of withdrawing blood, a medical assistant shall be for the duration required to demonstrate to the supervising MD, DPM or instructor (as defined in 16 CCR 1366.3) proficiency in these procedures, but shall include no less than:
        - ten hours of training in administering injections and performing skin tests, and/or ten hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and
        - satisfactory performance by the MA of at least ten each of intramuscular, subcutaneous, and intradermal injections and ten skin tests, and/or at least ten venipunctures and ten skin punctures.
        - For MAs only administering medication by inhalation, ten hours of administering medication by inhalation.
        - Training for any of these procedures must include instruction and demonstration in: pertinent anatomy and physiology; choice of equipment; proper technique including sterile technique; hazards and complications; patient care following treatment or test; emergency procedures; and California law and regulations for medical assistants.
    - Training regulations may require documentation of completion or sign-off.

- **Authorization**
    - Specific authorization is required for MA to provide any technical supportive services.
    - Specific authorization may be either:
        - a specific written order prepared by the supervising MD or podiatrist (or prepared by PA, NP or CNM in H&S § 1204 clinic) authorizing procedure to be performed on a patient and placed in the patient's medical record; or
        - a standing order prepared by the supervising MD or DPM (or by PA, NP or CNM in H&S § 1204 clinic) authorizing the procedure be performed, the

duration of which shall be consistent with accepted medical practice and a notation of standing order placed on patient's record.

- Service must be usual and customary part of medical or podiatric practice where MA works
- Authorization cannot be for anything otherwise prohibited by law

- **Records**
  - For any technical supportive services provided by MAs, a record must be made:
    - In the patient chart of other record, including a computerized record, if any, of
    - Each technical supportive service performed by the MA, indicating:
      - The name, initials or other identifier of the MA,
      - The date and time,
      - Description of the service performed
      - Name of the MD/DPM [or PA, NP, CNM if § 1204 clinic] who:
        - gave MA patient-specific authorization to perform the task or
        - Authorized such performance under a patient-specific standing order
  - If applicable, supervisory delegation of MA from MD to NP or PA must be documented in written standardized procedure (for NPs) or protocol (for PA).
    - Documentation of training may be required; see regulations.

Resources and References

California Business and Professions (B&P) Code Sections (§§) 2069-2071

California Code of Regulations (CCR) Title 16, §§ 1366-1366.4, 1366.31-1366.33

Medical Board of California (http://www.mbc.ca.gov)
Medical Assistants – Frequently Asked Questions
Is Your Medical Assistant Practicing Beyond His or Her Scope of Training?

Medical Board of California Board of Podiatric Medicine (http://www.bpm.ca.gov/)
Medical Assistant Information
California Board of Registered Nursing (http://www.rn.ca.gov)
Information About Medical Assistant
Nurse Practitioners & Nurse-Midwives – Supervision of Medical Assistants
California Health and Safety (H&S) Code §§ 1204, 104900

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SAMPLE CASE STUDIES

Case Study-Adult Medicine

Maria, a 28-year-old female, presents to your office approximately 5 weeks pregnant. Her first language is Spanish and she speaks only broken English. Her cousin came with her to translate. This is her first pregnancy. She believes she is current on her shots but has no vaccine or previous health records. She is living with a cousin and has good extended family support, but limited financial support and no transportation or phone. She is excited about the pregnancy and the prospect of being a mother. She reports having a few sexual partners with intermittent use of protection. Maria did mention that her previous doctor had her watching her diet and trying not to eat a lot of sugar but she is unclear as to why.

Vital signs:

BP 124/82, Pulse 84, Resp Rate 12, Height 63", Weight 190 pounds

Blood sugar done in office was 174.

1) Identify primary health concerns for Maria.
   (Pregnancy; potential STDs; elevated blood sugar-potential diabetes…)

2) What tests do you anticipate being ordered?
   (HCG, fasting blood sugar, hemoglobin A1C, CBC, Chem panel, STD screening including HIV; varicella titer, rubella titer, Hep B antibodies)

3) Identify Maria's barriers to receiving medical care.
   (Health literacy challenges; language barrier; lack of transportation; limited income; limited communication means i.e.-no phone)

4) Identify teaching needs.
   (Pregnancy; expectations, s/s of concern-when to seek care/call office, visit intervals, need for prenatal vitamins, when to repeat blood work, weight gain expectations, medications to avoid, etc.; blood sugar management – possible meds, diet, checking blood sugars at home; safe sex practices)

5) Develop a teaching plan, including: consideration of learning barriers, time allotted for each teaching point, learning activities, and how to measure teaching success/retention.

Case Study – Staff Education Need

It has come to the attention of the office that there are inconsistencies in how blood pressures are being taken by all the medical staff. Cuff size, not taking BP on bare arm, using alternative extremity, and inability to perform proper orthostatic blood pressures are all items of concern.

You have 25 medical assistants to educate, from very new to 18 years in practice. Two of the medical assistants have already stated they are not concerned with changing anything as they feel what they are doing is working.

You have a 30-minute slot at the staff meeting later this week to perform this education.

1) How will you prepare for this? (Printed materials, supplies, etc.).
2) How will you manage the resistance?
3) How will you organize your teaching? (Time breakdown, learning station, lecture, demo, etc.)
4) How will you assess effectiveness of education?

Case Study – Adolescent Medicine

Sam is a healthy 16-year-old athlete. He is having increasing reactions to bee stings including significant site swelling, site itching, and facial swelling with his most recent bee sting. Sam is being referred to an Allergist for workup and possible allergy shots for bee sting allergy. At his visit today, the PCP just prescribed an EpiPen 2-Pack to carry at all times. You have been given the job of educating Sam and his father about the EpiPen. Sam and his father are in a hurry to get back to school for practice and seem pre-occupied.

1) What information does Sam need to hear before he leaves the office?(How to recognize signs and symptoms of anaphylaxis; when to use EpiPen; how to use EpiPen)
2) What teaching tools could be used?
3) How will you measure the success of your teaching?

Case Study- Pediatric Medicine

Scenario #1

Call received from mother of 3-year-old child, stating that she is being "so bad". When asked what behavior the child was showing, mother stated that she was having little urinary accidents in her panties for the last week and was got getting to the bathroom in time to void. Was also having night time accidents. Child had been completely trained (day and night) for over 6 months without accidents. Child was only having urinary accidents and no trouble with bowel movements, was also complaining of "tummy pain".

1) What additional questions would be appropriate to ask mother regarding her concern?
2) What would be your considerations for the differential diagnosis for this patient?
   Mother was encouraged to make appointment to rule out urinary tract infection as children in this age group have atypical presentation, often with urinary accidents and tummy pain. On evaluation, urinalysis showed 4+ glucose as well as bacteria. Blood glucose found child's blood sugar to be 389. Child was immediately admitted to the hospital with the diagnosis of Type I diabetes.
3) Upon learning that her child would be admitted to the hospital, what information about the need for hospitalization would be important for the mother to have?
4) What emotions might the mother be experiencing upon learning the diagnosis and what an appropriate strategy is for the ambulatory care nurse.
5) What information could be provided to mother regarding expected toddler behavior vs. illness symptoms?

Scenario #2

Call from mother who reports that 15-month-old child had been seen in Urgent Care three nights previously for "bad cough". Was told there were no abnormal findings on examination at that time and he had a viral illness. Mother calls because she thinks "cough is getting worse".

1) What assessment questions would be important to ask to determine if this child is currently in any respiratory distress? (length of illness, fever, description of cough, s/s of increased work of breathing, color, level of activity, counted respiratory rate while on phone with Advice Nurse)
2) What additional information would be important to know about the child's medical history? (any concurrent medical diagnoses, immunization status)
   Child is reported by mother to be having nasal flaring and substernal retractions. Mother was able to provide a counted respiratory rate of 60. Child had been having fever 103-104 degrees for past 24 – 48 hrs. Poor feeding, only one wet diaper in last 24 hrs. Mother advised

to take child to nearest Emergency Room. Child in ER had O2 saturation of 88%, respiratory rate of 64, mild dehydration, chest x-ray showing bilateral pneumonia. Started on nebulizer treatment, IV antibiotics and admitted for evaluation. Discharged home after 72 hours improved and stable.

3) What education to mother would have been important regarding follow-up for continued concerns after initial evaluation in Urgent Care? What parameters could be given to mother to evaluate worsening condition?