



MEDICAL ASSISTING

Purpose: To provide the Health Science student with an opportunity to develop and demonstrate knowledge and skills as a medical assistant.

Description of Event: This event will consist of two rounds of competition. Round One will be a written, multiple choice test of knowledge and understanding. The top scoring competitors will advance to Round Two for the performance of selected skill procedure(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 and written test. Competitors will wear attire appropriate to the occupational area during the skill procedure(s). Bonus points will be awarded for proper dress.

- Rules and Procedures**
1. Competitors in this event must be active members of HOSA 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 their training.
 2. The test shall be developed from the National HOSA test item bank and will consist of fifty (50) multiple choice items. Competitors will be given one hour to complete the test.

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%

3. All competitors shall report to the site of the event orientation at the time designated. The Round One test will immediately follow the orientation. **No proxies will be allowed for the orientation.** No study materials are allowed in the room
4. All official references are used in the development of the written test. The specific reference selected for each procedure is listed in the Facilities, Equipment and Materials section of these guidelines.
 - Keir, Lucille, Barbara Wise and Connie Krebs. *Medical Assisting: Administrative and Clinical Competencies*. Delmar Publishing. Latest edition.
 - Simmers, Louise. *Diversified Health Occupations*. Delmar Publishing, Latest edition.
5. The test score from Round One will be used to qualify the competitor for the Round Two skill procedures, and will be used as a part of the final score for the event.

6. For national competition, 1-3 skill procedures will be selected. The skill procedures approved for Round Two for this event are:
 - Procedure I: Telephone Techniques
 - A. Schedule an Appointment
 - B. Take a Message for Prescription Refill
 - Procedure II: Complete Insurance Form
 - Procedure III: Alphabetical Filing
 - Procedure IV: Wrap Items for Autoclave
 - Procedure V: Obtain Medical History
 - Procedure VI: Position/Drape Patient in:
 - A. Horizontal Recumbent Position.
 - B. Prone Position.
 - C. Sim's Position.
 - D. Semi-Fowler's Position.
 - Procedure VII: Put on Sterile Gloves
7. The selected procedure(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 procedures may be combined in the scenario. The timing for the skill will begin when the scenario is presented. 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.
8. 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. Competitors who violate this ethical standard will be disqualified.
9. In case of a tie the highest test score will be used to determine the rank.
10. Competitors must complete all steps of the procedure listed in the guidelines even if the steps must be simulated/verbalized. Steps may NOT be simulated/verbalized when the equipment/materials are available.
11. Competitors will be stopped at the end of the time allowed for a selected procedure(s).
12. The competitor must earn a score of 70% or higher on the combined skill procedure(s) of the event (excluding the test and filing) in order to be recognized as an award winner at the NLC.
13. Competitors must bring all items noted with *** in the materials section of these guidelines to the event.
14. Competitors must be familiar with and adhere to the **"General Rules and Regulations of the National HOSA Competitive Events Program."**

Required Personnel

1. One Event Manager per event
2. One Section Leader per section
3. One judge per procedure selected per section (with expertise in the specific skill area)
4. Proctors for testing
5. One-two event assistants per section
6. One-two patients as required by the scenario (per section)
7. Holding room attendants(s)
8. Timekeepers (if necessary)

Facilities, Equipment and Materials (Per Section)

- General**
1. Clinical and/or laboratory stations for selected procedures
 2. Holding rooms or areas for competitors
 3. Written scenario (one copy per competitor and judge)
 4. Calculators, note pads, pencils for judges
 5. Competitor Participation Certificates for everyone who completes Round One.
 6. Event evaluations.
 7. Stopwatch
 - *** 8. Watch with a second hand
 - *** 9. Pens and pencils
 - *** 10. Print copy of the event guidelines for the event orientation

Round One: Written Test (Reference: All resources)

1. One test copy per competitor
2. Scantron forms

Round Two:**Procedure I Telephone Techniques** (Reference: Keir)

1. Telephone set-ups
2. Telephone message pads
3. Written scenario/information for identification of office
4. Appointment book (pages) with previously scheduled appointments
5. Written scenario/information for judge (caller) with appointment needs and personal information and prescription refill needs
6. Note pads
7. Patient chart

Procedure II Complete Insurance Form (Reference: Keir)

1. PC with Adobe Acrobat reader
2. Electronic copy of the CMS 1500 form in PDF format. (available at <http://www.hosa.org/natorg/sectb/index.html>)
3. Written scenario/information for filling out form (1 per competitor). Information will include a completed and signed HOSA Medical Office Charge Form which contains CPT and ICD information and account information. (*Note: The written scenario and charge form contains all the information the competitor needs to complete the insurance form.*)
4. Patient Chart that includes a prepared copy of insurance card.
14. Note pads

Procedure III Alphabetical Filing (Reference: Keir)

1. 15 top-cut file folders in random order with patient names
2. File or file box with 15 files in correct alphabetical order
3. Expandable file pocket – letter size
4. One OUTguide card per competitor
5. Note pads

Procedure IV Wrap Items for Autoclave (Reference: Keir, Wise and Krebs)

1. Wraps for instruments
2. Autoclave tape
3. Lab pencil or waterproof felt tip pen
4. Sanitized instruments for wrapping (scissors and forceps)
5. Alcohol-based handrub
6. Autoclave indicator

*** Must be provided by student competitor

Procedure V Obtain Medical History (Reference: Keir, Wise and Krebs)

1. Clipboard
2. Medical history
- *** 3. Pens/pencils
- *** 4. Red pen

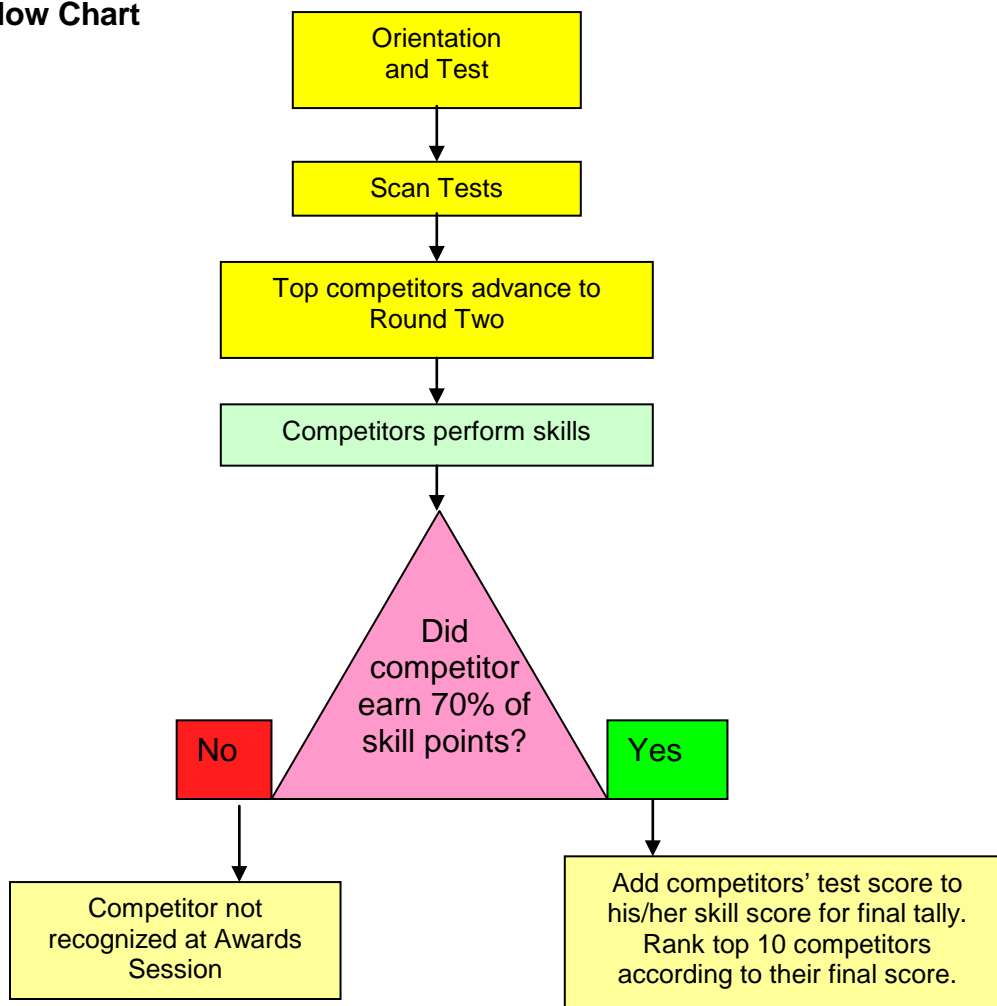
Procedure VI Position/Drape in Horizontal Recumbent/Sim's/Fowler's/Prone Position (Reference: Keir)

1. Alcohol-based handrub
2. Exam room
3. Patient gown
4. Exam table
5. Small pillow
6. Sheet
- *** 7. Barrier devices (gloves, gown, goggles, mask)
8. Table paper
9. Clean pillow covers or towels
10. Disinfecting cleanser and paper towels

Procedure VII Put on Sterile Gloves (Reference: Simmers)

1. Alcohol-based handrub
- *** 2. Sterile gloves

Event Flow Chart



MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure I-A	Telephone Techniques Schedule an Appointment (Time: 5 minutes)	Possible	Allocated
1.	Answered the phone promptly (by the third ring) in a polite and pleasant manner.	2	
2.	Identified office and self by name, and "how may I help you?"	3	
3.	Voice was clear and distinct – spoke at a moderate rate, expressing consideration for the needs of the caller.	3	
4.	Listened to and recorded, on a notepad, the complete name and phone number of the caller, the reason for the call, and the date and time of the call.	3	
5.	Determined if new or regular patient.	1	
6.	Determined day, a.m. or p.m. for appointment based on patient's symptoms, preference, type of appointment and availability.	4	
7.	Referred to appointment book and gave caller two choices of available opening on selected day.	2	
8.	Used black ink to record appointment correctly, recorded patient's full name and phone number and briefly noted (using abbreviations) the nature of the visit.	4	
9.	Repeated appointment date and time to caller.	1	
10.	Used correct grammar and appropriate courtesy.	4	
11.	Held phone correctly 2-3" in front of mouth.	1	
12.	Closed call appropriately and allowed the caller to be the first to hang up.	2	
TOTAL POINTS – PROCEDURE I-A		30	

***If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical step and does not take immediate action to correct the error, the total points for the procedure or specific subpart(s) of the procedure will be deducted by the judge(s).*

MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure I-B	Telephone Techniques Take a Message for Prescription Refill (Time: 5 minutes)	Possible	Allocated
1.	Answered the phone promptly (by the third ring) in a polite and pleasant manner.	2	
2.	Identified office and self by name, and "how may I help you?"	3	
3.	Voice was clear and distinct – spoke at a moderate rate, expressing consideration for the needs of the caller.	3	
4.	Listened to and recorded the complete name and phone number of the caller, the reason for the call, and the date and time of the call on a message pad.	3	
5.	Recorded correct spelling of medication and prescription number, name of pharmacy and phone number.	4	
6.	Repeated the message to the caller to verify the contents.	1	
7.	Used correct grammar and appropriate courtesy.	4	
8.	Held phone correctly 2-3" in front of mouth.	1	
9.	Closed call appropriately and allowed the caller to be the first to hang up.	2	
10.	Signed initials after the message, pulled the patient's chart and recorded/attached the message .	2	
11.	Used legible handwriting.	3	
TOTAL POINTS – PROCEDURE I-B		28	

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MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure II	Complete Insurance Form (Time: 15 minutes)	Possible	Allocated
1.	Turned on computer (if necessary) and checked printer for paper.	2	
2.	Opened electronic copy of CMS 1500 in PDF format.	2	
3.	Checked chart for photocopy of patient's insurance card and charge form for assignment and release of benefits.	2	
COMPLETED THE FOLLOWING ENTRIES:			
4.	1. Type of insurance	1	
5.	1a. Insured's ID number	1	
6.	2. Patient's name	1	
7.	3. Patient's birth date/sex (used 6 digits for birthdate)	2	
8.	4. and 7. Insured's name, address and telephone	2	
9.	6. Patient's relationship to insured.	1	
10.	5. Patient's full address/phone number	2	
11.	8. Patient status	1	
12.	9. Other insured's name, policy number, date of birth, sex, name and insurance company (leave blank if none)	1	
13.	10a, 10b and 10c. Employment or accident related condition	1	
14.	12. Type in "signature on file" and date	2	
15.	14. Illness information (date of first symptoms)	1	
16.	21. Diagnosis code(s)	2	
17.	24. Treatment information with CPT codes	3	
18.	25. Federal tax ID number	1	
19.	26. Patient account number	1	
20.	27. Accept assignment	1	
21.	28 - 30. Charges with total, amount paid and balance due	3	
22.	33. Physician billing information	1	
23.	Printed completed form.	1	
TOTAL POINTS – PROCEDURE II		35	

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HOS A MEDICAL OFFICE CHARGE FORM
 6021 MORRIS RD, SUITE 100, FLOWER MOUND, TX 75028 ★ 972 874-0062

Patient's Last Name	First	Initial	Birthdate	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Today's Date
Address		City	State	Zip	Phone	Relationship to Insured
Name, Address and Phone of Insured						Type of Insurance
Patient Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student				Patient Account #		Insurance ID #
Other Insured: Last Name			First Name	Initial	Is Patient's Condition Related to:	
Other Insured Address:			Phone #:		Employment <input type="checkbox"/> Yes <input type="checkbox"/> No Auto Accident <input type="checkbox"/> Yes <input type="checkbox"/> No Other Accident <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birthdate:			Sex:		Date of First Symptoms of Current Illness, Injury or Pregnancy:	
Insurance Company:			ID #			
Assignment and Release: I hereby authorize my insurance benefits to be paid directly to the undersigned physician. I am financially responsible for non-covered services. I also authorize the physician to release any information required.						
Signed (Patient, parent if minor)				Date		
Treatment Information (circle all that apply)						
Description	CPT/MD	Fee	Description	CPT/MD	Fee	Description
OFFICE VISITS – NEW PATIENT			INJECTIONS			PROCEDURES
Mod Complex	99203		Vitamin B12	J3420		EKG
Mod/High Comp	99204		ACTH	J0140		Resp Func Tsts
High Complexity	99205		Depo Estradiol	J1000		Ear Lavage
OFFICE VISITS – ESTABLISHED PATIENT			Depo Testosterone	J1070		Sigmoidoscopy
Minimal	99211		Imferon	J1760		I & D
Self limited comp	99212		Tetanus Toxoid	J3180		Electrocautery
Low/Mod complex	99213		Flu Vaccine	90724		Thromb Hemor
Moderate complex	99214		Pneumococcal Vac	90732		Inj. Tendon
High complexity	99215		TB Tine Test	86585		MISCELLANEOUS
LABORATORY			Aminophyllin	J0280		Drugs, Supplies
Urinalysis	81000		Terbutaline Sulf	J3105		Special Reports
Hemoglobin	85018		Demerol HCL	J0990		After hour serv.
Culture, Strep	87081		Compazine	J0780		Serv 10p-8a
Pap smear	88150		Inj therapeutic	90782		Serv Sun Holiday
Glucose	82948		Estrone Supp	J1410		Counseling
Diagnosis (circle all that apply)						
Allergic rhinitis	477.9	Chronic Fatigue Synd	300.5	Hemorrhoids	455.6	Peripheral Vasc Dis
Anemia	280.9	COPD	496	Hiatal Hernia	553.3	Pharyngitis
Angina pectoris	413	CVA	431	Hiatal Hernia, reflux	530.1	Pneumonia, bacterial
Anxiety	300.00	Cystitis	595.9	HVD	402.10	Pneumonia, viral
Aortic stenosis	424.1	Deg Disc dis, Cx	722.4	Hyperlipidemia	272.4	Prostatitis
ASCVD	429.2	Deg Disc dis, Lumbar	722.52	Hypothyroidism	244.9	Rectal bleeding
ASHD	414.9	Depression	296.2	Impacted cerumen	380.4	Renal failure, chronic
Asthma	493.9	Dermatitis	692.9	Influenza, viral	487.1	Rheumatoid arthritis
Atrial fibrillation	427.31	Diabetes mellitus, adlt	250.0	Irritable bowel synd	564.1	Sinusitis
BPH	600	Diarrhea	558.9	Laryngitis	464.0	TIA
Bronchitis, acute	466.1	Diverticulitis	562.11	Menopausal synd	627.2	Tachycardia
Bronchitis, chronc	491.9	Esophagitis	530.1	Moniliasis	112	Tonsillitis
Bursitis	726	Fibrocystic Breast Dis	610.11	Myocardial infarction	410.9	Ulcer, gastric
CVD	437.9	Gastroenteritis	558.9	Neuritis	729.2	URI
CHF	428.0	Headache, vascular	784.0	Osteoarthritis	715.9	UTI
Cholecystitis	575.1	Headache, migraine	346.9	Otitis media	382.9	Vertigo
Diagnosis (If not circled above)					Fed Tax ID #	
Doctor's Name (printed), Signature/Date					Today's Fee	
					Amount Received	
					Balance Due	

MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure III	Alphabetical Filing (Time: 8 minutes)	Possible	Allocated
1.	Obtained expandable file with: <ul style="list-style-type: none"> • 15 folders in correct alphabetical order • One (1) OUTguide • Instructions for pulling one file • 15 folders to be filed • 10 filing items (such as lab reports or letters) 	-	
2.	Found the name of the patient file to be pulled in the expandable file. Double checked the spelling of the name for accuracy.	2	
3.	Completed the OUTguide with the date and competitor's name.	2	
4.	Pulled the appropriate file and placed the OUTguide in the proper place.	2	
5.	Arranged 15 folders in correct alphabetical order and filed each correctly in expandable file.	15	
6.	Placed the 10 filing items in the correct charts by removing the chart, opening it, and placing the item in the chart with the top of the item toward the top of the inside of the chart.	10	
TOTAL POINTS – PROCEDURE III		31	

MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure IV	Wrap Instruments for Autoclave (Time: 5 minutes)	Possible	Allocated
1.	Used alcohol-based handrub for hand hygiene.	2	
2.	Assembled equipment and supplies.	2	
3.	Checked to be sure items were clean and functioning properly prior to sterilization.	2	
4.	Placed instruments in center of wrapper, hinged instruments open, and placed indicator on top of instruments.	4	
5.	Folded wrap using proper technique and double thickness:		
	a. Folded from bottom up to cover instruments.	3	
	b. Doubled back corner.	2	
	c. Folded right edge over to center, leaving corner doubled back.	4	
	d. Folded left edge over to center, leaving corner doubled back.	4	
	e. Folded pack up from bottom.	2	
6.	Wrapped items snugly but not too tightly.	2	
7.	Sealed with autoclave tape, making a tab for ease in opening wrapped packages.	2	
8.	Labeled contents, wrote date and initials on tape.	4	
TOTAL POINTS -- PROCEDURE IV		33	

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MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure V	Obtain Medical History (Time: 6 minutes)	Possible	Allocated
1.	Assembled clipboard, medical history form and pen.	2	
2.	Greet, identified and sat opposite patient.	3	
3.	Asked appropriate questions:		
a.	Full name, age, date of birth, gender	4	
b.	Address, phone. E-mail	3	
c.	Insurance company, policy number	3	
d.	Place of employment, address, phone, E-mail	4	
e.	Job responsibility	1	
f.	If minor, name of parent/guardian, address, phone, E-mail	4	
g.	Patient's chief complaint	2	
h.	Patient's past history	4	
i.	Recorded allergies in red	4	
j.	Clearly and concisely explained yes answers in space provided	4	
4.	Recorded answers on form neatly and accurately.	4	
5.	Used red ink to alert physician of critical information.	2	
6.	Thanked patient when finished.	3	
TOTAL POINTS -- PROCEDURE V		47	

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HOSA History Form

Date _____

Name _____			
Age _____	Date of birth _____	Sex _____	
Address _____	City _____	State _____	Zip _____
Phone (____) _____	E-mail _____		
Insurance Company _____		Policy number _____	
Place of employment _____		Address _____	
Phone (____) _____	E-mail _____		
Parent/Guardian if minor _____			
Address _____	City _____	State _____	Zip _____
Phone (____) _____	E-mail _____		

Patient's Chief Complaint

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

Yes No

Are you currently taking any medications? () () If yes, please list them:

Have you ever been treated for cancer or tumors? () ()

Do you use tobacco? () ()

Are you allergic to any medications? Please list: _____

Women Only

Painful menstrual periods Yes () No () Last menstrual period _____

Pregnancy/abortion/miscarriage () () Birth control _____

Vaginal infection or discharge () ()

Did you ever receive benefits from a medical insurance claim due to illness or injury Yes () No ()

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

MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure VI-A	Position/Drape Patient in Horizontal Recumbent Position (Time: 4 minutes)	Possible	Allocated
1.	Used alcohol-based handrub for hand hygiene.	2	
2.	Practiced standard precautions throughout procedure.	2	
3.	Checked exam room for cleanliness by assuring there is clean paper on table and a clean pillow cover or clean towel over pillow.	2	
4.	Greeted and identified patient.	2	
5.	Identified self.	2	
6.	Gave clear instructions to patient regarding amount of clothing to be removed and where it was to be placed.	3	
7.	Instructed patient on use of gown.	1	
8.	Assisted patient if needed, respected privacy otherwise.	2	
9.	Instructed patient to sit on side of table.	2	
10.	Instructed/assisted patient to lie flat on table with legs together. Pulled out extension on table if applicable.	3	
11.	Rested patient's head on small pillow if desired by patient.	1	
12.	Instructed patient to cross arms on chest or put them at sides of body.	1	
13.	Draped sheet evenly over patient, left loose on sides.	2	
14.	Verbalized assisting physician with exam.	1	
15.	Assisted patient out of position, gave instructions and assisted patient from table, alert to signs of dizziness.	3	
16.	Cleaned room, replaced supplies as needed. If there was table contact with body fluids, cleaned the table surface and base with disinfecting cleanser.	2	
17.	Used alcohol-based handrub for hand hygiene.	2	
TOTAL POINTS -- PROCEDURE VI-A		33	

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MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure VI-B	Position/Drape Patient in Prone Position (Time: 4 minutes)	Possible	Allocated
1.	Used alcohol-based handrub for hand hygiene.	2	
2.	Practiced standard precautions throughout procedure.	2	
3.	Checked exam room for cleanliness by assuring there is clean paper on table and a clean pillow cover or clean towel over pillow.	2	
4.	Greeted and identified patient.	2	
5.	Identified self.	2	
6.	Gave clear instructions to patient regarding amount of clothing to be removed and where it was to be placed.	3	
7.	Instructed patient on use of gown – to be open in back.	1	
8.	Assisted patient if needed, respected privacy otherwise.	2	
9.	Instructed patient to sit on side of table.	2	
10.	Instructed/assisted patient to lie flat on table with legs together. Pulled out extension on table if applicable.	2	
11.	Covered patient with drape sheet and instructed patient to turn toward you onto stomach, being careful to stay in center of table to avoid a fall.	2	
12.	Grasped cover drape and kept it smoothly in place as patient turned over.	2	
13.	Instructed patient to turn head to side.	1	
14.	Instructed patient to flex arms at elbows with hands at sides of head.	1	
15.	Draped sheet evenly over patient, left loose on sides.	2	
16.	Verbalized assisting physician with exam.	1	
17.	Instructed patient to turn on back, being careful to stay in middle of table to avoid a fall.	2	
18.	Instructed/assisted patient to sit up for a moment to regain balance before trying to leave table, then assisted patient from table.	3	
19.	Cleaned room, replaced supplies as needed. If there was table contact with body fluids, cleaned the table surface and base with disinfecting cleanser.	2	
20.	Used alcohol-based handrub for hand hygiene.	2	
TOTAL POINTS -- PROCEDURE VI-B		38	

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MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure VI-C	Position/Drape Patient in Sim's Position (Time: 4 minutes)	Possible	Allocated
1.	Used alcohol-based handrub for hand hygiene.	2	
2.	Practiced standard precautions throughout procedure.	2	
3.	Checked exam room for cleanliness by assuring there is clean paper on table and a clean pillow cover or clean towel over pillow.	2	
4.	Greeted and identified patient.	2	
5.	Identified self.	2	
6.	Gave clear instructions to patient regarding amount of clothing to be removed and where it was to be placed.	3	
7.	Instructed patient on use of gown.	1	
8.	Assisted patient if needed, respected privacy otherwise.	2	
9.	Instructed patient to sit on side of table.	2	
10.	Instructed/assisted patient to lie on left side.	3	
11.	Rested patient's head on small pillow if desired by patient.	1	
12.	Instructed patient to place left arm and shoulder behind body.	1	
13.	Instructed patient to flex right arm with hand toward head in front of body.	1	
14.	Instructed patient to flex left leg slightly with buttocks near edge of table, being sure the patient does not fall.	1	
15.	Instructed patient to flex right leg sharply toward chest.	1	
16.	Draped sheet evenly over patient, left loose on sides.	2	
17.	Verbalized assisting physician with exam.	1	
18.	Assisted patient out of position, gave instructions and assisted patient from table, alert to signs of dizziness.	3	
19.	Cleaned room, replaced supplies as needed. If there was table contact with body fluids, cleaned the table surface and base with disinfecting cleanser.	2	
20.	Used alcohol-based handrub for hand hygiene.	2	
TOTAL POINTS -- PROCEDURE VI-C		36	

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MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure VI-D	Position/Drape Patient in Semi-Fowler's Position (Time: 4 minutes)	Possible	Allocated
1.	Used alcohol-based handrub for hand hygiene.	2	
2.	Practiced standard precautions throughout procedure.	2	
3.	Checked exam room for cleanliness by assuring there is clean paper on table and a clean pillow cover or clean towel over pillow.	2	
4.	Greeted and identified patient.	2	
5.	Identified self.	2	
6.	Gave clear instructions to patient regarding amount of clothing to be removed and where it was to be placed.	3	
7.	Instructed patient on use of gown.	1	
8.	Assisted patient if needed, respected privacy otherwise.	2	
9.	Instructed patient to sit at end of table and move back toward the center.	2	
10.	Raised head of table 45 ⁰ and asked patient to lean back on rest.	3	
11.	Supported legs with extension rest at end of table.	1	
12.	Draped sheet evenly over patient, from underarms to below knees, left loose on sides.	2	
13.	Verbalized assisting physician with exam.	1	
14.	Asked patient to sit up before lowering head of table.	2	
15.	Assisted patient out of position, gave instructions and assisted patient from table, alert to signs of dizziness.	3	
16.	Cleaned room, replaced supplies as needed. If there was table contact with body fluids, cleaned the table surface and base with disinfecting cleanser.	2	
17.	Used alcohol-based handrub for hand hygiene.	2	
TOTAL POINTS -- PROCEDURE VI-D		34	

***If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical step and does not take immediate action to correct the error, the total points for the procedure or specific subpart(s) of the procedure will be deducted by the judge(s).*

MEDICAL ASSISTING

Competitor #: _____

Judge's Signature: _____

Procedure VII	Put on Sterile Gloves (Time: 3 minutes)	Possible	Allocated
1.	Removed rings, used alcohol-based handrub for hand hygiene.	2	
2.	Opened sterile glove package.	2	
3.	Grasped glove for dominant hand by fold of cuff with finger and thumb of non-dominant hand.	3	
4.	Inserted dominant hand, pulling glove on with other hand, keeping cuff turned back.	3	
5.	Placed gloved fingers under cuff of other glove.	2	
6.	Inserted non-dominant hand.	2	
7.	Eased glove on by pushing on inside fold of cuff.	2	
8.	Smoothed gloves over wrists and fingers for better fit.	2	
9.	Kept hands above waist level.	2	
10.	Maintained sterile technique throughout procedure.	3	
TOTAL POINTS -- PROCEDURE VII		23	

***If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical step and does not take immediate action to correct the error, the total points for the procedure or specific subpart(s) of the procedure will be deducted by the judge(s).*

