



# Medical Assisting

## ***New for 2018-2019***

At ILC, [photo ID](#) must be presented prior to competing in each round.

**Purpose** To provide the HOSA member with an opportunity to develop and demonstrate knowledge and skills as a medical assistant.

**Description** This event will consist of two rounds of competition. Round One will be a written, multiple choice test. Written test will measure knowledge and understanding at the recall, application or analysis levels. Higher-order thinking skills will be incorporated as appropriate. The top scoring competitors will advance to Round Two for the performance of selected skill(s) identified in a written scenario. The scenario will require the use of critical thinking skills. The performance will be timed and evaluated according to the event guidelines.

**Dress Code** Competitors shall wear proper business attire or official HOSA uniform, or attire appropriate to the occupational area, during the orientation, written test and skill(s)– jeans and shorts are not acceptable. Bonus points will be awarded for [proper dress](#).

**Rules and Procedures**

1. Competitors in this event must be active members of HOSA and in good standing in the category in which they are registered to compete (Secondary or Postsecondary/Collegiate). *Competitors should compete in skill events at the highest level of training. An example would be students enrolled in an Emergency Medical Technician course should compete in the Emergency Medical Technician event and not in the CPR/First Aid event.*

2. Competitors must be familiar with and adhere to the [“General Rules and Regulations of the HOSA Competitive Events Program \(GRR\).”](#)

3. The test will consist of fifty (50) multiple choice items. The test score will be used as part of the final score for the event.

Round One: **Written Test Plan**

Professionalism .....	5%
Communication .....	5%
Medical Ethics and Law .....	10%
Office Procedures .....	15%
Health Insurance .....	10%
Infection Control .....	15%
Collecting and processing specimens .....	10%
Diagnostic testing .....	10%
Clinical Equipment.....	10%
Physical Exam .....	10%

4. All competitors shall report to the site of the event orientation at the time designated. The Round One test will immediately follow the orientation. At ILC, [photo ID](#) must be presented prior to competing in each round. **No proxies will be allowed for the orientation.** No study materials are allowed in the room.

5. [Test Instructions](#): There will be a maximum of **60 minutes** to complete the test. There will be a verbal announcement when there are 15 minutes remaining.

NOTE: *States/regions may use a different process for testing, to include but not limited to pre-conference testing, online testing, and testing at a computer. Check with your Area/Region/State for the process you will be using.*

6. All official references are used in the development of the written test. The specific reference selected for each skill is listed in the Facilities, Equipment and Materials section of these guidelines.

- [Blesi, Wise and Kelley-Arney. \*Medical Assisting: Administrative and Clinical Competencies\*. Cengage Learning. Latest edition.](#)
- [Simmers, Louise. \*DHO: Health Science\* Cengage Learning. Latest edition.](#)

7. The test score from Round One will be used to qualify the competitor for the Round Two skills. The skills approved for Round Two for this event are:

Skill I:	Perform a Telephone Screening	(4 minutes)
Skill II:	Receive a New Patient and Create an Electronic Chart	(10 minutes)
Skill III:	Obtain and Record a Patient Health History	(8 minutes)
Skill IV:	Measure Height and Weight	(5 minutes)
Skill V:	Prepare/Assist with a Routine Physical Exam	(6 minutes)
Skill VI:	Screen for Visual Acuity	(5 minutes)
Skill VII:	Test Urine with Reagent Strip	(4 minutes)
Skill VIII:	Sterile Gloving	(3 minutes)

8. HOSA Management and event personnel have the option of providing one additional minute to the skill event interval prior to the scenario for competitors to preview the equipment that is provided for the event. If given, the one minute allowed for equipment preview will be added to the overall skill interval and competitors will be told they have an extra minute to review the equipment.”

9. The selected skill(s) for Round Two, in the form of a written scenario, will be presented to the competitor at the start of the skill to be performed. One or more skills may be combined in the scenario. The scenario will be the same for each competitor and will include a challenging component that will require the competitor to apply critical thinking skills. A sample scenario can be found [here](#).

10. The scenario is a secret topic. Professional ethics demand that competitors DO NOT discuss or reveal the secret topic until after the event has concluded. Violation of the ethics rules will be severely penalized.

11. In case of a tie the highest test score will be used to determine the rank.

12. Competitors must complete all steps of the skill listed in the guidelines even if the steps must be simulated/verbalized. Steps may NOT be simulated/verbalized when the equipment/materials are available.

13. The competitor must earn a score of 70% or higher on the combined skill(s) of the event in order to be recognized as an award winner at the ILC.

14. *The timing for the skill will begin when the scenario is presented. Competitors will be stopped at the end of the time allowed for a selected skill(s).*

- |                                 |  |
|---------------------------------|--|
| <b>Competitor Must Provide:</b> | <input type="checkbox"/> Event guidelines (orientation)<br><input type="checkbox"/> Two #2 lead pencils with eraser<br><input type="checkbox"/> Red pen<br><input type="checkbox"/> Barrier devices (non-latex gloves, gown, goggles or safety glasses, mask)<br><input type="checkbox"/> Non-latex sterile surgical gloves<br><input type="checkbox"/> A <a href="#">photo ID</a> |
|---------------------------------|--|

**FOR SPECIFICS ON EVENT MANAGEMENT SEE [MANAGING COMPETITIVE EVENTS](#)**

**Required Personnel:**

- One Event Manager
- One QA to provide quality assurance for the event by ensuring that the guidelines are followed and all event documents are complete.
- One Section Leader per section
- One judge per skill selected per section
- Proctors for Testing – Approximately one proctor for 20 competitors
- Event assistants per section as needed
- One-two patients as required by the scenario (per section)
- Holding room attendants(s) and
- Timekeepers (if necessary)

**Facilities, Equipment and Materials (Per Section):**

**Round One: Written Test** (Reference: All resources)

- List of competitors for check-in
- One pre-numbered test per competitor
- Scantron/answer forms- one copy per competitor
- Evaluation forms- competitor and event personnel
- #2 lead pencils with eraser to complete evaluations (event personnel)

**Round Two: General**

- Clinical and/or laboratory stations for selected skills
- Holding rooms or areas for competitors (if off-site)
- List of competitors for check-in
- Written Scenario - copies for judges, section leaders
- Patient and judge scripts as needed
- #2 lead pencils (judges & evaluations)
- Stopwatch(s)
- Rating sheets - one per judge per team
- Evaluation forms - competitor, judge, event personnel
- Copy of guidelines for judges
- Hand sanitizer (alcohol based handrub)

**Skill I Perform a Telephone Screening** (Blesi, Wise and Kelley-Arney)

- Patient
- Telephone
- HOSA Office Screening Chart with message form – 1 per competitor (page 8 of guidelines)
- Written information for judge (caller) with script that includes the caller's name, personal

information, reason for call and important details related to the call

- Patient charts
- Physician message box (may be simulated)
- Note pads
- Paper clips

**Skill II Receive a New Patient and Create an Electronic Chart** (Blesi, Wise and Kelley-Arney)

- Patient
- PC with Adobe Acrobat reader
- Patient insurance card(s)
- Pen and clipboard for patient
- Blank copy and already completed (handwritten) copy of the HOSA Medical Office Registration Form (page 10 in the guidelines) Competitor gives the patient a blank copy in step #3, and the patient gives the competitor the completed handwritten form in step #4.
- Electronic copy of the HOSA Medical Office Registration form in fillable PDF format. (available [http://hosa.org/sites/default/files/MA16- fill out.pdf](http://hosa.org/sites/default/files/MA16-fill_out.pdf) - overlay-context=guidelines and a copy of this is page 11 of the guidelines). This fillable form simulates the electronic health record. **Please note:** This form looks slightly different than the HOSA Medical Office Registration Form that is completed by the patient. The reason is so that competitors must use critical thinking skills to transfer the information from the handwritten version into the simulated EHR.
- Scenario/information for filling out form that is not provided in the written HOSA Medical Office Registration form and Insurance Card(s) with directions in scenario to obtain pdf from HOSA website
- Patient Chart

**Skill III Obtain and Record a Patient Health History** (Blesi, Wise and Kelley-Arney)

*\*Note: The skill will be EITHER on paper OR directly entered in the computer form*

- Patient
- Computer with blank medical history form in fillable PDF format (available [http://www.hosa.org/sites/default/files/HOSA Medical Office Health History Form2 %283%29.pdf](http://www.hosa.org/sites/default/files/HOSA%20Medical%20Office%20Health%20History%20Form2%283%29.pdf) and a copy of this is on page 14 of the guidelines)
- OR
- Blank medical history form (1 per competitor) and clipboard (page 14 of guidelines)
- Patient script with medical history details
- Printer and paper (if computer is used)

**Skill IV Measure Height and Weight** (Blesi, Wise and Kelley-Arney)

- Patient
- Clinical scale with balance weights and height indicator
- Paper towels
- Chair
- Scenario/Patient chart – 1 per competitor
- Patient script

**Skill V Prepare/Assist with a Routine Physical Exam** (Blesi, Wise and Kelley-Arney)

- Patient
- Patient chart with completed history and physical exam form
- Equipment needed for the exam (as described in the scenario)
- Mayo tray or countertop
- Towel
- Exam table

- Patient gown and drape (sheet or disposable drape)
- Labeled urine specimen container
- Small pillow
- Exam table paper
- Surface disinfectant and paper towels
- Waste basket or biohazard container

**Skill VI Screen for Visual Acuity** (Blesi, Wise and Kelley-Arney)

- Patient
- Snellen chart on the wall
- Tape on floor 20 feet from chart
- Eye occluder – (1 per competitor if disposable, OR, alcohol wipe to clean occluder after patient use.)
- Pointer
- Chair
- Jaeger chart
- Scenario with instructions for cleaning supplies
- Patient chart – 1 per competitor

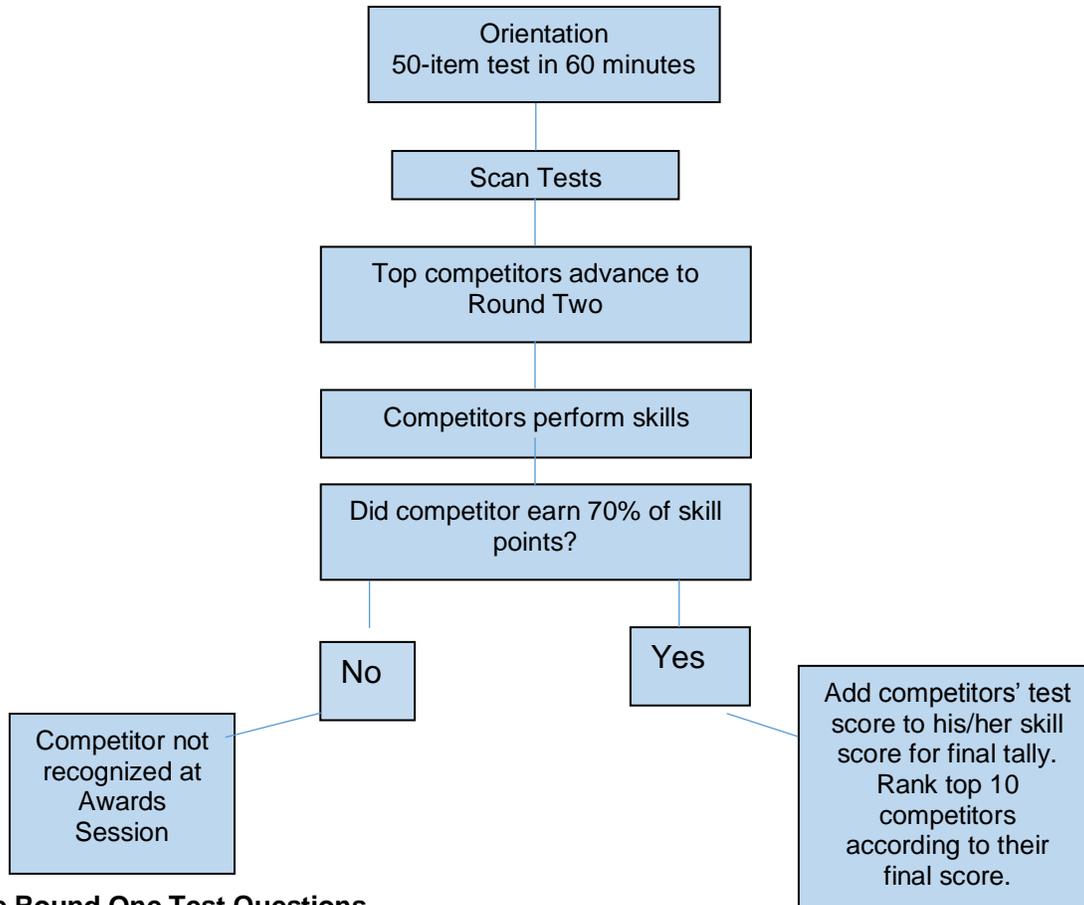
**Skill VII Test Urine with Reagent Strip** (Blesi, Wise and Kelley-Arney and DHO)

- Labeled urine specimen
- Laboratory report form – 1 per competitor
- Bottle of reagent strips – 1 strip per competitor; one bottle per section
- Tongue depressors – one per competitor
- Timing device (may use personal watch or the HOSA provided timer on cell phone)
- Waste container
- Surface disinfectant and paper towels
- Patient chart – 1 per competitor

**Skill VIII Sterile Gloving** (Blesi, Wise and Kelley-Arney)

- Waste container

## Event Flow Chart



## Sample Round One Test Questions

1. A medical assistant who makes a derogatory statement about the practices of another health professional is liable under the tort of:
  - A. assault.
  - B. battery.
  - C. defamation.
  - D. invasion of privacy.
2. If a medical insurance policy has a deductible of \$75, the:
  - A. patient does not have to pay the first \$75 for service.
  - B. patient has to pay this amount each year before the insurance company will pay.
  - C. patient may deduct this amount from the physician's bill.
  - D. physician is reimbursed for \$75 only.
3. The information in the record that the patient supplies which includes routine information about the patient, family history, past medical history and chief complaint is classified as:
  - A. administrative information.
  - B. objective information.
  - C. personal information.
  - D. subjective information.

# MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

<b>Skill I Perform a Telephone Screening</b> (Time: 4 minutes)	<b>Possible</b>	<b>Awarded</b>
1. Answered the phone promptly (by the third ring) in a polite and pleasant manner.	2 0	
2. Identified office and self by name, and "how may I help you?"	2 0	
3. Voice was clear and distinct – spoke at a moderate rate, expressing consideration for the needs of the caller.	2 0	
4. Listened to & recorded, on the HOSA Office Message Form: a. the complete name (spelled correctly) , DOB, M/F, and phone number of the caller (as appropriate) b. the reason for the call, and c. the date and time of the call.	2 0 1 0 1 0	
5. Determined if the call is an emergency situation and, if so, processed the call immediately, using the HOSA Office screening chart.	1 0	
6. Used the HOSA Office screening chart to ask the appropriate questions.	2 0	
7. Accurately documented the information on the HOSA Office Message Form and routed to provider with the appropriate level of urgency.	2 0	
8. Forwarded the call if needed, and explained to the caller that his/her call was being forwarded and to whom.	2 0	
9. After screening and routing the call, signed off on the message with final action taken.	2 0	
10. Used correct grammar and appropriate courtesy.	1 0	
11. Held phone correctly 2-3" in front of mouth.	1 0	
12. Closed call appropriately and allowed the caller to be the first to hang up.	1 0	
<b>TOTAL POINTS – SKILL I</b> <b>70% Mastery for Skill I = 15.4</b>	<b>22</b>	

*\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.*

Competitor ID # \_\_\_\_\_

## HOSA Medical Office Screening Chart and Message Form

REASON FOR CALL	ACTION BY MEDICAL ASSISTANT
<b>PATIENT CALLS WITH AN EMERGENCY</b>	Quickly record the patient's name and complaint, and ask the patient to hang up and call 911. Attach a note to the patient's chart and place it in the physician's message box.
<b>PATIENT CALLS ABOUT A POISONING</b>	Quickly record the victim and caller's name and substance (poison) and ask the caller to immediately hang up and call the poison control center at 800-222-1222. Attach a note to the patient's chart and place it in the physician's message box.
<b>PATIENT CALLS WITH INSURANCE OR BILLING QUESTION</b>	After confirming the identity of the patient, if the patient is entitled to the information, transfer the call to the insurance/billing coordinator.
<b>PATIENT REQUESTS PRESCRIPTION REFILL</b>	Take a message with essential information about the medication. Attach request to the patient's chart and place it in the physician's message box.
<b>ANOTHER PHYSICIAN CALLS FOR THE PHYSICIAN.</b>	Transfer call directly to the physician without asking for a reason for the call. If the doctor is with a patient, say the doctor "is with a patient; would you like me to interrupt?"
<b>PATIENT CALLS FOR TEST RESULTS</b>	Take a message. Attach request to the patient's chart and place it in the physician's message box.
<b>PATIENT ASKS TO TALK TO THE PHYSICIAN ABOUT A MEDICAL PROBLEM</b>	Determine the urgency of the call. If it is an emergency, ask the patient to hang up and call 911. Depending on the medical urgency of the problem, either transfer the call to the triage nurse or attach request to the patient's chart and place it in the physician's message box.
<b>PERSONAL CALL FOR A MEMBER OF THE OFFICE STAFF</b>	Transfer directly to the staff member. If the staff member is with a patient, say that the staff member "is with a patient; would you like me to interrupt?"

*\*The call will be for one of the reasons listed in the above screening chart.*

<b>HOSA OFFICE MESSAGE FORM<sup>1</sup></b>				For Dr. _____		
Name of Patient	Name of Caller	Rel. to Pt.	Patient Age	Message Date / /	Message Time am pm	Urgent <input type="checkbox"/> Yes <input type="checkbox"/> No
Message					Allergies	
Respond to Phone #	Best time to Call am pm	Pharmacy Name/#	Patient's Chart Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Chart #	Initials	

<sup>1</sup>This is the message form to be attached to the patient chart. (full page)

## MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

<b>Skill II Receive a New Patient and Create an Electronic Chart</b> (Time: 10 minutes)	<b>Possible</b>	<b>Awarded</b>
1. Signed on to computer using appropriate login and password. (verbalized)	1 0	
2. Greeted the patient promptly and courteously, called patient by his/her full name, and maintained eye contact.	1 0	
3. Asked the patient for his/her insurance card, provided a clipboard/pen and a blank HOSA Medical Office Registration form (page 10 of guidelines), and asked him/her to complete the form.	1 0	
4. Scanned the card (simulated), electronically attached it to the EHR (verbalized), and returned the card to the patient. <i>*The patient will then hand the competitor the completed, handwritten patient registration form.</i>	2 0	
5. Opened a blank HOSA Medical Office Registration form (simulated EHR)	1 0	
USING THE MEDICAL OFFICE REGISTRATION FORM, ENTERED THE FOLLOWING IN THE EHR (Registration Form – page 11 of guidelines)	1 0	
6. Today's date		
7. Primary care physician	1 0	
8. Patient's name, salutation and marital status	2 0	
9. Legal name information	1 0	
10. Birthdate (used 6 digits), age and gender	2 0	
11. Contact Information (address, phone, social security number)	2 0	
12. Occupation information	1 0	
13. Other family members seen here	1 0	
14. Insured's name, address, birthdate and telephone	1 0	
15. Insured's occupation information	1 0	
16. Patient's insurance status and insurance company information	2 0	
17. Patient's relationship to insured	1 0	
18. Secondary insurance information (leave blank if none)	1 0	
19. Emergency contact information	1 0	
20. Assures that form is properly signed and dated and ads the original form to the patient chart.	1 0	
21. Obtained faxed verification form from insurance company to verify coverage and included it in the patient's folder. (verbalized)	1 0	
<b>TOTAL POINTS – SKILL II</b>	<b>26</b>	
<b>70% Mastery for Skill II = 18.2</b>		

Competitor ID # \_\_\_\_\_

## HOSA Medical Office Registration Form

*Please print neatly*

CONTACT INFORMATION			
Full Name		Title (circle one)	Mr. Mrs. Miss Ms. Dr.
Street Address		Date of Birth	
City, State, Zip		Social Security #	
Work phone		Home phone	
Email		Cell phone	
Marital Status (circle one)	Single Married Divorced Separated Widow(er)	If this is not your legal name:	Legal name: Former name:
Primary Care Physician		Referred by:	
Other family members seen here			
EMPLOYMENT INFORMATION			
Occupation			
Employer		Employer phone	
INSURANCE INFORMATION (Please give your card to the receptionist.)			
Responsible party's name		Date of birth	
Address (if different)		Home phone (if different)	
Occupation		Employer	
Employer address		Employer phone number	
Is patient covered by insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company Name	
Subscriber's name		Subscriber SSN	
Date of Birth		Co-Payment \$\$	
Group #		Policy #	
Patient relationship to subscriber		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	
Secondary Ins. Co (If applicable)		Subscriber's Name	
Group #		Policy #	
Patient relationship to subscriber		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	
EMERGENCY CONTACT INFORMATION			
Name		Relationship to Pt	
Home phone		Work phone	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize HOSA Medical Office or insurance company to release any information required to process my claims.			
<b>Patient/Guardian Signature</b>		<b>Date</b>	

Competitor ID # \_\_\_\_\_

**HOSA Medical Office Registration Form** (Simulated Electronic Health Record)

Competitors will open, in step #5, this simulated Electronic Health Record page that is saved in printable PDF format to fill in on the computer using the handwritten HOSA Medical Office Registration form.

Today's date:			PCP:			
<b>PATIENT INFORMATION</b>						
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Social Security no.:		Home phone no.: ( )	
P.O. box:	City:		State:		ZIP Code:	
Occupation:	Employer:			Employer phone no.: ( )		
Other family members seen here:						

<b>INSURANCE INFORMATION</b>					
(Please give your insurance card to the receptionist.)					
Person responsible for bill:	Birth date: / /	Address (if different):			Home phone no.: ( )
Occupation:	Employer:	Employer address:			Employer phone no.: ( )
Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Insurance Company					
Subscriber's name:	Subscriber's S.S. no.:	Birth date: / /	Group no.:	Policy no.:	Co-payment: \$
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other					
Name of secondary insurance (if applicable):		Subscriber's name:		Group no.:	Policy no.:
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other					

<b>IN CASE OF EMERGENCY</b>			
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize HOSA Medical office or insurance company to release any information required to process my claims.			
Patient/Guardian signature		Date	

## MEDICAL ASSISTING

Competitor #: \_\_\_\_\_ Judge's Signature: \_\_\_\_\_

*\*This skill will be EITHER handwritten or entered directly into a printable PDF form using a computer.*

<b>Skill III Obtain and Record a Patient Health History</b> (Time: 8 minutes)	<b>Possible</b>	<b>Awarded</b>
1. PAPER: Obtained a blank medical history form, a pen, and a clipboard (if needed). ELECTRONIC: Opened a blank medical history form.	1 0	
2. Escorted the patient to a comfortable, private area.	1 0	
3. Sat opposite the patient(or at an angle that allowed eye contact).	1 0	
4. Explained the purpose of the health history and informed the patient that all the information obtained is confidential.	1 0	
5. Asked all necessary questions and recorded/entered answers neatly and accurately.	2 0	
6. Spoke in a clear and distinct voice.	1 0	
7. Gave the patient adequate time to answer before going on to the next question.	1 0	
8. Explained any terms the patient might not understand.	1 0	
9. Avoided getting off the topic and discussing irrelevant topics.	1 0	
10. Listed the chief complaint and characteristics for today's visit.	1 0	
11. Ensured that all medications (including dosages and reason for taking) and allergies are identified and recorded.	2 0	
12. Properly expanded on all YES responses in the past history section.	2 0	
13. Listed the concise name of disease or condition, onset and duration, treatment, current status, and resolution. (if applicable)	1 0	
14. Properly expanded on all YES responses in the family and social history section.	1 0	
15. When finished writing/entering the information, summarized and clarified pertinent information with the patient.	2 0	

<b>Items Evaluated</b>	<b>Possible</b>	<b>Awarded</b>
16. Thanked the patient and explained the next step in the examination, assuring the patient is comfortable and informing the patient of any wait time.	1 0	
17. VERBALIZED to the judge the next steps – Chart a summary of the findings on the patient’s chart or EMR, highlight significant information, assemble forms and have them ready for the provider.	1 0	
<b>TOTAL POINTS – SKILL III</b> <b>70% Mastery for Skill III = 14.7</b>	<b>21</b>	

*\*If a computer is used, a copy of the finished history should be printed for use by the judge.*

Competitor ID # \_\_\_\_\_

## HOSA Medical Office Health History Form

Date \_\_\_\_\_

Name \_\_\_\_\_  
 Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Occupation \_\_\_\_\_

**Patient's Chief Complaint** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications (List all medications you are currently taking.)	Allergies (List all allergies)

**Patient's Past History:**

Do you have or have you ever had the following? Check each box that is answered "yes".

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Rashes or hives<br><input type="checkbox"/> Headaches, dizziness, fainting<br><input type="checkbox"/> Blurred vision<br><input type="checkbox"/> Hearing loss<br><input type="checkbox"/> Sinus trouble<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Sore throats<br><input type="checkbox"/> Shortness of breath<br><input type="checkbox"/> Persistent cough<br><input type="checkbox"/> Night sweats | <input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Arthritis<br><input type="checkbox"/> Rheumatic fever<br><input type="checkbox"/> Chest pain<br><input type="checkbox"/> High blood pressure<br><input type="checkbox"/> Heartburn or indigestion<br><input type="checkbox"/> Nausea and/or vomiting<br><input type="checkbox"/> Peptic ulcer<br><input type="checkbox"/> Rectal bleeding, hemorrhoids | <input type="checkbox"/> Sudden weight gain or loss<br><input type="checkbox"/> Kidney disease or stones<br><input type="checkbox"/> Painful and/or difficult urination<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Sexually transmitted disease<br><input type="checkbox"/> Become tired or upset easily<br><input type="checkbox"/> Depression<br><input type="checkbox"/> Convulsions<br><input type="checkbox"/> Back pain or injury |
|---|--|---|

*\*Please use the space below to explain any "yes" answers.*

Serious Illness/Injuries/Hospitalizations	Date	Outcome

**Patient's Family and Social History:**

	Yes	No	Quantity/Frequency
Do you use tobacco?	( )	( )	_____
Do you use drugs?	( )	( )	_____
Do you use alcohol?	( )	( )	_____
Do you exercise regularly?	( )	( )	_____

Relation	Age	State of Health	Serious Illness and/or Cause of Death
Father			
Mother			
Brother			
Sister			

## MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

<b>Skill IV Measure Height and Weight</b> (Time: 5 minutes)	<b>Possible</b>		<b>Awarded</b>
1. Used alcohol-based handrub for hand hygiene.	1	0	
2. Greeted patient and introduced self.	1	0	
3. Identified patient.	1	0	
4. Explained the skill using language the patient could understand, and instructed the patient to remove shoes and any outer clothing or heavy items in pockets.	1	0	
5. Placed a paper towel on the scale platform.	1	0	
6. Assisted patient to the center of the scale. (If appropriate, kindly requested the patient stand still and not hold on to any part of the scale.)	1	0	
7. Moved the lower weight bar (measured in 50 pound increments) to the estimated number and slowly slid the upper bar until the balance beam was centered.	2	0	
8. Read the weight by adding the upper bar measurement to the lower bar measurement and rounded to the nearest ¼ pound.	2	0	
9. Raised the measuring bar beyond the patient's height and lifted the extension.	1	0	
10. Lowered the measuring bar until it firmly rested on top of the patient's head.	1	0	
11. Assisted the patient off the scale and instructed the patient to sit and put on shoes.	2	0	
12. Read the height line where the measurement fell, rounded to the nearest ¼ inch.	2	0	
13. Lowered the measuring bar to its original position, returned the weights to zero, and discarded the paper towel.	1	0	
14. Documented the height and weight on the patient's chart.	2	0	
<b>TOTAL POINTS -- SKILL IV</b> <b>70% Mastery for Skill IV = 13.3</b>	<b>19</b>		

*\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.*

## MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

<b>Skill V Prepare/Assist with a Routine Physical Exam</b> (Time: 6 minutes)	<b>Possible</b>		<b>Awarded</b>
1. Assessed and prepared the exam room.	1	0	
2. Reviewed the patient's chart for the completed history and physical examination form.	1	0	
3. Washed hands or used alcohol-based handrub.	1	0	
4. Prepared the examination equipment, as directed in the scenario, on the Mayo tray or countertop in order of use, and covered with a towel.	2	0	
5. Pulled out the step from the table (if possible) and placed a gown and drape on the table.	2	0	
6. Called the patient to the exam room:	1	0	
a. Greeted the patient by name.	1	0	
b. Introduced self and instructed the patient on what to do.	1	0	
c. Verbalized the measurement of vital signs, height and weight. (Or measure height and weight if included in the scenario.)	1	0	
d. Instructed patient to go the bathroom and obtain a urine specimen. Provided patient with a labeled specimen bottle and instructions to leave the specimen in the marked door in the bathroom.  <b>* Judge states that patient has complied with the request and returned to the exam room.</b>	2	0	
e. Instructed the patient to remove outer clothing, place it in the chair, put on the gown with the opening in the back, sit on the end of the table, and cover the legs with the drape, providing assistance as needed.	2	0	
f. Ensured the patient was ready and notified the physician (judge).	1	0	

<b>Items Evaluated</b>	<b>Possible</b>	<b>Awarded</b>
<b>*Judge states to position the patient in horizontal recumbent position.</b>		
7. Positioned the patient in horizontal recumbent position with the head on a small pillow, arms at the sides, with the lower torso covered by the drape and table extended as needed.	2      0	
<b>*Judge states the examination is complete.</b>		
8. Helped the patient to a sitting position, alert to signs of dizziness. Adjusted the exam table as necessary.	2      0	
9. Instructed the patient to dress and provided privacy or assisted as needed.	2      0	
10. Provided patient instructions as directed by the physician (judge), asked the patient if he/she had any questions, and saw the patient out.	2      0	
11. Properly cleaned the room:	1      0	
a. Put on gloves to wrap up table paper and dispose of used supplies in appropriate waste containers.		
b. Disinfected table tops and examination table.	1      0	
c. Discarded gloves in the appropriate container.	1      0	
d. Replaced used supplies and covered table and pillow with clean paper.	1      0	
e. Washed hands or used alcohol-based handrub.	1      0	
<b>TOTAL POINTS -- SKILL V</b>	<b>28</b>	
<b>70% Mastery for Skill V = 19.6</b>		

*\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.*

## MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

<b>Skill VI Screen for Visual Acuity (Time: 5 minutes)</b>		<b>Possible</b>	<b>Awarded</b>
1.	Used alcohol-based handrub for hand hygiene.	1	0
2.	Greeted patient and introduced self.	1	0
3.	Identified patient.	1	0
4.	Noted if the patient is wearing glasses or asked the patient if he/she is wearing contact lenses.	1	0
5.	Explained to the patient that he/she is to read each line from the chart as it is pointed out using a pointer, and to keep both eyes open while covering one eye.	2	0
6.	Directed the patient where to stand and asked the patient to read the chart with both eyes open and standing 20 feet from chart.	2	0
7.	Asked the patient to cover the left eye with an occluder and read the chart with the right eye, using corrective lenses as needed.	1	0
8.	Recorded the smallest line the patient could read with one or fewer mistakes.	2	0
9.	Asked the patient to cover the right eye with an occluder and read the chart with the left eye, using corrective lenses as needed.	1	0
10.	Recorded the smallest line the patient could read with one or fewer mistakes.	1	0
11.	Recorded an observation of individual accommodations made to read chart, such as squinting or turning the head.	1	0
12.	Directed the patient to sit up straight but comfortably in a chair.	1	0
13.	Handed the patient the Jaeger chart and directed the patient to hold the chart approximately 14-16 inches from the eyes.	2	0
14.	Instructed the patient to read out loud the smallest paragraph he/she can read with both eyes open, using corrective lenses as needed.	2	0
15.	Recorded the results and problems (if any) on the patient's chart.	2	0
16.	Thanked the patient. Asked if the patient had any questions.	1	0
17.	Cleaned the supplies following agency policy and returned them to proper storage.	1	0
18.	Used alcohol-based handrub for hand hygiene.	1	0
<b>TOTAL POINTS -- SKILL VI</b>		<b>24</b>	
<b>70% Mastery for Skill VI = 16.8</b>			

*\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.*

## MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

<b>Skill VII Test Urine with Reagent Strip (Time: 4 minutes)</b>		<b>Possible</b>	<b>Awarded</b>
1.	Assembled necessary equipment and supplies.	1	0
2.	Used alcohol-based handrub and donned disposable gloves and other PPE as required.	2	0
3.	Verified that the name on the specimen container matched the name on the laboratory report form.	1	0
4.	Stirred the urine with a tongue depressor to distribute solutes evenly throughout the specimen	2	0
5.	Removed the cap from the reagent bottle and removed one strip without touching the test paper end, and placed the lid securely back on the bottle.	1	0
6.	Dipped the test paper end of the reagent strip in the urine specimen.	1	0
7.	With the reagent side of the strip down, pulled it across the inside of the specimen container opening to remove excess urine.	2	0
8.	Began timing tests immediately.	1	0
9.	Placed the bottle on its side and held it at the bottom while holding the reagent strip next to the color chart on the bottle with the opposite hand.	1	0
10.	Read the test results from the bottom to the top in order of shorter to longer timings.	1	0
11.	Showed the test strip to the judge (verbalized discarding the strip).	2	0
12.	Discarded urine specimen following agency protocol. (verbalized)	1	0
13.	Cleaned work area with surface disinfectant.	1	0
14.	Removed and properly disposed of the gloves in the proper receptacle.	1	0
15.	Used alcohol-based handrub.	1	0
16.	Recorded the results for each section on the reagent strip in the patient's laboratory report form.	1	0
17.	Record all required information on the patient's chart.	1	0
<b>TOTAL POINTS -- SKILL VII</b>		<b>21</b>	
<b>70% Mastery for Skill VII = 14.7</b>			

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COMPETITOR # \_\_\_\_\_

<b>LABORATORY REPORT</b>
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**SKILL VII: Test Urine with Reagent Strip**

Patient Identification \_\_\_\_\_ DATE \_\_\_\_\_

SPECIMEN NO. \_\_\_\_\_

**CHEMICAL PROPERTIES OF URINE** Two (2) to Ten (10) parameters\*

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<u>Reagent Strip</u>	<u>Observed Result</u>	<u>Normal Values</u>
Leukocytes	_____	negative
Nitrite	_____	negative
Urobilinogen	_____	0.2-1.0
Protein	_____	negative
pH	_____	5.5-8.0
Blood	_____	negative
Specific gravity	_____	1.015 – 1.024
Ketone	_____	negative
Bilirubin	_____	negative
Glucose	_____	negative

*\* The number of tests to be recorded depends on the specific reagent strip used. The strip may have as few as two parameters (tests) and as many as ten. Please test the urine and record results for all reagents on the test strip you are given to use for this test.*

## MEDICAL ASSISTING

Competitor #: \_\_\_\_\_

Judge's Signature: \_\_\_\_\_

<b>Skill VIII Sterile Gloving (Time: 3 minutes)</b>		<b>Possible</b>		<b>Awarded</b>
1.	Removed rings and watch. Used alcohol-based handrub for hand hygiene.	1	0	
2.	Opened sterile glove package. Placed it on a clean counter surface with the cuff end toward his/her body.	1	0	
3.	Grasped glove for dominant hand by fold of cuff with finger and thumb of non-dominant hand.	1	0	
4.	Inserted dominant hand, pulling glove on with other hand, keeping cuff turned back.	2	0	
5.	Placed gloved fingers under cuff of other glove.	1	0	
6.	Inserted non-dominant hand.	1	0	
7.	Eased glove on by pulling on inside fold of cuff.	2	0	
8.	Smoothed gloves over wrists and fingers for better fit, and inspected gloves for tears or holes.	2	0	
9.	Kept hands above waist level.	1	0	
10.	Maintained sterile technique while gloved by not touching anything other than items in the sterile field.	2	0	
11.	Removed the gloves by pulling the glove off the dominant hand with the thumb and fingers at the palm and pulled the glove off inside-out without touching the contaminated side.	1	0	
12.	Slipped the ungloved hand into the inside top cuff of the gloved hand and slipped the glove off inside-out without touching the contaminated side.	1	0	
13.	Disposed of the gloves in the appropriate container.	1	0	
14.	Used alcohol-based handrub for hand hygiene.	1	0	
<b>TOTAL POINTS -- SKILL VIII</b>		<b>18</b>		
<b>70% Mastery for Skill VIII = 12.6</b>				

*\*\*If a student jeopardizes the patient's or his/her own safety and does not take immediate action to correct the error, the total points for the skill or specific subpart(s) of the skill will be deducted.*

