Medical Assistant Professional Development

Enhance the Skills and Roles of Support Staff

How will this module help me create, implement, and evaluate a medical assistant (MA) professional development program?

1. Describes four STEPS for beginning an MA professional development program.
2. Provides answers to commonly asked questions.
3. Shares examples of practices that have provided professional development for their MAs.
Introduction

Medical assistants (MAs) are at the front line of patient care and play an integral role in achieving practice goals such as increased patient satisfaction, improved quality, and enhanced team-based care. You can enable MAs to contribute in a more meaningful way to the practice team through professional development training. While creating your own MA professional development program will be invaluable to your practice, it does not take the place of a certified MA training program accredited by organizations such as the Commission of Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES). Graduates of these programs are eligible to take the Certified Medical Assistant exam through the American Association of Medical Assistants (AAMA). Certification credentials may also be obtained through (may not be an all-inclusive list):

- American Association of Medical Assistants, Certified Medical Assistant (CMA)
- National Center for Competency Testing, National Certified Medical Assistant (NCMA)
- National Healthcareer Association, Certified Clinical Medical Assistant (CCMA)
- National Healthcareer Association, Certified Medical Administrative Assistant (CMAA)
- American Medical Technologists, Registered Medical Assistant (RMA)

Four STEPS for beginning an MA professional development program in your practice

1. Poll the team and prioritize training topics.
2. Select a program leader.
3. Assemble the curriculum and educational materials.
4. Execute and evaluate the training.

Poll the team and prioritize training topics.

Gather your practice team and ensure that you have their full support for a professional development series for your MAs. Brainstorm with your team to develop a comprehensive list of identified gaps in care, breakdowns in practice workflow, and other opportunities for training or development. Prioritize the topics that are most important to your team and use them as the building blocks of your curriculum to be completed during the first year of your program.

You can use the MA education survey checklist below to help your team brainstorm ideas for your MA professional development program.

MA education survey checklist
(Permission Word, 15 KB)
Q&A

Who should use the survey checklist to identify training opportunities?

Everyone, potentially. Combining the unique perspectives of individual practice team members will help you to develop a more comprehensive set of information to identify and prioritize MA professional development topics. Involve MAs, physicians, nurses, registration staff, and other members of the team. You can consider asking patients to complete the survey, or use their feedback from satisfaction surveys as a way to include their input. Consider involving practice or system leadership as well.

How much of a time commitment is the training?

Make the commitment to provide MA professional development monthly for at least one year. Each session should be 45 minutes to one hour. Before starting the program, prepare to spend time on content development and creating space in the schedule for the hour-long lunchtime or pre-clinic sessions.

How can providing education to MAs improve the experience of physicians, other staff, and patients in our practice?

Shifting some of the physicians’ administrative and clinical tasks to well-trained MAs gives physicians more time to concentrate on the patient during visits. For example, if an MA uses expanded rooming protocols when rooming a patient, the following will be completed:

- Updated patient, family, and social history.
- Updated screening information.
- Completed medication reconciliation, and identification of patient questions or concerns about medications.
- Scanned records from specialists or other facilities into the medical record.
- Accurate vital signs.
- Standing orders placed.

What are some examples of MA professional development topics that other practices have selected?

Examples of training categories include practice improvement, enhanced work flows, chronic disease management, and healthy staff goals.

The following topics are covered by materials in this module:

- Professionalism in the MA role.
- Diabetes management and prevention.
- Health literacy.
- Hypertension, obesity and hyperlipidemia.
- Hospice.
- Chronic kidney disease.

You may also want to consider developing your own materials on the following topics:

- Panel/population health management.
• Cancer screening criteria.
• Conducting behavioral health screens.
• Delivering normal laboratory results.
• Community resources for patients.

2. Select a program leader.

The MA professional development program leader should have an interest and training in developing continuing education materials as well as strong clinical skills. The leader may be a nurse, physician assistant, nurse practitioner, nurse care coordinator, or MA supervisor.

The program leader will work with other practice stakeholders, such as physicians and the MA supervisor, to design the curriculum and materials for each session. The program leader’s responsibilities may include:

• Scheduling sessions during dedicated times.
• Facilitating and leading trainings.
• Adapting content and materials to fit your practice’s needs.
• Coordinating with guest presenters.

3. Assemble the curriculum and educational materials.

The educational materials you use during the MA professional development sessions should be concise and straightforward. Flashcards that define the topic and contain essential information or an outline of the content that will be covered make excellent pre-session learning tools. Handouts, activities, and teaching aids are ideal to use for the session itself. All of these materials and tactics will enable the MAs to grasp, retain, and revisit the information covered in the session.

At the end of each session, share tools to help the MAs apply their new knowledge. For example, if the MAs learned about diabetes management, consider practicing with a sample script for having conversations with patients about diabetes management or instructions on when to involve the diabetes educator.

You can customize the supplemental flashcards below for your training sessions to supplement the curriculum. They cover basic medical terminology and information to help MAs reach their full potential.
Supplemental flashcards - basic medical knowledge

(Q&A)

Should I develop my training materials from scratch or are there prepackaged materials I can use?

You can start with the handouts and activities included in this module. For additional resources, use vetted health education resources, peer-reviewed journal articles, and the guidelines from your specialty's professional society. You can start by reviewing the educational resources available from the American Association of Medical Assistants® and other organizations, such as the American Diabetes Association, the National Diabetes Education Program, and the American Heart Association, which often have dedicated training materials available on their websites. Always obtain permission to use and re-print materials created by other organizations.

The STEPS Forward™ site includes modules that address various topics that could be appropriate for your MA professional development program, including medication adherence, and panel management. You can also find workflow design and optimization resources, including modules on team huddles, pre-visit planning, starting Lean health care, and implementing team-based care.

Is it important to use pre-session learning tools for each session?

Yes. Try to provide similar tools for each session to develop a consistent framework so the MAs can acclimate to the training style and feel prepared for each session. The tools should be lean, consistent, and scalable as the program continues to grow.

4 Execute and evaluate the training.

Communicate to your MAs about the new professional development program, what they can expect from the sessions, and what will be expected of them. The rest of the practice team should also be aware of when the professional development sessions will occur. The sessions should occur during working hours, and the MAs should be told whether they should bring their breakfast or lunch to the session. Start and end on time.

Check in with physicians and other team members on a regular basis to see if the training is helping the MAs gain new competencies and improve their performance in the practice. Use feedback to continue to improve the professional development series. As MA competencies and capabilities evolve, augment MA roles as appropriate and in compliance with applicable laws.
You may also want to develop a pre- and post-educational assessment to ensure that the learning objectives are being met.

Q&A

How should we make sure the training sessions are successful from the MAs’ perspective?

Check in with the MAs regularly:

- Play games or do activities to test and reinforce the teachings at the end of each session.
- Administer a brief survey (five questions or fewer) at the end of each session to make sure the content and format are effective.
- Use verbal teach-back style questioning to confirm the impact of the training. If you’re using this approach, you might ask, “What are the three most important things you learned about health literacy?”
- Give a follow-up survey at the end of the year-long program to see what sessions resonated most with the MAs and how they are using what they learned in their daily work. At this point, it might be worth revisiting a popular topic or one that requires some additional reinforcement.

How should we evaluate the program?

Using data from the pre- and post-session assessments can indicate whether the program is positively affecting MA confidence, understanding of clinic workflows, performance in the MA role, and feelings of job satisfaction. These are easy to measure and provide valuable insight. You may also consider gathering feedback from the MAs and other care team members using end-of-year surveys.

Monitor any new skills or processes that should be used regularly after each session, such as a new protocol for documenting information in the medical record or a better approach to measuring blood pressure during the rooming process. A practice coach (who could be the person who gave the training or another member of the practice team) or the MA supervisor can shadow the MAs to ensure that they understand and are using the new skill or process. These audits give the opportunity for ongoing coaching and feedback. Your practice may also choose to monitor metrics on your patient satisfaction survey related to MA professionalism and clinical care.

How can we maximize the impact of our program?

Involve an interdisciplinary team when executing the program in your practice. This approach lends credibility to the program and promotes success. Consider linking sessions to other practice activities to improve engagement. For example, if your clinic sees many patients with diabetes, hold training on the importance of preparing patients for diabetic foot exams in advance of National Diabetes Month, which is in November. You may also consider connecting your training topics to statewide or national health initiatives.

Team-based presentations may help your MAs get the most out of the training. Bringing in outside speakers who are experts on various topics, such as a nurse practitioner with hospice experience, or having a team of two staff members present on a pilot that they’ve been involved in can be very effective and engaging.

Do we need to pilot the new program or can we roll it out all at once?

If your practice wants to start out on a smaller scale, consider piloting the MA professional development program in one or two pods or teams within the clinic. Five or six MAs would be able to give valuable feedback about the teaching methods and delivery of material in these pilot sessions.
Depending on how often you decide to hold sessions, plan to run the pilot for four to six sessions or up to six months. Communicate with the other MAs and teams in the practice that are not part of the pilot so they know that they will be included in the program's official rollout.

## Conclusion

Professional development training is a valuable tool to engage and educate your MA team. Making the effort to develop tailored lessons can improve your practice culture, workflow, and team dynamics. A team of well-trained MAs can enable the practice to adopt a team-based care model, take better care of patients with greater efficiency and increase satisfaction for all members of the care team as well as patients.

### AMA Pearls

Get input from the MAs on their training needs.

Take your MAs' interests and needs into account when developing your curriculum. Lessons personalized to the needs of your unique team will be more engaging and show your dedication to their important role within the team.

Training promotes lifelong learning.

Lifelong learning is a crucial aspect of developing a strong team, and promotes the goals of pursuing knowledge and personal development.

### STEPS in practice

1. **Medical Assistant Professional Development Case Report: Vanguard Medical Group**

Vanguard Medical Group has five sites across New Jersey and serves 50,000 patients each year. The family practice group strongly supports the goals of medical home transformation and uses innovation to drive quality initiatives, employing team-based care where each employee works to the top of their license.

Earlier feedback received from patients and care team members indicated that there were varied levels of performance among the medical assistants (MAs), making the implementation of new workflows for the MAs more difficult and time consuming. This variation was in large part due to (1) differences in prior education and experience, (2) lack of opportunity for MAs to access professional development beyond the initial new-hire
orientation process, and (3) non-formalized communication with MAs about performance expectations beyond the annual review. Providers found themselves having to complete administrative tasks left unaddressed or repeat clinical tasks done incorrectly. MAs felt undervalued and that the practice was not invested in supporting their professional growth. Patients commented that MAs were inconsistent in terms of professionalism, phone skills, accurately relaying information, and the rooming process. As a result, MA performance was somewhat uneven, and essential intellectual capital of the largest component of the practice team was untapped and underdeveloped. MA clinical supervisors also identified areas for improvement, but were under pressure to do real-time training of new hires who were shadowing experienced staff, supervise externs, shift staffing to cover call-outs and vacations, address work flow issues, and jump in to cover stations needing extra help. These day-to-day realities trumped the creation of an additional professional development program by the MA clinical supervisors.

Despite these challenges, the clear need for MA training prompted the implementation of a professional development program to be delivered by nurse care coordinators. Because the nurse care coordinators serve as a clinical resource for the MAs at Vanguard, they are a logical choice to deliver the program. Using topics selected through a staff survey, the nurse care coordinators at each site deliver a monthly MA training session in a module format. The modules are written by the Director of Care Coordination using their own nursing background as well as vetted resources and websites at a health education level appropriate for MAs. The modules are updated annually.

The professional development cycle begins with the distribution of pocket-sized (2x4-inch) flashcards as a pre-session learning exercise. Each flashcard set is divided into general topics, including Professionalism in the MA Role, Diabetes Management, Rooming a Patient, and others. Cards can be added or removed from circulation as needed; each flashcard pack is numbered, tracked and recycled into MA training sessions for the following year. After four weeks, cards are collected and a pre-assessment is given to gauge MA learning and determine curriculum content. MAs sign in at each session and attendance is tracked by their supervisors as a component of their annual performance review.

Modules themselves rotate monthly, where a particular month’s assigned module is taught at each site within the timeframe in a “Lunch and Learn” format. Monthly modules are approximately 45 minutes long and may include warm-up exercises, short electronic surveys, interactive presentations, materials/handouts, guest speakers, and peer teaching.

The MA professional development program has evolved since it was first implemented in 2013. Vanguard learned from previous iterations that an information-dense lecture approach is less useful than the current interactive format, and they continue to tweak the program in ways that motivate MAs to learn and use the information from each session. Vanguard does not collect quantitative data on the program, and they purposely eliminated the testing that was done in past years. They observed that “learning for the test” behavior created anxiety among MAs, rather than encouraging deeper learning and collaboration with peers.

Instead, qualitative data are collected, including MA reports of increased confidence and pride in their role, and feeling more valued by the practice. Initial feedback from all members of the care team has been positive. Providers have seen improvement in charting, phone skills and patient interactions. Clinical supervisors appreciate that the practice continues to incrementally raise the bar for MA accountability and performance, which aligns well with global practice goals of providing Star-Studded Service.

Vanguard’s monthly module approach is applicable to a practice of any size, is flexible for customization, promotes standardization across multiple offices, and is easy to implement. The program costs are modest (50 sets of flash cards: $300), and both patients and the care team as a whole benefit from successful professional development of the MA staff.

Medical Assistant Professional Development Case Report: Snow Mesa Internal Medicine

Snow Mesa Internal Medicine in Fort Collins, CO, implemented the Awesome Patient Experience (APEX) model to streamline appointments and decrease patient wait times. In the APEX model, one medical assistant (MA) remains with the patient for the duration of the visit, performing expanded rooming functions like agenda-
setting and following disease-specific protocols to address care gaps.³ Knowing that supplemental training would help MAs successfully conduct these tasks, the Snow Mesa team developed a tailored professional development program that is now being extended to several other sites and specialties.

The preliminary program was largely a grass roots effort led by the registered nurse (RN) supervisor. Each element of the patient encounter was broken down into small pieces within one of four areas of focus: check in, exam room preparation before the provider enters, being in the exam room with the provider, and check out. The MAs chose to start their training with rooming. The MAs wanted to “own” this process and therefore added to their responsibilities by taking over some tasks that were previously done by other team members.

One of the first rooming tasks MAs took over from providers was medication reconciliation. The RN supervisor identified appropriate training materials with the help of a consulting pharmacist. The curriculum included self-study and Friday morning workshops with the RN supervisor and pharmacist. After completing the module, the MAs took a paper-based test to ensure competency. The MAs also underwent electronic health record (EHR) retraining to learn new tools, cross-trained with other team members to get a feel for how other members work, practiced motivational interviewing techniques to help them communicate more effectively with patients, and brushed up on medical terminology through an online learning management system.

The training program is evolving as staff turns over and established MAs continue to grow their skillsets. Now when a new MA comes on board, the new team member spends six to eight weeks learning from the rest of the team.

The new MA's training progress is overseen by an assigned mentor—often the physician they will be working with. After training in the EHR during their first week, the new MA spends their second week shadowing an experienced MA. The third and fourth weeks focus on rooming: starting with basic rooming skills like taking vitals, medicine reconciliation, and allergy checks, the MA is then trained in robust rooming procedures. like history-taking, agenda-setting and order entry per protocols, once the MA is comfortable with the basics.

During weeks five and six, the new MA learns techniques for writing a complete history of present illness (HPI) and in-basket management. By weeks seven and eight, most MAs are confident and performing many tasks with minimal oversight, and much the remaining training time is spent on partial scribing with “elbow support” by another MA and real-time feedback from the physicians regarding their documentation. Most MAs progress to full scribing and brushing up on areas of need by the end of the eight-week training period. In addition, all MAs spend at least two hours per month focusing on self-taught or item-specific growth areas to help keep them current with scribe technique, terminology, and EHR documentation. MAs at Snow Mesa have become so engaged in the learning process that they have independently started a monthly “scribe training,” where one MA teaches details of a body system to peers in a lecture or game-type format during a morning pre-clinic session.

The success of MA training was measured indirectly by how the APEX rollout was affecting practice efficiency. Daily huddles provided one forum to discuss barriers and successes. Initially, timelines and a Kamishibai board (a visual storyboard commonly used in Lean Management approaches) were posted in the clinic to document accomplishments, track metrics like time studies results, and recognize opportunities for improvement.

Without additional training for MAs, the innumerable successes Snow Mesa is now experiencing would not be possible. Care team members work more efficiently and providers spend less time performing clerical work after hours; team satisfaction has increased overall. Quality metrics have also improved—just one year after implementing its professional development program for MAs, patient satisfaction at Snow Mesa was excellent as demonstrated by a 96 percent top box score. “Productivity,” as measured by relative value units generated, has also increased. Snow Mesa continues to monitor a dashboard and are rolling APEX out to other primary care practices in the system.

As more clinics in the University of Colorado Health System transition to the APEX model, they are starting to emulate the training program created at Snow Mesa. MAs from the pilot clinic are now rotating through other primary care clinics to teach pieces of the APEX model in real time. Because expanded rooming is such an integral component of APEX, training on proper technique is now being standardized and taught to all incoming MAs in the northern region of Colorado served by the University Health System. Specialty clinics
are also beginning to integrate pieces of this model, tailoring the model depending on the practice (surgical versus medical subspecialty). These efforts are still in the pilot phase, so it is unclear what aspects of the MA professional development program they will implement.

References


**Learning Objectives:**

At the end of this activity, you will be able to:

1. Identify steps to begin a medical assistant (MA) professional development program in your practice;
2. Describe best practices on developing a professional development training curriculum and materials;
3. Explain how to execute and evaluate an MA professional development program.

**Article Information**

**AMA CME Accreditation Information**

**Credit Designation Statement:** The American Medical Association designates this enduring material activity for a maximum of .50 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Target Audience:** This activity is designed to meet the educational needs of all physicians, practice administrators, and allied health professionals.

*Disclaimer:* Individuals below who are marked with an asterisk contributed towards Version 1 of this learning activity.

**Statement of Competency:** This activity is designed to address the following ABMS/ACGME competencies: practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice, interdisciplinary teamwork, quality improvement and informatics.

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About the Professional Satisfaction and Practice Sustainability Group: The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

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Disclosure Statement:
The content of this activity does not relate to any product or services of a commercial interest as defined by the ACCME; therefore, neither the planners nor the faculty have relevant financial relationships to disclose.

References