

# Medical Assisting

<b>Dress Code</b>	Attire appropriate to the occupational area
<b>SLC Orientation</b>	<ul style="list-style-type: none"> <li>- Event explained to the competitors and individual timecards handed out. Students will return to the event room at least 5 minutes before their allotted time. Students will have a secret scenario to solve when it is their turn to compete. Students not share the secret scenario when they leave the event as it is an automatic disqualification.</li> </ul>
<b>Round # 1</b>	Competitors must submit technical skill video to Montana HOSA by deadline. Additionally, competitors will take an online test during the testing window. Advisors will be informed of which competitors have moved on from Round 1 to qualify to participate in Round 2 at SLC.
<b>Round # 2</b>	Skill procedures from rubric guidelines will be performed by each competitor. Competitors may be asked to do one or multiple of the performance skills.
<b>Scoring</b>	Round 1 online testing scores will be combined with Round 2 skill procedures for a total score.

### Official References

All official references are used in the development of the written test and skill rating sheets.

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

### Round One Online Test

Test Instructions: The written test will consist of fifty 50 multiple choice items in a maximum of 60 minutes taken during the online testing window.

### Written Test Plan

Professionalism .....	4%
Communication Skills .....	6%
Anatomy & Physiology and Medical Terminology.....	10%
Legal and Ethical Issues .....	10%
Office Procedures .....	10%
Health Insurance and Coding.....	10%
Infection Control .....	10%
Collecting and Processing Specimens .....	10%
Diagnostic Testing .....	10%
Clinical Procedures and Equipment .....	10%
Physical Examinations.....	10%

## Round Two Skills

Round Two is the performance of a selected skill(s). The Round Two skills approved 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	(6 minutes)
Skill VIII:	Sterile Gloving	(3 minutes)

### Competitor Must Provide:

- Red pen
- Barrier devices (non-latex gloves, gown, goggles or safety glasses, mask)
- Non-latex sterile surgical gloves
- Watch with second hand

The following pages include the exact rubrics competitors will be scored on. Competitors should practice and know these steps. They may be tested on 1-3 of these skill procedures.

# MEDICAL ASSISTING

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Competitor # \_\_\_\_\_ Judge's Signature \_\_\_\_\_

Skill I	Perform a Telephone Screening (Time: 4 minutes)	Possible		Awarded
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 asked "how may I help you?"	2	0	
3.	Voice was clear and distinct.	2	0	
4.	Spoke at a moderate rate.	2	0	
5.	Expressed consideration for the needs of the caller.	2	0	
6.	Listened to & recorded, on the HOSA Office Message Form:			
	a. Who the message is for	1	0	
	b. Person who took the message	1	0	
	c. Date and Time	1	0	
	d. Patient's full name	1	0	
	e. Patient's date of birth	1	0	
	f. Patient's age	1	0	
	g. Caller's name & relationship to patient <b>(if the Caller is the Patient, judge will award these points)</b>	1	0	
	h. Reason for the call	1	0	
	i. Allergies	1	0	
	j. Call back #	1	0	
	k. Best time to call	1	0	
	l. Patient's Chart #	1	0	
	m. Medication refill	1	0	
	n. Medication/SIG	1	0	
	o. Pharmacy name	1	0	
	p. Pharmacy #	1	0	
	q. Documented urgency	1	0	

<b>Skill I Perform a Telephone Screening (con't) - Items Evaluated</b>	<b>Possible</b>	<b>Awarded</b>
7. Accurately documented the information on the HOSA Office Message Form (page 6) and routed to provider with the appropriate level of urgency.	4 0	
8. Patient's chart attached to Message form.	1 0	
9. After screening and routing the call, signed off on the message.	2 0	
10. Closed call appropriately and allowed the caller to be the first to hang up.	2 0	
11. Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
<b>TOTAL POINTS – SKILL I</b> <b>70% Mastery for Skill I = 26.6</b>	<b>38</b>	

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

## HOSA Medical Office Screening Chart and Message Form

REASON FOR CALL	ACTION BY MEDICAL ASSISTANT
<b><i>PATIENT CALLS WITH AN EMERGENCY</i></b>	Quickly record the patient's name and complaint, and ask the patient to remain on the line and the 911 call initiated by office. Stay on the line until 911 has been contacted. Attach a note to the patient's chart and place it in the physician's message box.
<b><i>PATIENT REQUESTS PRESCRIPTION REFILL</i></b>	Take a message with essential information about the medication. Be sure to include the pharmacy name and number. Attach request to the patient's chart and place it in the physician's message box.
<b><i>PATIENT CALLS WITH INSURANCE OR BILLING QUESTION</i></b>	After confirming the identity of the patient, if the patient is entitled to the information, transfer the call to the insurance/billing coordinator. Provide the phone number, extension, person's name to whom they are being transferred in case of disconnection.
<b><i>PATIENT REQUESTS TEST RESULTS</i></b>	Unless instructed to place call directly to provider, take a message with essential information about results being sought. Attach request to the patient's chart and place it in the physician's message box.
<b><i>PATIENT CALLS FOR FOLLOW-UP CALL</i></b>	Unless instructed to place call directly to provider, complete message form and attach to chart and place in the provider's message box.
<b><i>PATIENT ASKS TO TALK TO THE PHYSICIAN ABOUT A MEDICAL PROBLEM</i></b>	Determine the urgency of the call. If it is an emergency, ask the patient to hang up and call 911. If the provider is unavailable, attach request to the patient's chart and place it in the provider's message box.

<b>HOSA OFFICE MESSAGE FORM</b>					
For DR/NP/PA			Message taken by		
Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Patient's Full Name	Pt DOB	Age	Allergies
Caller's Name if not patient		Relationship to patient		Urgent <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Message</b> <hr/> <hr/> <hr/>					
Call Back # <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell		Best time to Call am pm	Patient's Chart Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient's Chart #
Medication Refill		Medication/SIG			
Pharmacy Name		Pharmacy #			
<b>SIGNATURE &amp; TITLE</b>					

## HOSA MEDICAL ASSISTING

Fillable MEDICAL OFFICE REGISTRATION FORM

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 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.	2 0	
3. Asked the patient for his/her insurance card,	1 0	
4. Provided clipboard/pen and a <u>blank</u> HOSA Medical Office Registration form (page 9 of guidelines)	1 0	
5. Instructed patient to complete the HOSA Medical Office Registration form	1 0	
6. Scanned the insurance 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. (a <u>completed</u> copy of page 9 of these guidelines).</i>	1 0	
7. Opened a blank HOSA Medical Office Registration form (simulated EHR)	1 0	
<b>USING THE MEDICAL OFFICE REGISTRATION FORM (simulated EHR) ENTERED THE FOLLOWING IN THE Electronic Health Record (Registration Form – page 9 of guidelines)</b>		
8. Full Name	1 0	
9. Preferred Name	1 0	
10. Street Address	1 0	
11. City, State, Zip	1 0	
12. Phone Number (Cell or Home)	1 0	
13. OK to Leave Detailed Message on Above Phone	1 0	
14. Email	1 0	
15. Date of Birth	1 0	
16. Last 4 Digits of Social Security #	1 0	
17. Marital Status	1 0	
18. Preferred Language	1 0	
19. Race	1 0	
20. Ethnicity	1 0	
21. Religion	1 0	
22. Organ Donor	1 0	
23. New to Practice	1 0	
24. Referred by	1 0	

<b>Skill II</b>	<b>Receive a New Patient and Create an Electronic Chart (con't) - Items Evaluated</b>	<b>Possible</b>		<b>Awarded</b>
25.	Primary Physician	1	0	
26.	Emergency contact information	1	0	
	a. Name	1	0	
	b. Relationship to Patient	1	0	
	c. Phone Number	1	0	
27.	Preferred Method of Communication	1	0	
28.	Insured's Information	1	0	
	a. Subscriber ( Insurance Holder) Name	1	0	
	c. Birthdate	1	0	
	d. Relation to Patient	1	0	
	e. Subscriber's Phone Number	1	0	
	f. Health Plan Name	1	0	
	g. Health Plan Address	1	0	
	h. Group Number	1	0	
	i. Subscriber Number	1	0	
	j. Eligibility Date	1	0	
	k. Co-pay	1	0	
29.	Patient Employer Information	1	0	
	a. Employer Name	1	0	
	b. Employer Address	1	0	
	c. Employer Phone Number	1	0	
	d. Occupation	1	0	
30.	Verbalized that form is properly signed and dated and added the original form to the patient chart.	1	0	
31.	Verified insurance coverage by running an eligibility check.	1	0	
32.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
<b>TOTAL POINTS – SKILL II</b>		<b>48</b>		
<b>70% Mastery for Skill II = 33.6</b>				

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

## HOSA Medical Office Registration Form [electronic version](#)

CONTACT INFORMATION			
Full Name		Preferred Name	
Street Address		Phone Number (Cell or Home)	
City, State, Zip		OK to Leave Detailed Message	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email		Date of Birth	
Gender		Last 4 Digits of Social Security #	
Marital Status (circle one)	Single   Married   Divorced Widow   Partner	Preferred Language	
Race (circle one)	African American-Black/   Asian/ Bi-Multi-Racial/   Pacific Islander- Hawaiian/   Caucasian-White/ Native American Eskimo Aleut/ Decline to State/   Other	Ethnicity	Hispanic-Latino/ None-Hispanic-Latino/ Other
Religion		Organ Donor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you new to the practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who referred you to the practice?	
Who is your primary physician?			
EMERGENCY CONTACT INFORMATION			
Emergency Contact Name		Relationship to Patient	
Phone			
ON-LINE PATIENT PORTAL INFORMATION			
On-line portal is a confidential service available for patients.			
What is your preferred method of communication?	Phone _____	Letter _____	Patient Portal _____
INSURANCE INFORMATION (Please give your card to the receptionist.)			
Subscriber (Insurance Holder) Name		Date of Birth	
Relation to Patient		Subscriber's Phone Number	
Health Plan Name		Health Plan Address	
Group Number		Subscriber Number	
Eligibility Date		Co-pay	
PATIENT EMPLOYER INFORMATION			
Name		Address (Number, Street, City, State, Zip Code)	
Employer Phone Number		Occupation	
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

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Competitor # \_\_\_\_\_ Judge's Signature \_\_\_\_\_

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

*[Fillable Medical Office Health History Form](#) or pages 12-13 from guidelines*

<b>Skill III Obtain and Record a Patient Health History (Time: 8 min)</b>	<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 online.	1 0	
2. Escorted the patient to a comfortable, private area.	1 0	
3. Maintained appropriate distance of 1.5 to 4 feet from patient during interview.	1 0	
4. Explained the purpose of the health history and informed the patient that all the information obtained is confidential.	2 0	
5. Name, Date, DOB, Age, date of last physical, and occupation are recorded.	2 0	
2. Listed the chief complaint and characteristics for today's visit.	2 0	
7. Ensured that all medications (including dosages and reason for taking) are recorded.	2 0	
8. Allergies are identified and recorded.	2 0	
9. Asked all <u>Symptoms</u> questions of patient.	4 0	
10. Properly expanded on any "symptoms" checked as YES	2 0	
11. Asked all <u>Diseases and Conditions</u> of patient.	4 0	
12. Properly expanded on any diseases or conditions listed in the Medical History section.	2 0	
13. Ensured that all hospitalization and surgeries are included.	2 0	
14. Properly expanded on all YES responses in the family and social history section	2 0	
15. When finished writing/entering the information, summarized and clarified pertinent information with the patient.	2 0	
16. Included notes on the Medical Office Health History Form, a summary of the findings on the patient's chart or EMR, highlighted significant information, assembled forms and had them ready for the provider.	4 0	

Skill III Obtain and Record a Patient Health History (con't) - Items Evaluated	Possible		Awarded
17. Thanked the patient and explained the next step in the examination, assuring the patient is comfortable and informed the patient of any wait time.	2	0	
18. Spoke in a clear and distinct voice.	2	0	
19. Gave the patient adequate time to answer before going on to the next question.	2	0	
20. Explained any terms the patient might not understand.	2	0	
21. Avoided getting off the topic and discussing irrelevant topics.	2	0	
22. Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
<b>TOTAL POINTS – SKILL III</b> <b>70% Mastery for Skill III = 32.9</b>	<b>47</b>		

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

## HOSA Medical Office Health History Form

[Electronic version](#)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Chief Complaint: \_\_\_\_\_

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

**SYMPTOMS:**

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>GENERAL</u></p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Headache</p> <p><input type="checkbox"/> Nervousness</p> <p><u>MUSCLE/JOINT/BONE</u></p> <p><input type="checkbox"/> Arms</p> <p><input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Neck</p> <p><u>GENITO-URINARY</u></p> <p><input type="checkbox"/> Painful Urination</p> <p><u>GASTROINTESTINAL</u></p> <p><input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> Excessive Thirst</p> <p><input type="checkbox"/> Indigestion</p> <p><u>CARDIOVASCULAR</u></p> <p><input type="checkbox"/> Chest Pain</p> <p><input type="checkbox"/> Poor Circulation</p> <p><u>EYE, EAR, NOSE, THROAT</u></p> <p><input type="checkbox"/> Difficulty Swallowing</p> <p><input type="checkbox"/> Ringing of Ears</p> <p><input type="checkbox"/> Vision - Halos</p> <p><u>SKIN</u></p> <p><input type="checkbox"/> Bruise Easily</p> <p><input type="checkbox"/> Change in moles</p> <p><input type="checkbox"/> Sores That Won't Heal</p> <p><u>MEN only</u></p> <p><input type="checkbox"/> Breast Lump</p> <p><u>WOMEN only</u></p> <p><input type="checkbox"/> Abnormal Pap Smear</p> <p><input type="checkbox"/> Painful Intercourse</p> <p>Date of Last Menstrual Period _____</p> <p>Date of Last Pap Smear _____</p> | <p><u>GENERAL</u></p> <p><input type="checkbox"/> Fainting</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Loss of Sleep</p> <p><u>MUSCLE/JOINT/BONE</u></p> <p><input type="checkbox"/> Back</p> <p><input type="checkbox"/> Hips</p> <p><input type="checkbox"/> Shoulders</p> <p><u>GENITO-URINARY</u></p> <p><input type="checkbox"/> Frequent Urination</p> <p><u>GASTROINTESTINAL</u></p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><u>CARDIOVASCULAR</u></p> <p><input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> Rapid Heart Rate</p> <p><u>EYE, EAR, NOSE, THROAT</u></p> <p><input type="checkbox"/> Hay Fever</p> <p><input type="checkbox"/> Sinus Problems</p> <p><input type="checkbox"/> Persistent Cough</p> <p><u>SKIN</u></p> <p><input type="checkbox"/> Hives</p> <p><input type="checkbox"/> Rash</p> <p><u>MEN only</u></p> <p><input type="checkbox"/> Lump in Testicles</p> <p><u>WOMEN only</u></p> <p><input type="checkbox"/> Bleeding Between Periods</p> <p><input type="checkbox"/> Hot Flashes</p> | <p><u>GENERAL</u></p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Forgetfulness</p> <p><input type="checkbox"/> Loss of Weight</p> <p><u>MUSCLE/JOINT/BONE</u></p> <p><input type="checkbox"/> Feet</p> <p><input type="checkbox"/> Legs</p> <p><u>GENITO-URINARY</u></p> <p><input type="checkbox"/> Lack of Bladder Control</p> <p><u>GASTROINTESTINAL</u></p> <p><input type="checkbox"/> Excessive Hunger</p> <p><input type="checkbox"/> Hemorrhoids</p> <p><input type="checkbox"/> Rectal Bleeding</p> <p><u>CARDIOVASCULAR</u></p> <p><input type="checkbox"/> Low Blood Pressure</p> <p><input type="checkbox"/> Swelling of Ankles</p> <p><u>EYE, EAR, NOSE, THROAT</u></p> <p><input type="checkbox"/> Earache</p> <p><input type="checkbox"/> Hoarseness</p> <p><u>SKIN</u></p> <p><input type="checkbox"/> Itching</p> <p><input type="checkbox"/> Scars</p> <p><u>MEN only</u></p> <p><input type="checkbox"/> Other</p> <p><u>WOMEN only</u></p> <p><input type="checkbox"/> Breast Lump</p> <p><input type="checkbox"/> Other</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**MEDICAL HISTORY:**

Check all Diseases and Conditions you have or have had in the past:

- |                                            |                                        |                                           |
|--------------------------------------------|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Alcoholism        | <input type="checkbox"/> Appendicitis  | <input type="checkbox"/> Asthma           |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Cancer        | <input type="checkbox"/> Cataracts        |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Emphysema     | <input type="checkbox"/> Epilepsy         |
| <input type="checkbox"/> Glaucoma          | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hepatitis        |
| <input type="checkbox"/> Kidney Disease    | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Pneumonia        |
| <input type="checkbox"/> Psychiatric Care  | <input type="checkbox"/> Stroke        | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Tuberculosis      | <input type="checkbox"/> Ulcers        |                                           |

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 use caffeine?	( )	( )	_____

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

**Summary Entry of Health History:**

---



---



---



---



---



---



---

## MEDICAL ASSISTING

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Competitor # \_\_\_\_\_ Judge's Signature \_\_\_\_\_

<b>Skill IV Measure Height and Weight</b> (Time: 5 minutes)		<b>Possible</b>		<b>Awarded</b>
1.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2	0	
2.	Greeted patient and introduced self.	1	0	
3.	Identified patient.	2	0	
4.	Explained the skill using language the patient could understand.	2	0	
5.	Instructed the patient to remove shoes and any outer clothing or heavy items in pockets.	1	0	
6.	Placed a paper towel on the scale platform.	1	0	
7.	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	
8.	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.	1	0	
9.	Read the weight by adding the upper bar measurement to the lower bar measurement and rounded to the nearest $\frac{1}{4}$ pound.	4	0	
10.	Raised the measuring bar beyond the patient's height and lifted the extension.	1	0	
11.	Lowered the measuring bar until it firmly rested on top of the patient's head.	1	0	
12.	Assisted the patient off the scale and instructed the patient to sit and put on shoes.	1	0	
13.	Read the height line where the measurement fell, rounded to the nearest $\frac{1}{4}$ inch.	4	0	
14.	Lowered the measuring bar to its original position, returned the weights to zero, and discarded the paper towel.	1	0	
15.	Documented the height and weight in the patient's chart.	4	0	
16.	Washed hands or used alcohol-based hand-rub for hand hygiene.	2	0	
17.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
<b>TOTAL POINTS -- SKILL IV</b>		<b>31</b>		
<b>70% Mastery for Skill IV = 21.7</b>				

## MEDICAL ASSISTING

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Competitor # \_\_\_\_\_ Judge's Signature \_\_\_\_\_

<b>Skill V Prepare/Assist with a Routine Physical Exam (Time: 6 min)</b>	<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 hand-rub for hand hygiene.	2	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.	1	0	
5. Pulled out the step from the table (if possible) and placed a gown and drape on the table.	1	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.	2	0	
c. Verbalized the measurement of vital signs, height and weight.	1	0	
d. Instructed patient to go the bathroom to empty bladder to 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	

Skill V Prepare/Assist with a Routine Physical Exam (con't) - Items Evaluated	Possible		Awarded
<p><b>*Judge states to position the patient in horizontal recumbent position.</b></p> <p>7. Positioned the patient in horizontal recumbent position with the head on a small pillow, arms flat at the sides, legs slightly apart with the patient covered by the drape left loose on the sides.</p>	1	0	
<p><b>*Judge states the examination is complete.</b></p> <p>8. Helped the patient to a sitting position, alert to signs of dizziness. Adjusted the exam table as necessary.</p>	2	0	
<p>9. Instructed the patient to dress or assisted as needed.</p>	1	0	
<p>10. Provided patient instructions as directed by the physician (judge), asked the patient if he/she had any questions, and saw the patient out.</p>	2	0	
<p>11. Used appropriate verbal and nonverbal communication with patient and other personnel.</p>	2	0	
<p>12. Properly cleaned the room:</p> <p>a. Put on gloves to wrap up table paper and dispose of disposable supplies in appropriate waste containers.</p>	2	0	
<p>b. Disinfected table tops and examination table.</p>	2	0	
<p>c. Discarded gloves in the appropriate container.</p>	2	0	
<p>d. Replaced used supplies and covered table and pillow with clean paper.</p>	2	0	
<p>e. Washed hands or used alcohol based hand-rub for hand hygiene.</p>	2	0	
<p><b>TOTAL POINTS -- SKILL V</b> <b>70% Mastery for Skill V = 23.1</b></p>	<b>33</b>		

## MEDICAL ASSISTING

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Competitor # \_\_\_\_\_ Judge's Signature \_\_\_\_\_

<b>Skill VI Screen for Visual Acuity</b> (Time: 5 minutes)		<b>Possible</b>		<b>Awarded</b>
1.	Washed hands or used alcohol based hand-rub for hand hygiene.	2	0	
2.	Greeted patient and introduced self.	1	0	
3.	Identified patient.	2	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.	1	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.	4	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.	4	0	
11.	Recorded an observation of individual accommodations made to read chart, such as squinting or turning the head.	4	0	
12.	Directed the patient to sit up straight but comfortably in a chair in a well-lighted area.	1	0	
13.	Handed the patient the Jaeger chart and directed the patient to hold the chart approximately 14-16 inches from the eyes.	1	0	
14.	Instructed the patient to read out loud the various paragraphs he/she can read with both eyes open, first with corrective lenses and then without.	2	0	
15.	Recorded the results and problems (if any) on the patient's chart.	4	0	
16.	Thanked the patient. Asked if the patient had any questions.	2	0	
17.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	



<b>Skill VI Screen for Visual Acuity (con't) - Items Evaluated</b>	<b>Possible</b>	<b>Awarded</b>
18. Cleaned the supplies following agency policy and returned them to proper storage.	2      0	
19. Washed hands or used alcohol-based hand-rub for hand hygiene.	2      0	
<b>TOTAL POINTS -- SKILL VI</b> <b>70% Mastery for Skill VI = 27.3</b>	<b>39</b>	

## MEDICAL ASSISTING

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Competitor # \_\_\_\_\_ Judge's Signature \_\_\_\_\_

<b>Skill VII Test Urine with Reagent Strip</b> (Time: 6 minutes)		<b>Possible</b>	<b>Awarded</b>
1.	Assembled necessary equipment and supplies.	1	0
2.	Washed hands or used alcohol based hand-rub for hand hygiene.	2	0
3.	Donned disposable non-latex gloves and other PPE as required.	2	0
4.	Verified that the name on the specimen container matched the name on the laboratory report form.	2	0
5.	Gently rotated the container between hands to mix the urine specimen.	1	0
6.	Held the reagent strip by the clear end.	2	0
7.	Immersed the strip in the urine specimen, making sure all reagent areas are submersed	1	0
8.	Removed the strip immediately and tapped the edge of the strip lightly against the side of the specimen container to remove excess urine.	1	0
9.	Turned the strip so that the reagent areas are facing you.	1	0
10.	Held the strip horizontally near the color comparison charts on the reagent bottle.	1	0
11.	Used their watch, to time the reagents and recorded all results on the laboratory report and read the reagent strip at the correct time intervals.	1	0
12.	Placed strip on paper towel for judge verification of results. <b><i>Judge verified results match what is recorded on laboratory report</i></b>	4	0
13.	Discarded the strip and any contaminated disposable supplies in appropriate receptacle.	2	0
14.	Discarded urine specimen following agency protocol (verbalized).	2	0
15.	Cleaned work area with surface disinfectant.	2	0
16.	Removed and properly disposed of the gloves and other required PPE in correct order and in the proper receptacle.	2	0
17.	Washed hands or used alcohol based hand-rub for hand hygiene.	2	0
18.	Recorded the results for each section of the reagent strip in the patient's chart.	4	0
<b>TOTAL POINTS -- SKILL VII</b>		<b>33</b>	
<b>70% Mastery for Skill VII = 23.1</b>			

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

**LABORATORY REPORT**

**SKILL VII: Test Urine with Reagent Strip**

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

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

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

---

<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

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Competitor # \_\_\_\_\_ Judge's Signature \_\_\_\_\_

<b>Skill VIII Sterile Gloving</b> (Time: 3 minutes)		<b>Possible</b>		<b>Awarded</b>
1.	Removed rings and watch. Washed hands for surgical asepsis (verbalized).	2	0	
2.	Opened sterile glove package. Placed it on a clean counter surface with the cuff end toward his/her body.	2	0	
3.	Grasped glove for dominant hand by fold of cuff with finger and thumb of non-dominant hand.	2	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.	2	0	
6.	Inserted non-dominant hand.	2	0	
7.	Eased glove on by pulling on inside fold of cuff.	2	0	
8.	Avoided touching the thumb of dominant hand to the outside cuff of the other glove where it has been contaminated.	2	0	
9.	Smoothed gloves over wrists and fingers for better fit, and inspected gloves for tears or holes.	2	0	
10.	Kept hands above waist level.	2	0	
11.	Did not touch anything other than items in the sterile field.	4	0	
12.	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.	2	0	
13.	Slipped the ungloved hand into the inside top cuff of the gloved hand and slipped the glove off inside-out.	2	0	
14.	Disposed of the gloves in the appropriate container.	2	0	
15.	Washed hands or used alcohol based hand-rub for hand hygiene.	2	0	
<b>TOTAL POINTS -- SKILL VIII</b>		<b>32</b>		
<b>70% Mastery for Skill VIII = 22.4</b>				

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

**HOSA CLINIC  
Patient Chart**

Date	Time	Notes